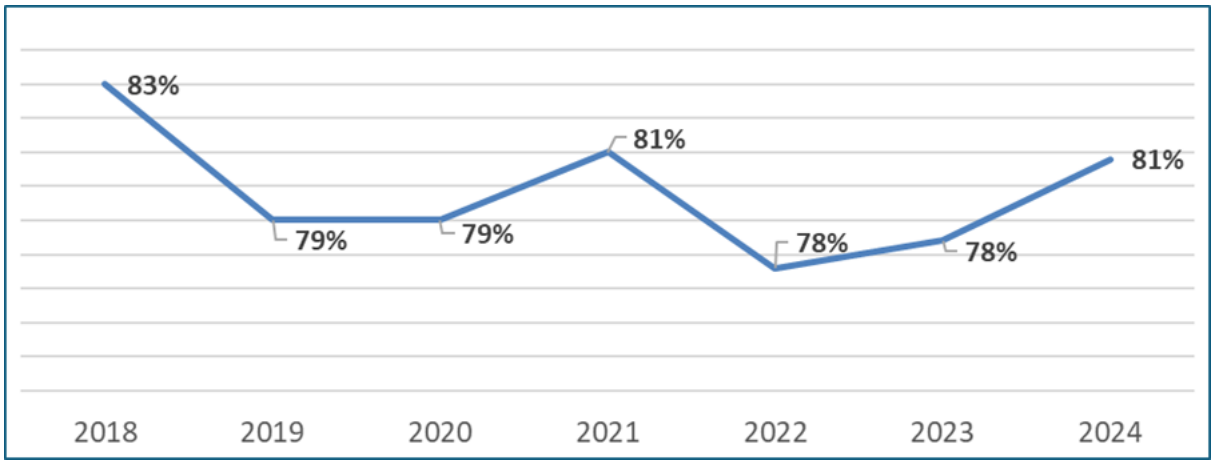
WDES 8 - Percentage of staff with a long-lasting health condition or illness, saying that their employer has made adequate adjustment(s) to enable them to carry out their work

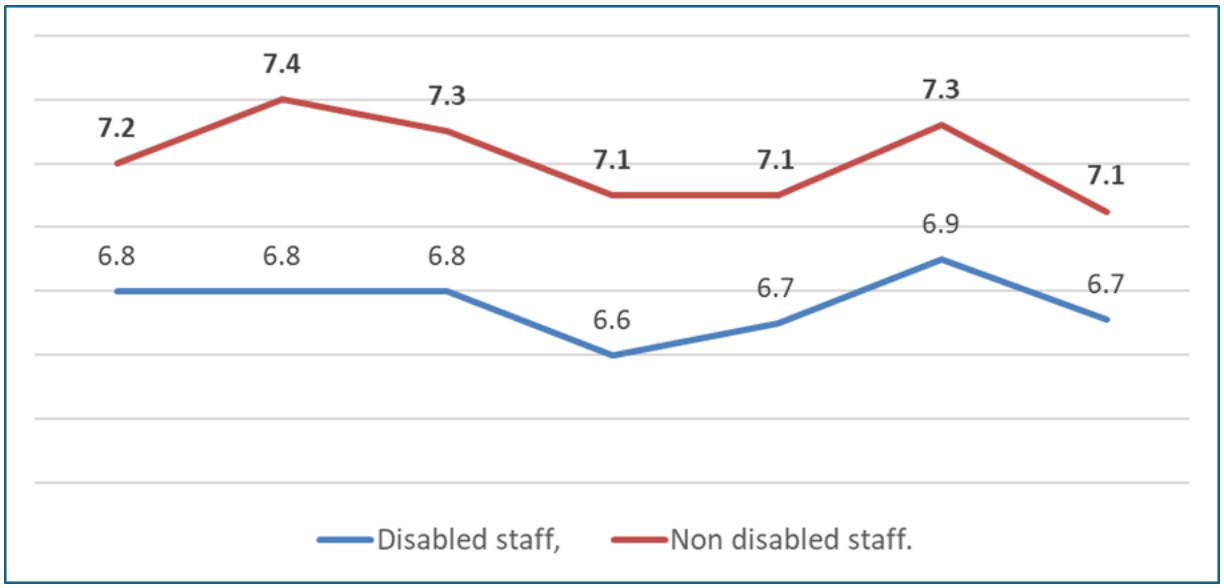


Over the years, the percentage of staff with long-lasting health conditions or illnesses who felt their employer made adequate adjustments to enable them to carry out their work has seen some fluctuations. In 2018, a high of 83% of employees reported satisfaction with the adjustments made by their employers. However, this percentage dropped to 79% in 2019 and remained steady through 2020.

In 2021, there was a slight improvement, with 81% of employees feeling that adequate adjustments were made. Unfortunately, this positive trend did not continue, as the percentage dipped to 78% in both 2022 and 2023. By 2024, the percentage rose again to 81%, indicating a renewed effort by employers to accommodate their staff's needs.

This narrative highlights the ongoing efforts and challenges the Trust faces in providing adequate support for employees with long-lasting health conditions or illnesses. It underscores the importance of continuous improvement and adaptation to ensure all employees can perform their work effectively and comfortably.

WDES 9a - The staff engagement score for staff, score 0-10



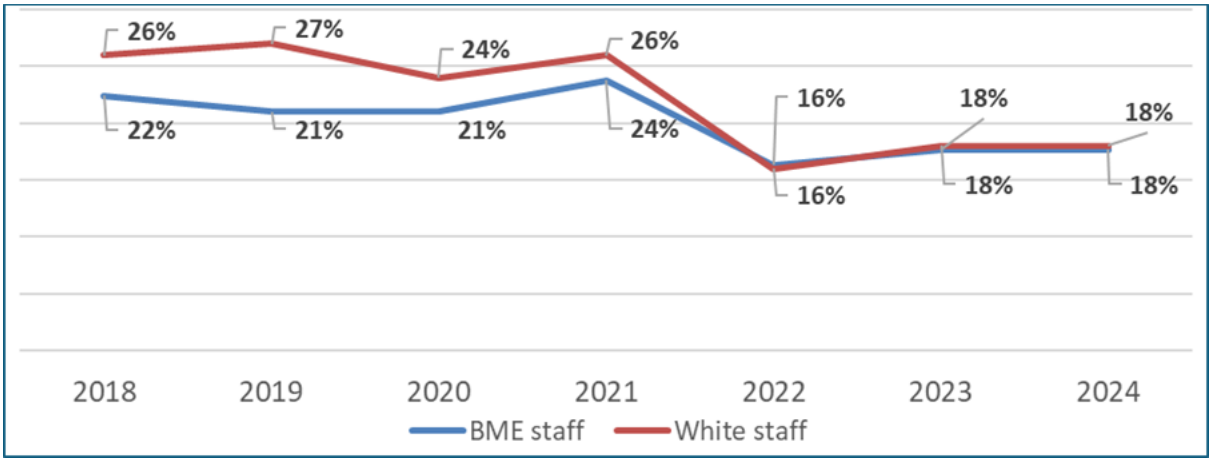
The Trust's staff engagement scores from 2018 to 2024 reflect a consistent and positive work environment. For disabled staff, the scores have remained relatively stable, with a slight increase to 6.9 in 2023, indicating a peak in engagement. Although there was a minor dip to 6.7 in 2024, the overall trend shows a strong and steady level of engagement.

Nondisabled staff have also shown consistent engagement, with scores fluctuating slightly but maintaining a solid average around 7.2. The highest score of 7.4 in 2019 highlights a particularly strong year for staff engagement.

These scores demonstrate the Trust's ongoing efforts to maintain a supportive and engaging workplace for all employees. By continuously focusing on staff well-being and engagement, the Trust is fostering a positive and productive work culture where everyone feels valued and motivated.

WORKFORCE RACE EQUALITY STANDARD PERFORMANCE

WRES 5 - Percentage of staff experiencing harassment, bullying or abuse from patients, relatives, or the public in last 12 months



Over the past seven years, the Trust has made notable progress in reducing the percentage of BME (Black and Minority Ethnic) and White staff experiencing harassment, bullying, or abuse from patients, relatives, or the public.

