

Board Assurance Framework

March 2025

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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 March 2025


BAF No.	Slide No.	Risk Title	Current Score
01	5	Without timely access to services, we cannot provide high quality safe care for our patients which will impact on clinical outcomes.	20
02	6	If we do not engage in research and innovation , we will not drive quality improvement which will impact on the quality and design of our services.	9
03	7	Inadequate control, reporting and management of the Trust's 2024/25 financial position could mean we are unable to deliver our financial plan and adequately contribute to the LLR system plan, resulting in a breach of LPT's statutory duties and financial strategy (including LLR strategy).	8
04	8	If we cannot maintain and improve our estate, or respond to maintenance requests in a timely way, there is a risk that our estate will not be fit for purpose, leading to a poor-quality environment for staff and patients.	20
05	9	If we do not have appropriate emergency preparedness , resilience and response controls in place, there is a risk that external factors will impact on the Trust, affecting our ability to maintain continuity of services.	8
06	10	If we do not adequately utilise workforce resourcing strategies, we will have poor recruitment, retention and representation, resulting in high agency usage.	20
07	11	If we do not lead with compassion, we will not promote an inclusive culture , resulting in unwanted behaviours and closed cultures.	12
08	12	If we do not work closely with our community, will not provide sustainable place-based services , which will impact on our ability to contribute to social value, and provide the right care, at the right time in the right place.	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 health inequalities across our health economy.	8
10	14	Inadequate capital funding for LLR system will impact on LPT's ability to manage financial, quality & safety risks related to estates and digital investment in 2024/25 and in the medium term	20
11	15	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.	20
12	16	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.	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: 24.02.25	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
Context	Timely access to high quality safe care for the best clinical outcomes. Access and treatment, safeguarding, PSIRF and PCREF, good mental and physical health outcomes. Joined up person centred care. Quality and safety at the heart.								
Control		Control Gaps	Sources of Assurance	Assurance gaps	Actions				Progress
Cause: timeliness of access to services									
<ul style="list-style-type: none">Access PolicyPerformance Management FrameworkUrgent and Emergency Care FrameworkMedical Workforce PlanLLR ICB 5-year strategy and LPT strategy / Annual Plan		<ul style="list-style-type: none">National strategy for neurodiversity demandLocal commissioning plans for addressing significant increases in neurodiversity demand		1st Line: Directorate attendance at Access Group and AFM WL trajectories and initiatives by service Operational risk profile AFM/EMB	Linkage of health inequalities to access group actions Clarity over policy compliance measures and rates		<ul style="list-style-type: none">Health Inequalities work to support Access Group actions. Update by 31 March 2025 Director of StrategyPolicy compliance with Access policy – Director of Nursing / Medical Director update by 31 March 2025Raising 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) – Director of FYPC LDA ongoing – update 31 March 2025Keeping Safe Whilst Waiting meeting taking place 31 March 25 DoN & MDClose monitoring NHS111/2 activity and performance in directorate and shadow MH collaborative meetings Director of FYPC LDA ongoing – update 31 March 2025		
				2nd Line: <ul style="list-style-type: none">Access Group with AAA to AFM/EMB					
				3rd Line: <ul style="list-style-type: none">Internal Audit – Patient Observations 24/25 significant assuranceInternal Audit – Remote Consultations March 2023 significant assuranceCQC feedback and ratings	ADHD Solutions closure – reduction in support across LLR Significant increase in NHS111/2 activity since Oct 2024 Global shortage of ADHD medication				
Effect: Clinical Outcomes									
<ul style="list-style-type: none">Reducing Harm Whilst Waiting PolicyClinical Outcome performance measuresPSIRFIncident reporting		Full implementation of PSIRF		1st Line Directorate attendance at Access Group and AFM for escalation	Clarity over policy compliance measures and rates		<ul style="list-style-type: none">Review of RHWW policy Compliance measures Interim Director of Nursing – review to ADG March 25.Development of quality dashboard for testing Interim Director of Nursing – in progress review at 31 March 2025Implementation of PSIRF Interim Director of Nursing. 2024/25 review at 31 March 2025Consider waiting times review for internal audit plan 2025/26 Director of Corporate Governance Planning workshop 5.2.25		Quality dashboard delivery framework developed (3-year programme)