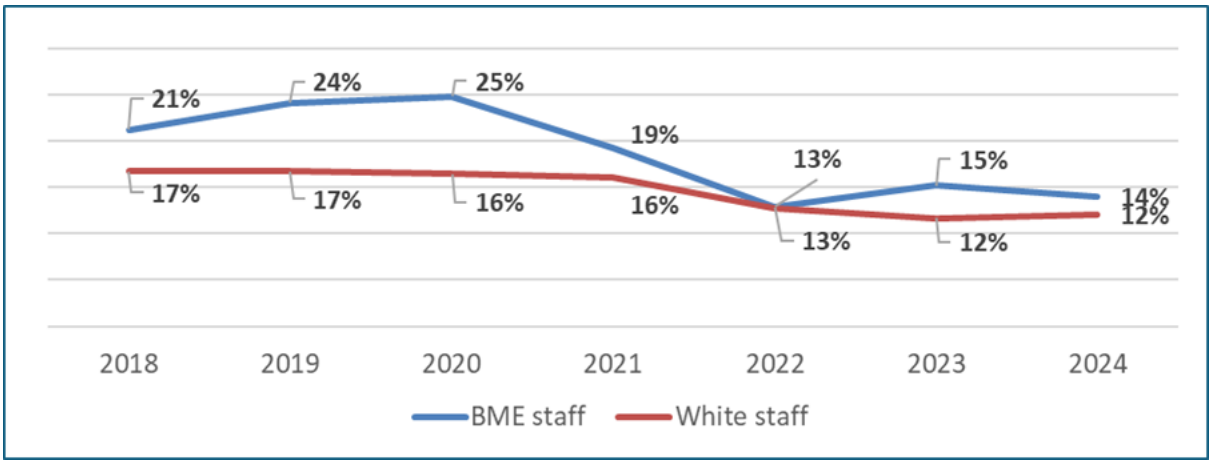
For BME staff, the percentage experiencing such negative behavior remained relatively stable at around 21-22% from 2018 to 2020. However, there was a spike to 24% in 2021, followed by a significant decrease to 16% in 2022. This positive trend was slightly offset by a rise to 18% in both 2023 and 2024, but the overall reduction from 2018 levels indicates sustained efforts to create a safer environment.

Similarly, White staff experienced a decrease in harassment, bullying, or abuse over the same period. The percentage dropped from 26% in 2018 to 24% in 2020, with a slight increase to 26% in 2021. A significant improvement was seen in 2022, with the percentage falling to 16%, followed by a rise to 18% in 2023 and 2024. Despite these fluctuations, the overall trend shows a reduction in negative experiences compared to the initial years.

These trends reflect the NHS's commitment to addressing and mitigating harassment, bullying, and abuse from external sources. The significant improvements in 2022 for

both BME and White staff highlight the effectiveness of initiatives aimed at fostering a respectful and supportive environment for all employees.

WRES 6 - Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months



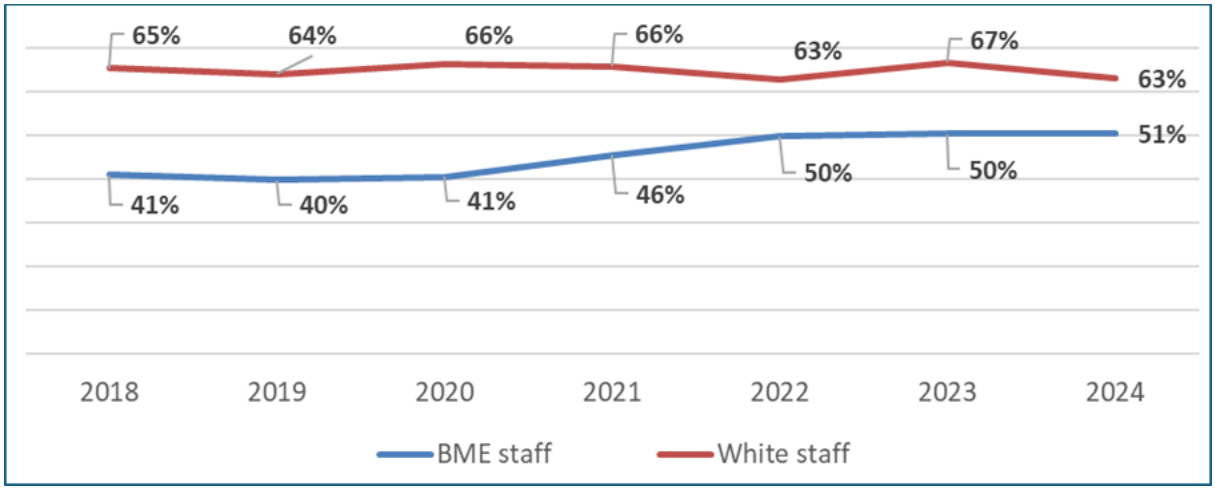
Over the past seven years, the Trust has made significant progress in reducing the percentage of staff experiencing harassment, bullying, or abuse from their colleagues. This positive trend is evident among both BME (Black and Minority Ethnic) and White staff.

For BME staff, the percentage experiencing such negative behavior saw an initial increase from 21% in 2018 to 25% in 2020. However, there was a notable improvement in 2021, with the percentage dropping to 19%. This downward trend continued, reaching a low of 13% in 2022. Although there was a slight increase to 15% in 2023 and a further decrease to 14% in 2024, the overall trend indicates a significant reduction in negative experiences compared to the earlier years.

Similarly, White staff experienced a steady decline in harassment, bullying, or abuse from colleagues. The percentage remained stable at 17% in 2018 and 2019, before gradually decreasing to 16% in 2020 and 2021. A significant improvement was observed in 2022, with the percentage falling to 13%, and further reductions to 12% in both 2023 and 2024.

These trends reflect the Trusts commitment to creating a safer and more supportive work environment for all employees. The consistent reduction in negative experiences among both BME and White staff highlights the effectiveness of initiatives aimed at fostering respect, inclusion, and well-being within the workplace.

WRES 7 - Percentage believing that trust provides equal opportunities for career progression or promotion



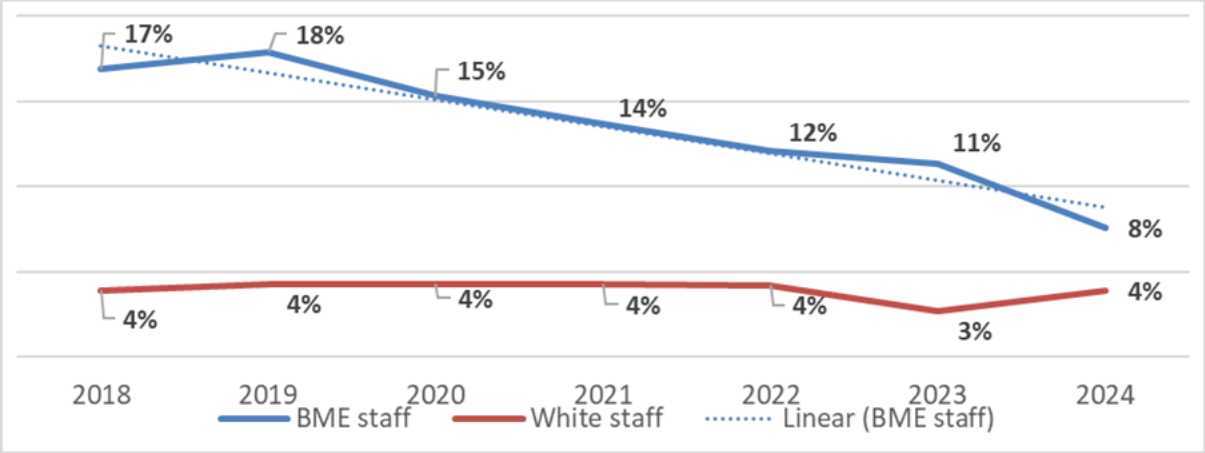
Over the past seven years, there has been a positive trend in the perception of equal opportunities for career progression or promotion within the Trust, particularly among BME (Black and Minority Ethnic) staff.