				2nd Line Monthly performance report with clinical outcomes measures to Quality and Safety Committee and AFM	<ul style="list-style-type: none">Comprehensive quality dashboard focusing on outcome measures, including those attributed to waiting				
				3rd Line Internal audit patient experience August 2022 significant assurance Coroner feedback	External review of waiting times on patient safety				

BAF 02 April 2024	If we do not engage in research and innovation, we will not drive quality improvement which will impact on the quality and design of our services.				Date Revised: 20.2.2025	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
Cause: Not engaging in research and innovation									
<ul style="list-style-type: none">Group ProgrammeUniversity Hospitals Teaching StatusLeicestershire Academic Health Partners Board (LAHP)Health Innovation East MidlandsICB Research Strategy GroupNursing & Midwifery AHP&P CabinetResearch Policy – hosting conducting & collaboratingLPT integration with system andLAHP partnership workingCDRC – partnership with UHLDECODE project funding application		<ul style="list-style-type: none">Research Strategy and delivery planFunding for academic postsClarity over remit for Group roles	1st Line: Participant Research Experience Survey (PRES) Research activity and income	Assurance over uptake and PRES survey outcomes	<ul style="list-style-type: none">Research Strategy and delivery plan Medical Director June 2025Oversight of research participant recruitment numbers and funding allocations Medical Director OngoingGroup Joint Roles with clinical/AHP research element – ‘Principal Investigators’ Medical Director June 2025Assurance over uptake and PRES survey outcomes Medical Director June 2025 tbcKPIs for Research success rate discussed at AFM Dec 24 Medical Director COMPLETE			Generation of New Knowledge Workstream – 1 st meet 25.9.2; 2 nd meet 18.10.24 (NHFT, UoL Partners) Oversight of research participant recruitment numbers to form part of reporting to AFM	
		2nd Line: Joint Working Group oversight of Group research and innovation programme Research programme to Quality and Safety Committee Local clinical research network Oversight of LAHP papers at SEB	Assurance over success rate for attracting high quality commercial trials						
		3rd Line: University Led Non-Executive Director							
Effect: Quality and Design of Services									
<ul style="list-style-type: none">QI programmeTransformation ProgrammeDirectorate objectives aligned to strategyDeputy Medical Director for R&D		<ul style="list-style-type: none">Innovation strategySuccess measures	1st Line QI programme uptake and feedback Learning boards		<ul style="list-style-type: none">Develop and deliver Innovation Strategy Medical Director & Director of Strategy October 25Innovation paper approved by SEB Dec 24 – to be submitted to operational planning round 25-26 Medical Director & Director of Strategy March 25Success measures and measuring impact to be determined Medical Director tbc			DMD for R&D recruited Sept 24 Ongoing discussions with Health Innovation East Midlands re translating national projects to local needs.	
		2nd Line QI and Transformation Committee AAA report to Finance and Performance Committee and the Strategic Executive Board	Impact of learning from research into service redesign						
		3rd Line 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 11.03.25	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	2	8
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">SFIs / SORDTreasury Mgt policyScheme of delegationCode of conductDeclarations of interest		None	1 st 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">DMH to manage private provider costs Director of DMH March 2025Policy compliance audit and oversight Director of Finance and Performance tbc360 Review Q4 23/24 Director of Finance and Performance COMPLETEExternal audit of 23/24 accounts Director of Finance and Performance COMPLETE		Ongoing
			2 nd Line: Accounting policies / SFIs and SORD [Audit and Risk Committee]			Policy compliance				Being scheduled
			3 rd Line: External Audit 2023/24 annual accounts unqualified opinion			24/25 audit report				Complete Complete – unqualified opinion
Cause: Inadequate reporting and management										
<ul style="list-style-type: none">Monthly Reports with exec level oversightValue Programme to deliver local efficiencies		CIP programme	1 st 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 Director of Finance and Performance complete Deep dive reporting Director of Finance and Performance complete Develop additional recovery plan actions Work with ICB to resolve funding issues Director of Finance and Performance COMPLETE (24/25) DoF/service financial escalation meetings Include agreed I & I improvement actions in 25/26 plan Director of Finance and Performance ongoing		Recovery plan approach implemented
			2 nd 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				As required
			3 rd Line: Annual Internal Audit – scheduled Q3; I & I final report							Being mapped to final plan
Effect: Breach of Statutory Duty										
<ul style="list-style-type: none">National guidance		None	1 st Line monthly finance report assurance on break even delivery year to date & forecast			Approval of medium-term recovery plan		Medium term recovery plan, using value in healthcare approach Sharon Murphy, DoF / March 25		Presented to December SEB, update to board due March as part of 25/26 plan
			2 nd Line							
			3 rd Line KPMG 2024/25 annual accounts and VFM conclusion							
Effect: Non achievement of financial strategy (LPT and System)										
<ul style="list-style-type: none">LPT financial strategy & planNHSE level 4 escalation		<ul style="list-style-type: none">LLR ICB revenue strategyMonth 6 variance	1 st Line: Organisational reports to ICS Finance Committee			In year LLR plan delivery materially off plan		<ul style="list-style-type: none">LLR ICS financial strategy - Mitigate ICS financial delivery Director of Finance ongoingManage delivery of 2024/25 financial plan DoF / March 25Audit - Director of Finance complete		Via recovery & Sustainability Committee
			2 nd line: System wide internal audit of financial systems							
			3 rd line: Internal Audit – System wide financial controls & NHSE submissions			Audit outturn				


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: 10.03.25	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	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	2	8
Corporate Risk	No associated risk on the corporate risk register						Target Risk	4	2	8
Governance	Finance and Performance Committee, Strategic Executive Board, TB									
Context	Maintain organisational resilience. External factors, social, environmental and economic impact, cyber-attack, EPRR									
Control		Control Gaps	Sources of Assurance			Assurance gaps	Actions			Progress
Cause: A lack of Emergency Preparedness, Resilience and Response Controls										
<ul style="list-style-type: none">EPRR PolicyEPRR Group CollaborativeEPRR business continuity workplan including co-production of response plans for cyber risks		Increase in NHS cyber threats seen affecting suppliers that the NHS uses / cyber-attack at Leicester City Council	1st Line: Task letter return logs & actions 2nd Line: <ul style="list-style-type: none">Oversight at Audit and Risk Committee and the Finance and Performance CommitteeLPT Business Continuity Management System (BCMS) AuditPost Incident /Exercise Reports 3rd Line: <ul style="list-style-type: none">ICB and system assessment against NHS England EPRR Core StandardsDSPT submissionIA audit 24/25DSPT submissions 24/25LHIS re-accreditation of secure email system [ISO27000] and Cyber Essentials Consultancy			EPRR policy compliance EPRR standards compliance for 24/25 Robust group collaboration	<ul style="list-style-type: none">EPRR policy compliance Managing Director June 2025Review of EPRR standards 24/25 – agreed – Report to TB Jan 25 Managing Director COMPLETEStrengthen EPRR Group Collaborative – agreed at EMB 3.12.24 Managing Director – joint post in place – COMPLETE Mar 25			Joint EPRR lead in place and in process of reviewing all policies
Effect: Continuity of Services										
<ul style="list-style-type: none">Business continuity plansDisaster recovery exercisesIndustrial Action plansDirector on Call arrangementsTraining of strategic, tactical and operational respondersICC assurance flow via EMB		<ul style="list-style-type: none">System wide countermeasure and mass casualty plansICC assurance flow.	1st Line Business Continuity plans reviewed & agreed within EPRR Group Operational Hub 2nd Line: Training oversight and management 3rd Line <ul style="list-style-type: none">Internal Audit – Business Continuity August 2022 Significant AssuranceNHSE Board level cyber training provided by external provider Feb 2024			Completeness and robustness of trust wide continuity plans	<ul style="list-style-type: none">Agree system wide countermeasure and mass casualty plans Managing Director – COMPLETE - March 2025Review of the Trust’s continuity plans Managing Director March 2025 – complete Oct 2024			

BAF 06 April 2024	If we do not adequately utilise workforce resourcing strategies, we will have poor recruitment, retention and representation, resulting in high agency usage.					Date Revised: 11.3.2025	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
Cause: Not utilising workforce resourcing strategies										