For BME staff, the percentage believing that the trust provides equal opportunities has steadily increased from 41% in 2018 to 51% in 2024. This upward trend is particularly notable between 2020 and 2022, where the percentage rose from 41% to 50%, and has remained stable at 50% in 2023 before increasing slightly to 51% in 2024. This improvement reflects the NHS's ongoing efforts to promote inclusivity and equal opportunities for all staff members.

For White staff, the perception of equal opportunities has remained relatively stable, with slight fluctuations over the years. The percentage was 65% in 2018, slightly decreasing to 64% in 2019, and then increasing to 66% in 2020 and 2021. Although there was a dip to 63% in 2022, the percentage rose again to 67% in 2023 before returning to 63% in 2024. Despite these variations, the overall trend indicates a consistent belief in the trust's commitment to providing equal opportunities.

These trends highlight the Trust’s dedication to fostering a fair and inclusive work environment. The significant improvements among BME staff and the stable perceptions among White staff demonstrate the effectiveness of initiatives aimed at ensuring equal career progression and promotion opportunities for all employees.

WRES 8 - In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team



Over the past seven years, the Trust has made significant strides in reducing instances of discrimination at work from managers or teams, particularly among BME (Black and Minority Ethnic) staff.

For BME staff, the percentage experiencing discrimination has shown a consistent and encouraging decline, from 17% in 2018 to just 8% in 2024. This steady reduction highlights the effectiveness of the Trust's efforts to create a more inclusive and equitable work environment. The most notable improvements occurred between 2020 and 2024, where the percentage dropped from 15% to 8%, reflecting sustained and impactful initiatives to combat discrimination.

For White staff, the percentage experiencing discrimination has remained relatively low and stable over the years, consistently around 4%, with a slight improvement to 3% in 2023. This stability indicates that the Trust has maintained a supportive and fair environment for White staff as well.

These positive trends demonstrate the Trust's commitment to fostering a workplace where all employees, regardless of their background, feel respected and valued. The significant decrease in discrimination experienced by BME staff, alongside the stable low levels for White staff, underscores the success of the NHS's ongoing efforts to promote diversity, equity, and inclusion.

2024 Staff Survey **Results**

Leeds Community Healthcare NHS Trust

HEADLINES

60% of substantive staff joined the conversation (2,038 people)

21% of bank colleagues also took part (72 people)

6.95 out of **10** Staff Engagement Score

Comparison to last year: **7.19 out of 10**

6.0 out of **10** Staff Morale Score

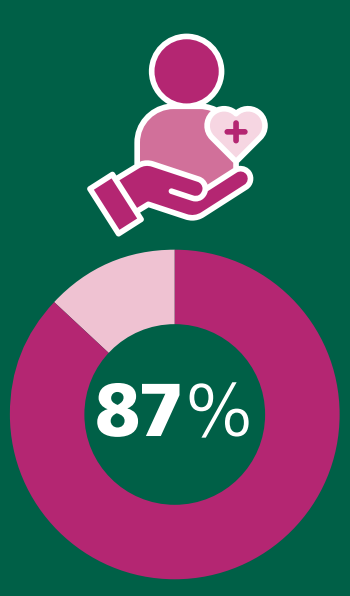
Comparison to last year: **6.13 out of 10**

PEOPLE PROMISE THEMES

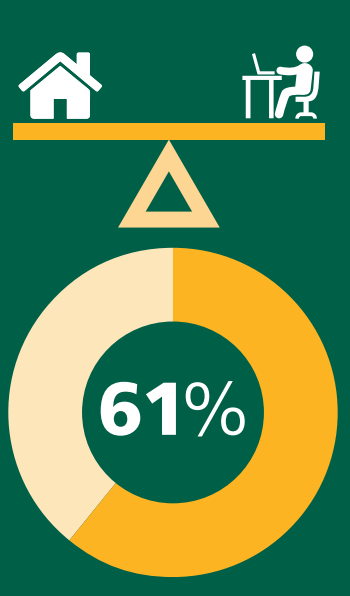
We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team
7.6 out of 10	**6.4** out of 10	**7.0** out of 10	**6.2** out of 10	**5.8** out of 10	**6.8** out of 10	**7.0** out of 10
Comparison to last year: **7.7**	Comparison to last year: **6.5**	Comparison to last year: **7.1**	Comparison to last year: **6.3**	Comparison to last year: **6.0**	Comparison to last year: **6.9**	Comparison to last year: **7.1**

AREAS TO CELEBRATE

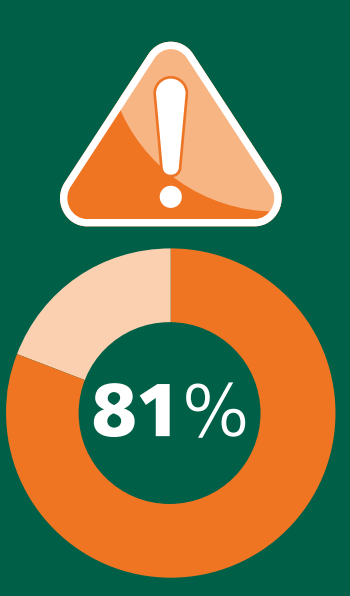
…of our workforce feel trusted to do their job.



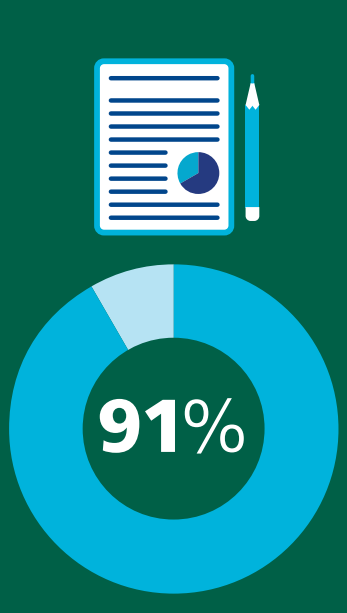
…of colleagues feel that their role makes a difference to patients/ service users.



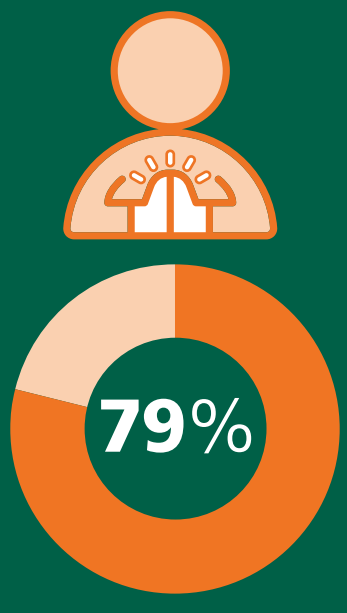
…of staff achieve a good balance between work life and home life.



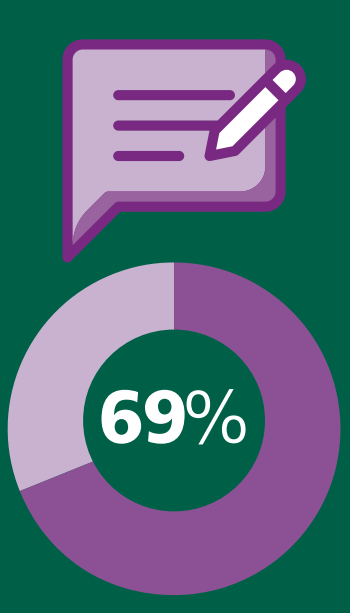
…of colleagues would feel secure raising concerns about unsafe clinical practice.



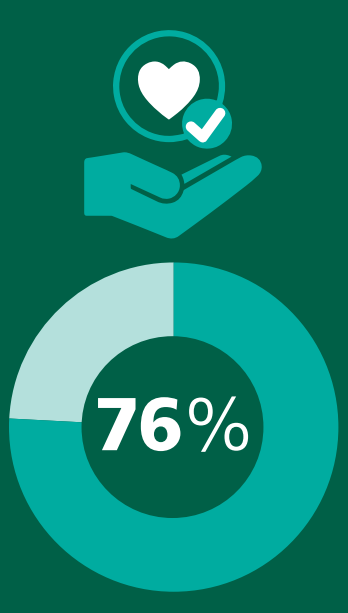
…of staff feel that the organisation encourages us to report errors, near misses or incidents.