<ul style="list-style-type: none">National and local People PlanRecruitment Pipeline ManagementMedical Workforce PlanRecruitment and retention premium scheme for medical workforceInternational recruitmentNursing Recruitment & Retention High Impact ActionsLLR AHP faculty & CouncilL2 Committee Workforce Development Group in placeBenchmarking against workforce metrics		<ul style="list-style-type: none">High vacancies with supply issuesVacancy ControlLink to transformation planningStructure of NHS pay award	1st Line: Operational risk profile for staffing – oversight at AFM and EMB/SEB; Recruitment weekly Gold Calls; Agency reduction Group		<ul style="list-style-type: none">Directorate objectives and planning linked to workforce plan – awaiting planning guidanceActions resulting from recent staff survey findings when availableImpact of band 2/3 HCSW changes		<ul style="list-style-type: none">Directorate Objectives and Planning linked to workforce plan. Operational Directors 31 March 2025Staff Survey action plan to be approved by 31 March 2025 – Director of HR/ODBand 2/3 HCA workstream impacts analysis – Director of HR/OD to PCC April 2025Additional workstreams for delivery within the updated Medical Workforce Plan Medical Director – update to PCC April 2025Delivery of the workforce and agency reduction plan 24/25 – update to PCC Director of HR/OD at each meetingJobtrain/time to recruit monitoring & user satisfaction to be reviewed – benefits realisation to report to AFM EMB WDG & PCC Aug 25 Director of HR/ODWDG to monitor time to hire from Jan 25 Director of HR/ODDirectorate level time to hire reports starting Dec 24 Director of HR/OD			Engagement with the NHSE price cap work for medical agency costs commenced Feb 2025 People Dashboard launched through PCC
2nd Line: 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">Delivery of the medical workforce planDelivery of the workforce and agency reduction planJobtrain effectiveness including time to hire rates								
3rd Line: System people and culture board System CPO meetings										
Effect: High Agency Usage										
<ul style="list-style-type: none">Agency Reduction Plan		None	1st Line EQIAs DRA and break glass criteria to stop deployment of Thornbury HCA				<ul style="list-style-type: none">Delivery of the workforce and agency reduction plan 24/25 Director of HR/OD – update 31 March 2025			<ul style="list-style-type: none">No off-framework usage outside of break glassTHP numbers reducingBank incentives stopping agreed subject to EQIA
			2nd Line Agency reduction group AAA to People & Culture Committee		Delivery of the workforce and agency reduction plan					
			3rd Line <ul style="list-style-type: none">LLR People Programme Delivery GroupInternal Audit Agency Staffing April 2023 Advisory (no high-risk actions)Internal Audit Supporting Timely Recruitment April 2023 Limited Assurance							

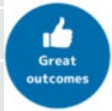
BAF 07 April 2024	If we do not lead with compassion, we will not promote an inclusive culture, resulting in unwanted behaviours and closed cultures.	Date Revised: 10.03.25	Score	Consequence	Likelihood	Combined
Strategic Link	GREAT PLACE TO WORK To support our staff to deliver high quality compassionate 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
Cause: Not leading with compassion						
<ul style="list-style-type: none">Accountability FrameworkEDI policyPeople PlanWRES and WDESCultural competency programmeGroup TAR programme (including PCREF)Culture of CareStaff Safety in the workplaceL2 Workforce Development Group	None	1st Line: Appraisals with wellbeing element, speak up process, sickness management	Civil unrest	<ul style="list-style-type: none">Cultural work to address civil unrest and wider including;<ul style="list-style-type: none">Anti racism listening events / TAR actions by 31 March 2025 Director of HR/ODLeadership Development Conferences delivery of 24/25 programme by 31 March 2025 Director of HR/ODDelivery of the Our Future Our way Programme of work & 4 priorities & leadership behaviours embeddedness by 31 March 2025 Director of HR/ODCampaign to embed leadership behaviours commenced 2.7.24 – to run throughout 24/25 by 31 March 2025 Director of HR/ODDeveloping a medical leadership programme update by 31 March 2025 Medical DirectorStaff Survey 24-25 – actions & implementation of priority areasDevelopment of reasonable adjustments framework – Maple & ND Staff Networks Reasonable adjustment clinics & meetings establishedAudit Outturn 2024/25 to be confirmed by 31 March 2025 – Director of Governance	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	
		2nd Line: <ul style="list-style-type: none">F2SU Guardian, NED F2SU roleLearning from speaking up and sickness reviewWorkforce Development Group; People and Culture CommitteeSchwartz RoundsGroup programme reporting to SEB every month for oversight	<ul style="list-style-type: none">Staff survey Oct 24Meeting reasonable adjustment requirements			
		3rd Line: <ul style="list-style-type: none">Internal Audit Freedom To Speak Up October 2023 significant assuranceInternal Audit Fit and Proper Persons Test due Q2 2024/25NHSI wellbeing initiativesHealth & Wellbeing 360 Audit rated significant assurance	<ul style="list-style-type: none">Audit Outturn 24/25			
Effect: Unwanted behaviours and closed cultures.						