…of staff receive the respect they deserve from colleagues at work.

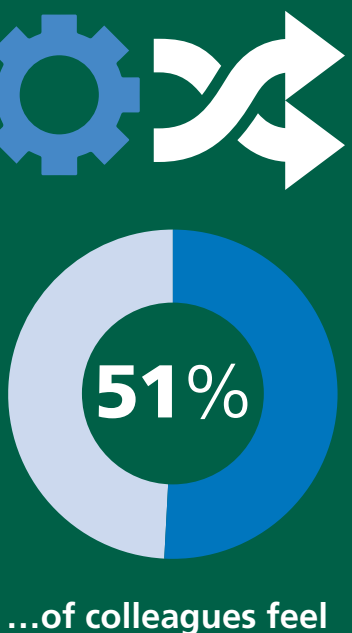


…of colleagues agree that their manager gives them clear feedback on their work.

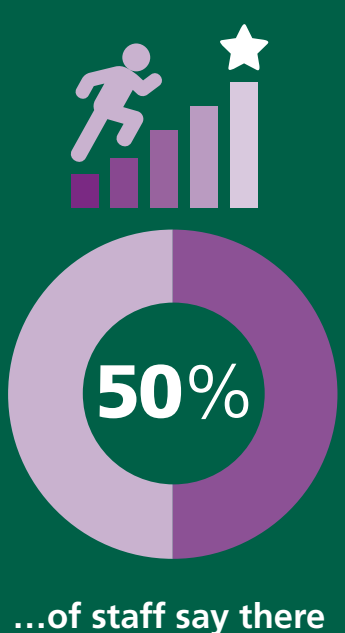


…of colleagues feel that their manager takes a positive interest in their health and wellbeing.

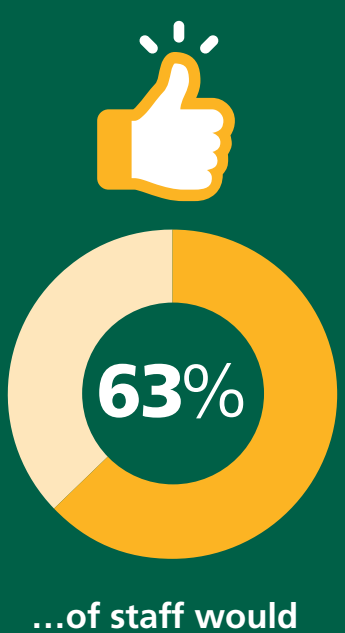
AREAS TO IMPROVE



…of colleagues feel involved in deciding on changes introduced that affect their area of work.



…of staff say there are opportunities to develop their career in this organisation.



…of staff would recommend LCH as a place to work.

WANT TO KNOW MORE?

Check out the Staff Survey Hub on My LCH or speak to your line manager about local results and action plans.

© Leeds Community Healthcare NHS Trust, February 2025 ref: 3035

Agenda item:	2025-26 (15)

Title of report:	Guardian for Safe Working Hours- Quarter 3 update

Meeting:	Trust Board meeting Held In Public
Date:	1 April 2025

Presented by:	Nagashree Nallapeta, Guardian of Safe Working Hours					
Prepared by:	Nagashree Nallapeta, Guardian of Safe Working Hours					
Purpose: (Please tick ONE box only)	Assurance	✓	Discussion		Approval	

Executive Summary:	**Main issues for consideration** • Ongoing grievance case related to CAMHS rota issue • Appointment of new LNC resident doctor representative- Dr Blessing Alele

Previously considered by:	Nil

Link to strategic goals: (Please tick any applicable)	Work with communities to deliver personalised care	
	Use our resources wisely and efficiently	
	Enable our workforce to thrive and deliver the best possible care	✓
	Collaborating with partners to enable people to live better lives	
	Embed equity in all that we do	

Is Health Equity Data included in the report (for patient care and/or workforce)?	Yes		What does it tell us?	
	No	✓	Why not/what future plans are there to include this information?	

Recommendation(s)	• Support GSWH with the work in relation to community paediatric training opportunities. • To note the risk for the Trust from the grievance case raised by Junior doctor affected by CAMHS historic rota issue.

List of Appendices:	Nil

Guardian for Safe Working Hours report

1 Introduction

The role of Guardian of Safe Working Hours (GSWH) was introduced as part of the 2016 Junior Doctor's contract. The role of the GSWH is to independently assure the confidence of junior doctors that their concerns will be addressed and require improvements in working hours and rotas.

Purpose of Guardian of Safe Working Hours report
To provide assurance that doctors and dentists in training within LCH NHS Trust are safely rostered and that their working hours are consistent with the Junior Doctors Contract 2016 Terms & Conditions of Service (TCS).

To report on any identified issues affecting trainee doctors and dentists in Leeds Community Healthcare NHS Trust, including morale, training and working hours.

2 Current position/main body of the report

There are 22 Junior Doctors employed throughout the Trust currently (in different specialities, both full time and less than full time training) as detailed in the table below. This includes Junior doctors employed directly by LCH and on honorary contracts.

Department	No.	Grade	Status
Adults	0		LCH contract
Foundation year	2	FY1	Honorary contract
CAMHS	3	ST	LCH contract
	0	ST	Honorary contract
	3	CT	Honorary contract
Community Paediatrics	3	ST Level 1	LCH contract
	5	ST Level 2/ Grid trainee	Honorary contract
Sexual Health	2	ST	LCH contract
GP	2	GPSTR	LCH contract
Community Gynae	1	ST	Honorary contract
Dental Services	1		Honorary contract

3 Impact

This report has been informed by discussions with JNC, HR business partner BMA IRO and guidance received from NHS employers and Health Education England.

- **Quality**

Exception reports
No exception reports were filed during this quarter.
Fines
No fines levied by the GSWH during this quarter.

- **Resources**

Rota gaps and CAMHS ST rota
The CAMHS ST non resident on call rota consists of a 1:5 rota, and gaps (currently 3 gaps) on this rota are covered by locums, typically doctors who have worked on the rota in the past or doctors currently working for LCH who are willing to do extra shifts. The current CAMHS ST on call rota is checked by senior CAMHS admin staff with experience in managing CAMHS consultant rota to double check the Locum shifts picked up by Junior doctors.

Rota Gaps (number of night shifts needing cover)		Dec 2024		Jan 2025		Feb 2025	
		CT	ST	CT	ST	CT	ST
	Gaps	n/a	9	n/a	5	n/a	15
	Internal Cover	n/a	5	n/a	5	n/a	5
	External cover	n/a	4	n/a	0	n/a	10
	Unfilled	n/a	0	n/a	0	n/a	0

- **Risk and assurance**

Feedback from Junior doctors
Resident Doctors Forum (RDF) was held on MS teams on 16/01/2025.

Junior doctors continue to be well supported by Medical staffing and director of workforce team.

GSH requested DMD and medical staffing team to review and monitor CAMHS non-resident on call rota as this is a requirement as per the Resident doctors terms and conditions.

Dr Elizabeth Pal who has been the resident doctors LNC representative has now been successful in moving up to a consultant paediatrician post in LCH children's services.

Dr Blessing Alele from CAMHS team has been accredited as the new Resident doctors LNC representative.

CAMHS Historic ST rota issue

One Junior doctor has raised a grievance case on 23/11/24 via correspondence to Director of workforce. There has not been any further update since the last Trust board meeting. The case is on-going.

Community paediatric Training issue

Community paediatric residents doctors continue to work their on-call shift in LTHT and this impact on their training. GSW and community paediatric college tutor continue to link in with LTHT team (rota co-ordinator and college tutors) to ensure the training time is optimised. A few small changes have been made to the rota

which gives the resident doctors more time in the community. This can be improved further. GSW will continue to link in with the team on a regular basis to explore long term solutions to the issue.

➢ 4 Next steps

GSWH will continue to work with Key people to improve community paediatric training.

GSWH will continue to support doctors who have raised the grievance case in related to CAMHS historic rota issue.

➢ 5 Recommendations

The Board is recommended to:

- Support GSWH with the work in relation to community paediatric training opportunities.
- To note the risk for the Trust from the grievance case raised by Junior doctor affected by CAMHS historic rota issue.

Name of author Nagashree Nallapeta
Title Guardian for Safe Working Hours
Date paper written 14/03/2025

Agenda item:	2025-26 (16)

Title of report:	Significant Risks and Risk Assurance Report

Meeting:	Trust Board Held in Public
Date:	1 April 2025

Presented by:	Selina Douglas, Chief Executive Officer					
Prepared by:	Anne Ellis, Risk Manager					
Purpose: (Please tick ONE box only)	Assurance	✓	Discussion		Approval	

Executive Summary:	This report is part of the governance processes supporting risk management in that it provides information about the effectiveness of the risk management processes and the controls that are in place to manage the Trust's most significant risks. There are two risks on the Trust risk register that have a score of 15 or more (extreme). There are a total of nine risks scoring 12 (very high).

Previously considered by:	Trust Leadership Team 19 March 2025

Link to strategic goals: (Please tick any applicable)	Work with communities to deliver personalised care	✓
	Use our resources wisely and efficiently	✓
	Enable our workforce to thrive and deliver the best possible care	✓
	Collaborating with partners to enable people to live better lives	✓
	Embed equity in all that we do	✓

Is Health Equity Data included in the report (for patient care and/or workforce)?	Yes		What does it tell us?	
	No	✓	Why not/what future plans are there to include this information?	N/A

Recommendation(s)	• Note the changes to the significant risks since the last risk report was presented to the Board; and • Consider whether the Board is assured that planned mitigating actions will reduce the risks.

List of Appendices:	No appendices

Significant Risks and Risk Assurance Report

1. Introduction

1.1 The risk register report provides the Board with an overview of the Trust's material risks currently scoring 15 or above after the application of controls and mitigation measures. It describes and analyses all risk movement, the risk profile, themes and risk activity since the last risk register report was received by the Board (February 2025).

1.2 The Board's role in scrutinising risk is to maintain a focus on those risks scoring 15 or above (extreme risks) and to be aware of risks currently scoring 12 (high risks).

1.3 The report seeks to reassure the Board that there is a robust process in place in the Trust for managing risk. Themes identified from the risk register have been aligned with BAF strategic risks to advise the Board of potential weaknesses in the control of strategic risks, where further action may be warranted.

2. Risk register movement

2.1 The table below summarises the movement of risk since the last risk register report.

	Current	Previous (February)
Total Open Risks	76	68
Risks Scoring 15 or above	2	3
New Risks	10	4
Closed Risks	2	7
Risk Score Increasing	0	2
Risk Score Decreasing	7	5

2.2 The following updates have been provided for risks scoring 15 (extreme) or above since the last risk register report.

Risk	Risk Type	Current Score	Previous Score (February 2025)
1187: Insufficient IT Resilience leading to the risk of extended outages of the infrastructure	**Operational**	**12**	**16**
Implementation of the recommendations of the THIS resilience review continues with plans for the establishment of a centralised IT equipment provision and the increase in 3rd line support provision until 31st March 2025. In light of this, and with the agreement of the Executive Director of Finance, the risk score has been reduced with the likelihood reduced to "possible" from "likely". Next review is due 31/3/25			

Risk	Risk Type	Current Score	Previous Score (February 2025)
1048: Mind Mate SPA increasing backlog of referrals (system-wide risk).	**Operational**	**15**	**15**
The Mind Mate Spa review (led by the ICB) is in the process of drawing up conclusions and options following conclusion of the Integrated Design Office workshops. These should be available by the end of December/beginning of January 2025. In the meantime, safeguards remain in place to ensure all referrals are risk assessed and escalated clinically as appropriate. (updated 10/12/24) This risk has scored 15 for fourteen months and review of this risk is overdue since 31/1/25.			
1179: Impact/Management of Neurodevelopmental Assessment Waiting List.	**Operational**	**15**	**15**
Preschool ND assessments have re-started with a focus on only offering "enhanced" assessments so that those children with additional complexity (such as safeguarding, co-morbidity etc) will be seen by a paediatrician. The remaining preschool children on the WL will receive a needs-led offer only with no diagnostic assessment. School age ND CYP continue to be prioritised in a similar way with CYMPHS capacity focusing on those CYP with most risk and complexity. The remaining CYP continue to wait on the waiting list. The business case has been delayed due to BI capacity. (updated 10/12/24) Review of this risk is overdue since 13/1/25.			

3. Summary of risks scoring 12 (high)

3.1 To ensure continuous oversight of risks across the spectrum of severity, consideration of risk factors by the Board is not limited to extreme risks. Senior managers are sighted on services where the quality of care or service sustainability is at risk; many of these aspects of the Trust's business being reflected in risks recorded as 'high' and particularly those scored at 12. The Quality and Business Committees have oversight of risks categorised as 'high' (risks scored at 8 – 12).

3.2 The table below details risks currently scoring 12 (high risks)

ID	Description	Rating (current)	Rating (previous)	Status
877	Risk of reduced quality of patient care in neighbourhood teams (NT) due to an imbalance of capacity and demand	12	12	Unchanged
1042	Provision of equipment from Leeds Community Equipment Services (LCES)	12	12	Unchanged

ID	Description	Rating (current)	Rating (previous)	Status
1187	Insufficient IT Resilience leading to the risk of extended outages of the infrastructure	12	16	Reduced
1198	Impact of ADHD medication waiting list	12	12	Unchanged
1199	The impact and management of the CYPMHS Therapies waiting list	12	12	Unchanged
1221	Likelihood of a cyber attack	12	12	Unchanged
1230	Non-compliance with NHSE EPRR Annual Assurance process	12	12	Unchanged
1294	Clinical Governance Team capacity and resilience due to vacancies and absence	12		New
1295	Primary Care Industrial Action	12		New

Six of the risks scoring 12 have not changed since the last report (static), the target dates to reduce these risks by are not yet due and none of the risks have been static for over 12 months. When risk scores have been static for over 12 months, they are flagged to TLT and the Quality and Business Committees.

4. Risk profile – all risks

4.1 The total number of risks on the risk register is currently 76. Of these there are 24 clinical risks and 52 operational risks. This table shows how all these risks are currently graded in terms of consequence and likelihood and provides an overall picture of risk.

	1 - Rare	2 - Unlikely	3 - Possible	4 - Likely	5 - Almost Certain	Total
5 - Catastrophic	0	1	1	0	0	2
4 - Major	0	7	4	0	0	11
3 - Moderate	2	12	27	5	1	47
2 - Minor	0	4	6	2	0	12
1 - Negligible	1	0	1	1	1	4
Total	3	24	39	8	2	76

5. Risks by theme and correlation with BAF strategic risks

5.1 For this report the high risks (scoring 8 and above) on the risk register have been themed where possible according to the nature of the hazard and the effect of the risk and then linked to the strategic risks on the Board Assurance Framework. This themed approach gives a holistic view of the risks on the risk register and will

assist the Board in understanding the risk profile and in providing assurance on the management of risk.

5.2 Themes within the current risk register are as follows:

Theme One: Patient Safety	
The strongest theme across the whole risk register is patient safety due to staff working outside their role, lack of incident management, workload pressures, capacity to complete clinical supervision, clinically essential training, and safe operation of medical devices. Specifically, fifteen risks relate to patient safety [1]	The BAF strategic risks directly linked to patient safety are: BAF Risk 1 Failure to deliver quality of care and improvements BAF Risk 2 Failure to manage demand for services BAF Risk 4 Failure to be compliant with legislation and regulatory requirements
Theme Two: Demand for Services	
The second strongest risk theme is demand for services exceeding capacity, due to an increase in service demand and high numbers of referrals[2].	The BAF strategic risks directly linked to demand for services are: BAF Risk 2 Failure to manage demand for services BAF Risk 8 Failure to have suitable and sufficient staff resource (including leadership) BAF Risk 9 Failure to prevent harm and reduce inequalities experienced by our patients.
Theme Three: Compliance with Standards/Legislation	
There is also a risk theme relating to compliance with standards/ legislation[3] This includes health and safety, compliance with information governance and cyber security, and business continuity and emergency planning.	The BAF strategic risks directly linked to compliance with standards / legislation is: BAF Risk 4 Failure to be compliant with legislation and regulatory requirements BAF Risk 7 Failure to maintain business continuity (including response to cyber security)
Theme Four: Quality and Value Programme	
Four risks relate to the Quality and Value programme and concern the impact on staff and patients and the risk that financial balance is not achieved.[4]	The BAF strategic risks directly linked to the Quality and Value programme are: BAF Risk 1 Failure to deliver quality of care and improvements BAF Risk 5 Failure to deliver financial sustainability