<ul style="list-style-type: none">Our Future Our WayLeadership Behaviours FrameworkWellbeing, sickness management policyCounselling serviceAnti bullying harassment and advice serviceOccupational health service wellbeing strategy	<ul style="list-style-type: none">Training on leadership and culture on inductionClosed cultures training	1st Line <ul style="list-style-type: none">Annual staff survey resultsDeloitte staff survey and focus group feedback	<ul style="list-style-type: none">Delivery of recommendations from quality and safety reviewClosed cultures not currently in staff inductionsImpact of leadership development	<ul style="list-style-type: none">Delivery of recommendations from quality and safety review. Interim Director of Nursing 2024/25Closed cultures to be covered in staff inductions – ongoing - Interim Director of Nursing / Director of HR & OD 2025/26 Leadership Conferences – focussed on psychological safety & speaking up within the 24/25 programme by 31 March 2025 Director of HR/OD Reverse Mentoring cohort 6 launch Jan 25 Audit Outturn 2024/25 to be confirmed by 31 March 2025 – Director of Governance OFOW outpost to come to PPC April 25	4 Leadership Conferences taken place during 2024 Jan 25 Team Leadership Conference	
		2nd Line <ul style="list-style-type: none">Mental health and Wellbeing HubHealth and wellbeing champions and wellbeing NED roleHealth and Wellbeing LeadPeople and Culture Committee				
		3rd Line <ul style="list-style-type: none">CQC inspection findingsSystem mental health HWB hub	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: 05.03.25	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						Current Risk	3	3	9
Corporate Risk	No associated risk on the corporate risk register					Target Risk	4	2	8
Governance									
Context	Working with our partners and communities to deliver place-based services. Right Care, Right Place, Right Time. Net-zero, VCSE engagement, place delivery, social value, co-production, collaborative working, partnerships, integrated health								
Control		Control Gaps	Sources of Assurance		Assurance gaps	Actions			Progress
Cause: Not working closely with our community									
Organisational monitoring of system meetings Named executive leads attending place-based meetings	None	1 st Line: Discussions in Strategic Executive Board and other internal LPT formal meetings		Consistent feedback from system meetings	SEB agenda includes system feedback for all directors All Directors COMPLETE includes monthly discussions at SEB and in other meetings Regular attendance by executive directors at place-based meetings Director of Strategy COMPLETE Collaborative working with partners at place Director of Strategy COMPLETE			Regular meetings in place and programmes of work to continue to develop a place are happening.	
		2 nd Line: Assurance and discussions in the integrated care board meetings, in our system quarterly review meetings with NHS England and the outcomes from the collaboratives we are involved with		Self-assessment / gap analysis SMART actions / KPIs Success reporting (longer term)					
		3 rd Line: Feedback from our well-led review, the CQC and other organisations; Shadow Mental Health Collaborative Joint Project			Self-assessment / gap analysis SMART actions / KPIs Success reporting (longer term) – update to be provided August 2025 Director of Strategy				
Effect: Limited contribution to social value, and providing place-based care									
• Social Value Charter • LLR Green Plan • People Plan • Social Value Community of Practice	• Evidencing the impact of learning • Evidencing the impact of the social value charter	1 st Line : Individual programmes of work identified to support new workforce into the organisation, health inequalities actions and the development of training through greater partnerships with our universities.			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	
		2 nd Line Group social value programme in place with development meetings. Reporting into our annual report. Updates at Strategic Executive Board and the Joint Working Group.		Success reporting (longer term)					
		3 rd Line LLR Health Inequalities Meetings							

BAF 09 April 2024	If we do not strengthen partnerships and build new ones, we will not deliver joined up services which will impact on our ability to reduce health inequalities across our health economy.				Date Revised: 05.03.2025	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
Cause: We do not strengthen partnerships and build new ones									
<ul style="list-style-type: none">• LLR ICB and ICS• East Midlands Alliance• Learning Disability and Autism Collaborative• Better Mental Health for All plan• National Provider Collaborative Innovator• Dedicated workstreams focussing on health inequalities being delivered through the Shadow Mental Health Collaborative• Road map for University status approved		Dependent on how services are commissioned	1st Line: Leadership support within Collaboratives / DMT oversight Directorate delivery plans			<ul style="list-style-type: none">• Relaunch of the Collaborative, Commissioning & Contracting Delivery Group – 1st meeting 20.1.25 Director of Strategy COMPLETE• Regular agenda items in SEB to share updates Jan 25 Director of Strategy COMPLETE		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.	