[1] Risks: 877, 1109, 1125, 1139, 1168, 1169, 1187, 1196, 1231, 1278, 1284, 1285, 1295, 1298, 1301
[2] Risks: 772, 874, 913, 954, 957, 994, 1015, 1042, 1048, 1179, 1198, 1199
[3] Risks: 902, 1089, 1178, 1204, 1206, 1221, 1223, 1230, 1242, 1243, 1294, 1296
[4] Risks: 1226, 1227, 1228, 1229

	BAF Risk 6 Failure to have sufficient resource for transformation programmes
Theme Five: Digital Transformation	
Three risks relate to digital transformation, including capacity to deliver transformation[5]	The BAF strategic risk directly linked to digital transformation are: BAF Risk 3 Failure to implement the digital strategy BAF Risk 6 Failure to have sufficient resource for transformation programmes

6. Impact

6.1 Risk and assurance

This report is part of the governance processes supporting risk management in that it provides information about the effectiveness of the risk management processes and the controls that are in place to manage the Trust's most significant risks.

7. Next steps

Risks will continue to be managed in accordance with the risk management policy and procedure and the Board will receive an update report at the meeting to be held on 5th June 2025.

8. Recommendations

The Board is recommended to:

- Note the changes to the significant risks since the last risk report was presented to the Board; and
- Consider whether the Board is assured that planned mitigating actions will reduce the risks.

Author: Anne Ellis, Risk Manager
Date written: 13 March 2025

[5] Risks: 1217, 1220, 1224

Agenda item:	2024-2025 (17i)

Title of report:	Board Assurance Framework Quarterly Update

Meeting:	Trust Board Held In Public
Date:	1 April 2025

Presented by:	Selina Douglas, Chief Executive Officer					
Prepared by:	Helen Robinson, Company Secretary					
Purpose: (Please tick ONE box only)	Assurance	✓	Discussion		Approval	

Executive Summary:	It is a requirement for all Trust Boards to ensure there is an effective process in place to identify, understand, address, and monitor risks. This includes the requirement to have a Board Assurance Framework (BAF) that sets out the risks to the strategic plan by bringing together in a single place all the relevant information on the risks to the Board being able to deliver the organisation's objectives. As previously noted, following the agreement of the Trust's strategic objectives and priorities for 2024/25, the BAF is now reviewed on a quarterly basis and the outcome shared with the Board. The updated BAF is attached at Appendix 1. The changes in red reflect the output of the final quarterly review which has taken place during March with the support of the Executive Directors and the Trust Leadership Team. Each strategic risk has been reviewed in terms of the following: o Operation of the current controls / whether any additional or gaps in controls need to be added o Progress against the actions o Impact of the actions on the score o Any further actions identified to reduce the risk to target o Whether there are any missing sources of assurance that need to be added. The Board is reminded that the BAF is presented here for assurance on its completeness as of March 2025.

Previously considered by:	Trust Leadership Team 19 March 2025

	Work with communities to deliver personalised care	✓

Link to strategic goals: (Please tick any applicable)	Use our resources wisely and efficiently	✓
	Enable our workforce to thrive and deliver the best possible care	✓
	Collaborating with partners to enable people to live better lives	✓
	Embed equity in all that we do	✓

Is Health Equity Data included in the report (for patient care and/or workforce)?	Yes		What does it tell us?	
	No	✓	Why not/what future plans are there to include this information?	N/A

Recommendation(s)	The Board is asked to: • Receive the BAF and to be assured of the appropriateness of updates, including risk scoring and mitigating actions.

List of Appendices:	Appendix 1 – 2024_25_BAF_March2025

Board Assurance Framework (BAF) 2024/2025

Introduction

The Board Assurance Framework (BAF) provides the Board with a register of strategic risks that have the potential to impact on the achievement of the Trust's strategic objectives and gives assurances that the risks are being managed effectively. The Framework aligns strategic risks with the strategic objectives and highlights key controls and assurances.

Where gaps are identified, or key controls and assurances are insufficient to reduce the risk to acceptable levels (within the Trust risk appetite), action needs to be taken. Planned actions will enable the Board to monitor progress in addressing gaps or weaknesses and to ensure that resources are allocated appropriately.

Assurance

The Board receives the BAF quarterly. The risks aligned to the Board Committees are also reported to the relevant Committee bi-monthly, where the relevant Committee agrees a level of assurance for each risk.

The BAF provides the basis for the preparation of a fair and representative Annual Governance Statement. It is the subject of annual review by both Internal and External Audit.

Trust Objectives (Strategic Goals) with the underpinning 2024/25 Trust Priorities

Strategic Goal - Work with communities to deliver personalised care

- *Trust Priority: We will provide proactive and timely care that is person centred by ensuring the right service delivers the right care at the right time by the right practitioner.*

Strategic Goal - Enable our workforce to thrive and deliver the best possible care

- *Trust Priority: To have a well led, supported, inclusive and valued workforce*

Strategic Goal – Collaborating with partners to enable people to live better lives

- *Trust Priority: We will develop a Leeds Community Collaborative in partnership to amplify the community voice and facilitate care closer to home.*

Strategic Goal - To embed equity in all that we do

- *Trust Priority –To ensure that the Quality and Value Programme has the least negative impact on those with the most need and positively impacts where possible.*

Strategic Goal - Use our resources wisely and efficiently both in the short and longer term

- *Trust Priority: To achieve the 2024/25 Trust's financial efficiency target through delivery of an effective Quality and Value Programme*

Risk Scoring

Each strategic risk is assessed (measured) in terms of consequence (how bad could it be) and likelihood (how likely is it to happen). The risk score is calculated by multiplying the consequence by the likelihood.

To maintain an objective and consistent approach across the organisation, the Trust's risk assessment matrix is used to 'score' each risk, see below:

LIKELIHOOD / CONSEQUENCE	Rare (1)	Unlikely (2)	Possible (3)	Likely (4)	Almost Certain (5)
Catastrophic (5)	5	10	15	20	25
Major (4)	4	8	12	16	20
Moderate (3)	3	6	9	12	15
Minor (2)	2	4	6	8	10
Negligible (1)	1	2	3	4	5

Strategic Goals	1. Work with communities to deliver personalised care	2. Use our resources wisely and efficiently both in the short and longer term	3. Enable our workforce to thrive and deliver the best possible care	4. Collaborating with partners to enable people to live better lives
	5. To embed equity in all that we do			
Strategic Risks	**Risk 1 Failure to deliver quality of care and improvements:** If the Trust fails to identify and deliver quality care and improvement in an equitable way, then services may be unsafe or ineffective leading to an increased risk of patient harm. **Quality Committee** (Exec Director of Nursing and AHPs)	**Risk 5 Failure to deliver financial sustainability:** There is a risk that the Trust will not be financially sustainable which will jeopardise delivery of all our strategic goals and priorities. **Business Committee** (Executive Director of Finance and Resources)	**Risk 8 Failure to have suitable and sufficient staff resource (including leadership):** If the Trust does not have suitable and sufficient staff capacity, capability and leadership capacity and expertise, within an engaged and inclusive workforce then the impact will be a reduction in quality of care and staff wellbeing and a possible misalignment with the objectives of the Q&V programme **Business Committee** (Director(s) of Workforce)	**Risk 10 Failure to collaborate.** If the Trust does not work in partnership with other organisations, then systems will not provide a single offer for patients or achieve the best outcomes for all. **Trust Board** (Chief Executive)
	Risk 2 Failure to manage demand for services: If the Trust fails to manage demand in service recovery and in new services and maintain equity of provision then the impact will be potential harm to patients, additional pressure on staff, financial consequences and reputational damage. **Quality Committee and Business Committee** (Exec Director of Operations)	**Risk 6 Failure to have sufficient resource for transformation programmes:** If there is insufficient resource across the Trust to deliver the Trust's priorities and targeted major change programmes and their associated projects then it will fail to effectively transform services and the positive impact on quality and financial benefit may not be realised. **Business Committee** (Exec Director of Operations)		
	Risk 3 Failure to implement the digital strategy. If the Trust fails to implement the agreed digital strategy, then, services could be inefficient, software may be vulnerable, and the impact will be delays in caring for patients and less than optimum quality of care. **Quality and Business Committees** (Exec Director of Finance and Resources, Exec Medical Director)			
		Risk 7 Failure to maintain business continuity (including response to cyber security): If the Trust is unable to maintain business continuity in the event of significant disruption, then essential services will not be able to operate, leading to patient harm, reputational damage, and financial loss. **Business and Audit Committees** (Exec Director of Operations and Executive Director of Finance and Resources)		
	Risk 4 Failure to be compliant with legislation and regulatory requirements: If the Trust is not compliant with legislation and regulatory requirements then safety may be compromised, the Trust may experience regulatory intervention, litigation, and adverse media attention**. Quality and Business Committees, and Trust Board.** (Trust Leadership Team)			
	Risk 9 Failure to prevent harm and reduce inequalities experienced by our patients. If the trust fails to address the inequalities built into its own systems and processes, there is a risk that we are inadvertently causing harm, delivering unfair care and exacerbating inequalities in health outcomes within some cohorts of patients. **Quality Committee / Trust Board** (Medical Director)			

Summary of Strategic Risks as of 11 March 2025

Ref	Strategic Risk	Lead Director(s)	Original Score (May 2024)	Current Score (Mar 2025)	Target Score (2024/25)	Key changes since last review (Changes are highlighted in red on the individual strategic risk templates)
1	**Failure to deliver quality of care and improvements:** If the Trust fails to identify and deliver quality care and improvement in an equitable way, then services may be unsafe or ineffective leading to an increased risk of patient harm.	Exec Director of Nursing and AHPs	16	16	12	Actions are ongoing and a new action has been added in relation to implementation of quality governance recommendations from the well-led review. The risk score remains at 16, the ongoing Q&V work puts the score on trajectory to reduce to 12 by October 2025. As this is above risk appetite the target score will reduce further in the second half of 2025/26 and further actions considered to reduce the risk towards appetite.
2	**Failure to manage demand for services:** If the Trust fails to manage demand in service recovery and in new services and maintain equity of provision then the impact will be potential harm to patients, additional pressure on staff, financial consequences and reputational damage.	Exec Director of Operations	16	16	12	Score not reduced, there remain areas with long waits and some require system support. The key mitigation is the Q&V programme, and this is a three-year programme. In addition to the Q&V work to improve waiting lists and transform access criteria and ways of providing services a patient access group has been established, and work is underway to collect accessibility data.
3	**Failure to implement the digital strategy.** If the Trust fails to implement the agreed digital strategy, then, services could be inefficient, software may be vulnerable, and the impact will be delays in caring for patients and less than optimum quality of care.	Exec Director of Finance and Resources	12	12	8	3-year digital, data and technology strategy has been approved. Outputs from externally commissioned reviews will influence priorities and implementation plan. Timescales for implementation plan will be subject to affordability and will need to be considered alongside other competing priorities. Actions not progressed sufficiently to reduce the score at this stage. Needs review if correct strategic risk for 2025/26 – mitigation to demand / major incident / transformation resource risks.
4	**Failure to be compliant with legislation and regulatory requirements:** If the Trust is not compliant with legislation and regulatory requirements then safety may be compromised, the Trust may experience regulatory intervention, litigation, and adverse media attention.	TLT	9	6	3	The risk remains at 6, actions span the year end and as a result will not be reduced by 31 March 2025. New actions have been added relating to the implementation of the Well-led recommendations and the new CQC single assessment framework.
5	**Failure to deliver financial sustainability:** There is a risk that the Trust will not be financially sustainable which will jeopardise delivery of all our strategic goals and priorities.	Executive Director of Finance and Resources	16	16	12	The risk remains 16 until long-term sustainability is achieved. The scale of financial challenge across the NHS is significant, rising demand for services and inflationary cost pressures are increasing the levels of efficiency and productivity required of all organisations. The Trust has established a Quality and Value programme that has supported successful delivery of the financial plan in 24/25 however there remains an over reliance on non-recurrent savings. In addition, the Trust does not yet have an organisational strategy that is underpinned by long term financial plan, inclusive of a multi-year Q&V plan.
6	**Failure to have sufficient resource for transformation programmes:** If there is insufficient resource across the Trust to deliver the Trust's priorities and targeted major change programmes and their associated projects then it will fail to effectively transform services and the positive impact on quality and financial benefit may not be realised.	Exec Director of Operations	9	9	6	We are now satisfied that we have the right skills and capacity, however a risk remains relating to the prioritisation of local, system and national schemes. The risk score remains at 9.
7	**Failure to maintain business continuity (including response to cyber security):** If the Trust is unable to maintain business continuity in the event of significant disruption, then essential services will not be able to operate, leading to patient harm, reputational damage, and financial loss.	Exec Director of Operations and Executive Director of Finance and Resources	12	12	8	No change to the score at the year-end, the risk in relation to EPRR has reduced to 9, however the risk relating to cyber continues to be 12 due to the high threat level.
8	**Failure to have suitable and sufficient staff resource (including leadership):** If the Trust does not have suitable and sufficient staff capacity, capability and leadership capacity and expertise, within an engaged and inclusive workforce then the impact will be a reduction in quality of care and staff wellbeing and a possible misalignment with the objectives of the Q&V programme.	Director(s) of Workforce	9	9	9	As at the end of March 2025 the score has reduced to target of 9 as the Trust has achieved the financial savings for 2024/25, turnover is low, and sickness is in line with previous years. This corresponds with the score of operational risk 1227. The target score will be reduced for 2025/26 when there is more clarity on the financial challenge (external environment / additional financial savings).
9	**Failure to prevent harm and reduce inequalities experienced by our patients.** If the trust fails to address the inequalities built into its own systems and processes, there is a risk that we are inadvertently causing harm, delivering unfair care and exacerbating inequalities in health outcomes within some cohorts of patients.	Medical Director	12	12	9	The risk is unchanged as Q&V still underway, and actions are not business as usual / embedded. The Health Equity resource has reduced. The Internal Audit report suggests the risk has not reduced, and actions have been agreed to strengthen controls in several areas.
10	**Failure to collaborate.** If the Trust does not work in partnership with other organisations, then systems will not provide a single offer for patients or achieve the best outcomes for all.	Chief Executive	8	8	3	Current financial planning suggests a possible impact on the Trust's ability to collaborate with others. The risk score remains at 8 as actions are in progress. A new action has been added for 2025/26 relating to establishing LCH role in the Neighbourhood model.

Board Assurance Framework Levels of Assurance

Details of strategic risks (description, ownership, scores)								Level of Assurance				
Risk		Risk ownership		Current risk score				Committee agreed level of assurance				
Strategic Goal(s)	Risk	Responsible Director(s)	Responsible Committee(s)	Likelihood	Consequence	Risk Score	Risk score movement	No	Limited	Reasonable	Substantial	Additional Information
Work with communities to deliver personalised care	Risk 1 Failure to deliver quality of care and improvements: If the Trust fails to identify and deliver quality care and improvement in an equitable way, then services may be unsafe or ineffective leading to an increased risk of patient harm.	DoN	QC	4	4	16				✓		Jan 25 Quality Committee: Reasonable assurance was agreed overall although it was acknowledged that the two internal audit reports had provided limited assurance but progress was underway on the recommendations, and although currently assurance was limited regarding measuring effectiveness work was again underway.
Work with communities to deliver personalised care	Risk 2 Failure to manage demand for services: If the Trust fails to manage demand in service recovery and in new services and maintain equity of provision then the impact will be potential harm to patients, additional pressure on staff, financial consequences and reputational damage.	DoO	QC/BC	4	4	16				✓		
Work with communities to deliver personalised care / Use our resources wisely and efficiently both in the short and longer term / To embed equity in all that we do	Risk 3 Failure to implement the digital strategy. If the Trust fails to implement the agreed digital strategy, then, services could be inefficient, software may be vulnerable, and the impact will be delays in caring for patients and less than optimum quality of care.	DoF	QC/BC	3	4	12		✓		✓		Jan 25 Quality Committee: It was agreed that there was insufficient information provided from the agenda items to assign an assurance level against strategic risk 3
Work with communities to deliver personalised care / Use our resources wisely and efficiently both in the short and longer term / Collaborating with partners to enable people to live better lives / Enable our workforce to thrive and deliver the best possible care / To embed equity in all that we do	Risk 4 Failure to be compliant with legislation and regulatory requirements: If the Trust is not compliant with legislation and regulatory requirements then safety may be compromised, the Trust may experience regulatory intervention, litigation and adverse media attention.	TLT	QC/BC	2	3	6				✓		