Effect: Not reducing health inequalities									
<ul style="list-style-type: none">• NHSE national policy on integrated care• Social value charter• LLR ICB 5-year strategy• LPT strategy• Co-production programme		<ul style="list-style-type: none">• Directorate delivery plans for 24/25• Transformation plan for 24/25	1st Line Directorate Management Teams and individual programmes to develop	Ensuring all services are focussed on health inequalities		<ul style="list-style-type: none">• Alignment of directorate delivery plans and the Trust transformation programme with the ICB 5-year strategy Director of Strategy – April 2025• Promoting the value to patients & the organisation of improving health inequalities Director of Strategy - ongoing		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.	
			2nd Line Collaborative and Commissioning Delivery Group Director level engagement in formal ICB meetings with feedback into the Strategic Executive Board. Oversight of delivery of strategic objectives, including risks on the BAF	Demonstrating the value to patients & the organisation of improving health inequalities					
			3rd Line 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: 11.03.25	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">SFIs / SORDScheme of delegationCapital bid approval process		• None	<ul style="list-style-type: none">1st Line: Capital management committee management of capital plan; Clear capital bid approval process; SEB & Board approval of capital opening plan & subsequent revisions		<ul style="list-style-type: none">Ensure adequate senior clinical representation in prioritisation meetings	<ul style="list-style-type: none">Policy compliance audit and oversight Director of Finance and Performance.External audit of 23/24 accounts Director of Finance and Performance. COMPLETEProvide medical representation for prioritisation meetings: Medical Director			<div>Month 8 assurance to NHSE that LPT will deliver CDEL in 2024/25</div> <div>Complete – unqualified opinion</div>
			<ul style="list-style-type: none">2nd Line: Accounting policies / SFIs and SORD [Audit and Risk Committee]		Policy compliance				
			<ul style="list-style-type: none">3rd Line: External Audit 2023/24 annual accounts unqualified opinion		24/25 audit report				
Cause: Inadequate reporting and management									
<ul style="list-style-type: none">Monthly finance report with exec level oversightCapital management committee 3A reportICS capital Committee			<ul style="list-style-type: none">1st Line: Capital management committee triple A report			<div>Appropriate escalation of specific LPT risks via EMB Medical Director – starting February 2025</div>			<div>In progress</div>
			<ul style="list-style-type: none">2nd Line: Monthly corporate report EMB/SEB/FPC and oversight at the System Finance Meeting & system capital committee		Escalation of risk				
			<ul style="list-style-type: none">3rd Line: 2024/25 system wide capital audit						
Effect: Breach of Statutory Duty (CDEL)									
<ul style="list-style-type: none">National guidance		• None	<ul style="list-style-type: none">1st Line monthly finance report assurance on CDEL delivery year to date & forecast		Approval of medium-term capital plan	Develop 25/26 & medium term capital plan, aligned to ICS plan Sharon Murphy, DoF / March 25			To be presented to board for approval March 25.
			<ul style="list-style-type: none">2nd Line						
			<ul style="list-style-type: none">3rd Line KPMG 2024/25 annual accounts and VFM conclusion						
Effect: Non achievement of capital strategy (LPT and System)									
<ul style="list-style-type: none">National planning guidance – LPT & ICS delivery plan		• LLR ICB medium term capital strategy	<ul style="list-style-type: none">1st Line: ICS Capital committee reviews organisational delivery & ICS Finance committee			<ul style="list-style-type: none">LLR infrastructure 10 year, ; LPT 25/26 & 5 year planManage Trust’s capital plan DoF / March 25			In progress
			<ul style="list-style-type: none">2nd line:						
			<ul style="list-style-type: none">3rd line: Potential 2024/25 system wide capital audit		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: 24.2.2025	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
Cause: Patient safety systems, processes and governance improvement & learning, CQC outcomes									
<ul style="list-style-type: none">• Quality Account• Standard Operating Procedures• Policies• External validation• Service safety checks/huddles & escalation• CQC mock inspections & quality visits• Monthly patient safety improvement programme board		<ul style="list-style-type: none">• Workforce disruption (Safeguarding Team)	1 st Line: Patient Safety Improvement Programme – phase 2 of RIPB; Executive Service Visits & feedback; NED Board Walks; Compliance Team visits		<ul style="list-style-type: none">• Consistent use of PSIRF templates & methodology• Capacity in patient safety improvement team• clarified safety governance thread	<ul style="list-style-type: none">• Safeguarding – additional capacity and management of local risk – including ICB oversight Director of Nursing, update 31 March 2025• Delivery of Patient Safety Improvement Programme, including consistent use of PSIRF templates & methodology Director of Nursing, update 31 March 2025• Patient Safety Improvement lead roles x 3 being recruited Director of Nursing, update 31 March 2025• Introduce a Safety Forum – Feb 2025 Director of Nursing COMPLETE• Suicide prevention work & training Director of Nursing, update 31 March 2025			<ul style="list-style-type: none">• Safeguarding ICB overview• Safety Forum ToR and workplan drafts to first meeting in Feb 2025• Staff booked onto STORM training• Medicines Amnesty due to start March '25.