Use our resources wisely and efficiently both in the short and longer term / To embed equity in all that we do	**Risk 5 Failure to deliver financial sustainability:** There is a risk that the Trust will not be financially sustainable which will jeopardise delivery of all our strategic goals and priorities.	DoF	BC	4	4	**16**				✓		
Use our resources wisely and efficiently both in the short and longer term / To embed equity in all that we do	**Risk 6 Failure to have sufficient resource for transformation programmes:** If there is insufficient resource across the Trust to deliver the Trust's priorities and targeted major change programmes and their associated projects then it will fail to effectively transform services and the positive impact on quality and financial benefit may not be realised.	DoO	BC	3	3	**9**				✓		
Use our resources wisely and efficiently both in the short and longer term / Enable our workforce to thrive and deliver the best possible care / To embed equity in all that we do	**Risk 7 Failure to maintain business continuity (including response to cyber security):** If the Trust is unable to maintain business continuity in the event of significant disruption then essential services will not be able to operate, leading to patient harm, reputational damage and financial loss.	DoO/DoF	BC/AC	3	4	**12**				✓		
Enable our workforce to thrive and deliver the best possible care / To embed equity in all that we do	**Risk 8 Failure to have suitable and sufficient staff resource (including leadership):** If the Trust does not have suitable and sufficient staff capacity, capability and leadership capacity and expertise, within an engaged and inclusive workforce then the impact will be a reduction in quality of care and staff wellbeing and a possible misalignment with the objectives of the Q&V programme.	DoW	BC	3	3	9				✓		
Work with communities to deliver personalised care / Use our resources wisely and efficiently both in the short and longer term / Collaborating with partners to enable people to live better lives / Enable our workforce to thrive and deliver the best possible care / To embed equity in all that we do	**Risk 9 Failure to prevent harm and reduce inequalities experienced by our patients:** If the trust fails to address the inequalities built into its own systems and processes, there is a risk that we are inadvertently causing harm, delivering unfair care and exacerbating inequalities in health outcomes within some cohorts of patients.	MD	QC/TB	4	3	**12**			✓			Nov 24 Quality Committee: limited assurance agreed as the Committee had felt that with the service spotlight item not being brought that month, and with the equity data not being included in the mortality report, it was difficult to determine a reasonable level of assurance for that strategic risk.
Collaborating with partners to enable people to live better lives / To embed equity in all that we do	**Risk 10 Failure to collaborate:** If the Trust does not work in partnership with other organisations, then systems will not provide a single offer for patients or achieve the best outcomes for all.	CEO	TB	2	4	**8**						

Strategic Risk 1:
Failure to deliver quality of care and improvements: If the Trust fails to identify and deliver quality care and improvement in an equitable way, then services may be unsafe or ineffective leading to an increased risk of patient harm.

Strategic Objective: Work with communities to deliver personalised care / To embed equity in all that we do

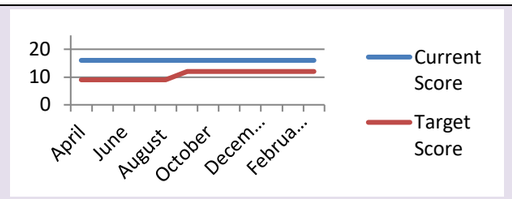
Risk Appetite: Minimal (low) to **cautious (moderate)** appetite to risk that could compromise the delivery of high quality, safe services.

Lead Director/risk owner: Executive Director of Nursing and Allied Health Professionals

Committee with oversight: Quality Committee

Date last reviewed: 24 February 2025

Risk Rating
(likelihood x consequence)
Current score:
4 x 4 = 16
Target score (end of 2024/25):
3 x 4 =12



Rationale for current risk score:
With the current Quality and Value (Q&V) programme and the need to deliver a significant financial saving alongside capacity and demand issues the delivery of quality care and improvement in an equitable way will be very challenging. This could mean decreases in quality of care and potential increases in patient harm.
The risk score remains at 16, the ongoing Q&V work puts the score on trajectory to reduce to 12 by October 2025.

Rationale for target score (including any constraints to reaching risk appetite within the next 12 months):
This risk is currently very high as we embark on the Quality and Value programme as we do not yet understand exactly what changes will be made to patient pathways and the potential impact of this in relation to quality. As the programme develops this risk should decrease but it is possible it will take longer than 12 months, Q&V is a 3-year programme. A reduction in the score is expected by October 2025 and at that point the target will further reduce towards the risk appetite.

Controls *(what are we currently doing about the risk?)*:

- Learning and Development Strategy
- Annual Clinical Audit Programme
- Performance Monitoring
- Health Equity Strategy
- Clinical Risk Management
- Infection Prevention and Control (IPC) Strategy
- Patient Safety Incident Response Framework (PSIRF) and Plan (PSIRP)
- Research and Development Strategy
- CQC preparedness and single assessment framework processes
- Patient Safety Partners playing active part in Trust safety
- Service re-design steering group
- Additional short-term resource to develop and embed EQIA processes
- Trust movement to Statistical Process Controls (SPC) reporting including safety domains
- Clinical Supervision
- Quality Challenge & Process
- Quality Strategy
- Engagement Principles
- EQIA process
- Safeguarding Strategy
- Children's strategy

Gaps in controls / Mitigating actions *(what more should we be doing?)*:

Action	Owner	Due by
Development and embedding of Statistical Process Controls (SPC) Ongoing – links to QAIG and Quality Performance review	Director of Finance and Resources	~~End 2024/25~~ Sept 25
Implementation of the new CQC single assessment framework to align with Quality Challenge + programme	Director of Nursing and AHP's.	March 2026
Well Led recommendations relating to QAIG and Quality performance (quality governance structure) – to reshape the current position	Director of Nursing and AHP's.	Sept 25

Assurances *(how do we know if the things we are doing are having an impact?)*:

1. Service Level Assurance	2. Specialist Support / Oversight Assurance	3. Independent Assurance
• IPC Board Assurance Framework • Clinical Governance report • Health Equity report • (Patient) Engagement report • Service spotlights at Committee • Business cases for new service or service transformation (quality scrutiny) • Patient safety (including patient safety incident investigations) update report • Safeguarding annual report • Learning and development report • IPC Annual report • Quality Account • Patient Group Directions • PSIRP (Y2 org plan) • Organisation Strategy Update	• Performance Brief (safe, caring effective) • Mortality report • QAIG assurance report, flash report and minutes • Risk report • Safeguarding Committee minutes	• Internal audit report • PLACE inspection report • Patient experience report: complaints, concerns, and feedback

Gaps in sources of assurances / Mitigating actions *(what additional assurances should we seek)*:

Action	Owner	Due by
EQIA – develop clear oversight by clinical Directors and appropriate escalation through corporate governance processes Process is in operation – assurance mechanism is required	Director of Nursing and AHP's.	~~30/3/25~~ Sept 25

Link to Risk Register (material operational risks scoring 9 or above):
Risk 1042: Provision of equipment from Leeds Community Equipment Services (12)
Risk 1109: Clinical Incident Management in Neighbourhoods (9)
Risk 1139: General risk of non-concordance with the overarching process for medical devices (9)
Risk 1125: National supply issues with enteral feeding supplies (9)
Risk 1228: Quality and Value – negative impact on the patient (9)
Risk 1294: CGT capacity and resilience due to vacancies and absence (12)
Risk 1295: Primary Care Industrial Action (12