			2 nd Line: SEB/Q&S Committee, Safety Forum		- Suicide prevention training				
			3 rd Line: External reporting (ICB); HOSCs; CQC Visits & outcomes; MHA Visits & reports		- ICB overview – safeguarding				
Effect: Poor outcomes for patients, carers, families									
<ul style="list-style-type: none">• Incident reporting systems & processes• PSIRF• Access & patient flow• Patient experience• Reputational risk• Patient Safety Team• Quality/CQC Compliance/IPC monitoring		<ul style="list-style-type: none">• Consistency in incident reporting• Trust wide Discharge Policy	1 st Line: Directorate oversight of local quality & safety systems and processes.		Family liaison specialist Learning from NHCT	<ul style="list-style-type: none">• Family Liaison Officer recruited (27.1.25 start) Director of Nursing, complete• Notts HC Section 48 - sharing & embedding learning improvements via directorate governance & T&F Group Director of Nursing, update 31 March 2025• Quality Dashboard development Director of Nursing, update 31 March 2025• Directorate oversight on findings from internal			<ul style="list-style-type: none">• Notts HC Section 48 T&F Group set up in progress• Oversight of internal quality visits reported to EMB and SEB
			2 nd Line: Patient Safety Improvement Programme		Comprehensive oversight of quality measures				
			3 rd Line: 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: 10.03.25	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
Cause: Lack of capacity and resources to support all Trust Digital needs					
<ul style="list-style-type: none">• LPT Digital plan• National Digital plan• Digital maturity assessment• Digital Prioritisation Process• ICB Digital plan/Strategy	<ul style="list-style-type: none">• Lack of capital funding for Digital• Capacity and resources• Ability to recruit and retain Digital workforce.• Digital not always seen as an organisational priority• Effectively supporting digital reasonable adjustments for staff	1st Line: 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.	<ul style="list-style-type: none">• LPT/NHFT Digital Transformation Group• Implementation of SNOMED	<ul style="list-style-type: none">• LPT/NHFT Group digital transformation Group identifies opportunities for improvements / value – GCDIO• Continue implementation of SNOMED – ongoing (regular updates provided to EMB) Director of Finance• Establish LPT/NHFT Group digital transformation Group Director of Strategy – January 2025 COMPLETE• A joint LPT Digital lead and LLR ICB CIO appointed – Director of Strategy – January 2025 COMPLETE	<ul style="list-style-type: none">• DMD CCIO in post Starts 1 Jan 2025• Dates in diaries for digital transformation first meeting Jan 25• GCDIO in place• Group Digital transformation group in place
		2nd Line: The Information Management & Technology Committee ensures the relevance of the Digital Plan on behalf of the Trust Finance & 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&T systems, projects, and work programmes to which Trust resources (financial and staffing) are to be committed.	<ul style="list-style-type: none">• Additional capacity to further develop the LPT digital strategy		
		3rd Line: The Finance and Performance Committee are provided with a copy of the Digital Plan and the LHS 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	Identification of value opportunities from collaboration across the groups digital services to be completed		

Effect: Unable to support service transformation.								
<ul style="list-style-type: none"> Digital transformation programme. Digital Prioritisation Process 		<ul style="list-style-type: none"> Finance Capacity Digital engagement 	1st Line 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.			Prioritisation process to undertake retrospective scoring & become BAU	Prioritisation process – DD of Transformation and AD Service Delivery	
			2nd Line 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			NA		
			3rd Line 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.			Lack of clinical leadership	Review of Digital Clinical leadership / capacity undertaken	