

Appendix 1: BAF Summary at May 2020

Potential Risk	Actions Overview	Risk Score (consequence x likelihood)		Exec Lead	Lead Committee
		Current	Target		
Strategic Priority 1: Improved population health					
<p>Risk 1: If the Trust does not anticipate, and proactively respond to, external changes, including factors outside the Trust's control, then the Trust may fail to deliver in its strategy, including our population health, quality and value strategic objectives, and key associated transformation plans</p>	<ul style="list-style-type: none"> Deputy Director of Population Health appointed Establishing a training centre for public health: first placement is due to start in early spring Building and maintaining relationships with external stakeholders Proposals on the future framework of the PHG reviewed at its meeting on 3 February 2020 Working with partners to share data to help understand population segmentation: training for staff planned Loneliness and employment key priorities updates provided to PHG Steering Group established to increase momentum and broaden the approach with the employment plans Approach to delivering the Trust's strategy to shift from April 2020 to be focused around places and populations An internal audit of the Trust's engagement with STPs and place based partnership, and whether relevant controls are in place commenced January 2020, completion due March 2020 	<p>High 12 Major 4 x Possible 3</p>	<p>High 8 Major 4 x Unlikely 2</p>	Director of Integrated Care	Population Health T&F (to be reviewed)
<p>Risk 2: If the Trust does not engage, influence and enthuse citizens, communities, partners in local health and care systems, and staff then the Trust may fail to deliver on its strategy, including our population health, quality and value strategic objectives, and key associated transformation plans</p>	<ul style="list-style-type: none"> Special Interests Group established comprising of staff with background or interest in public health Projects to support with culture change and momentum: <ul style="list-style-type: none"> Presenting at Trust's Working Together Groups to help understand service users own health needs as well as local population health needs Other opportunities of understanding citizens' health needs being considered including tapping in to the Trust's members and through working with Governors 	<p>High 12 Major 4 x Possible 3</p>	<p>High 8 Major 4 x Unlikely 2</p>	Chief Medical Officer	Population Health T&F (to be reviewed)

Potential Risk	Actions Overview	Risk Score (consequence x likelihood)		Exec Lead	Lead Committee
		Current	Target		
Strategic Priority 2: Improved patient experience					
<p>Risk 3: If the Trust does not effectively work with patients and local communities in the planning and delivery of care, services may not meet the needs of local communities</p>	<ul style="list-style-type: none"> • People Participation Lead for community services transformation has started in role • A proposal for standardising People Participation work across North East London STP has been submitted • Trust Peer Support Worker professional lead in post • Working Together groups have continued to operate digitally during the COVID-19 pandemic • Capturing service user experience: The service user led accreditation process has paused as a result of COVID-19 • Peer befriending services have been rolled out on line, and the Trust is taking forward work to address digital inequalities – giving access to a people who would not otherwise be able to access digital devices and services 	<p>High 12 Major 4 x Possible 3</p>	<p>High 8 Major 4 x Unlikely 2</p>	Deputy CEO	People Participation Committee
<p>Risk 4: If essential standards of quality and safety are not maintained, this may result in the provision of sub-optimal care and increases the risk of harm</p>	<ul style="list-style-type: none"> • Gold command structure established to ensure strategic management • Nine workstreams established related to quality and safety of operational services • Service delivery reviewed, e.g. services reduced or adapted from face to face to virtual; inpatient services reduced bed-base with changes in ward functions • Projects paused to allow allocation of resources to urgent services • CQC well-led inspection stopped; CQC mental health act reviews continuing using risk-based approach • Widespread use of quality improvement in helping services manage the challenges • Quality impact assessments being completed to capture the changes, identifying positive practice, improvements, and impact of changes • Clinical audit continuing for quality assurance • Internal meetings continuing as normal with a COVID focus • SI and Complaints processes streamlined • Risk Score change: From High 12 to Significant 20 	<p>Significant 20 Catastrophic 5 x Likely 4</p>	<p>High 12 Major 4 x Possible 3</p>	Chief Nurse	Quality Assurance Committee

Potential Risk	Actions Overview	Risk Score (consequence x likelihood)		Exec Lead	Lead Committee
		Current	Target		
Strategic Priority 3: Improved staff experience					
<p>Risk 5: If the Trust does not effectively attract, retain and look after staff wellbeing, there will be an impact on the Trust's ability to deliver the Trust's strategy</p>	<ul style="list-style-type: none"> All non-essential People & Culture work has been stepped down so that the focus is on COVID-19 related requirements There have been changes to ways of working with People & Culture Teams working from home on a rota basis Rota includes on call/out of hours arrangements for People & Culture Business Partners including cover for staff testing, SitRep reporting, etc People & Culture workstreams (including recovery and staffing) established as part of Silver Command structure Extensive data collection of staff with underlying conditions Changes to statutory and mandatory training requirements Changes to processes and procedures, e.g. streamlining recruitment processes to expedite recruitment (substantive and bank) Focus on redeployment opportunities, e.g. Health Care Support Works now working in community/care home settings, engaging retirees Embracing digital and technology, e.g. creation of online induction programme, virtual webinars 	<p>High 12 Major 4 x Possible</p>	<p>Moderate 4 Major 4 x Rare 1</p>	Director of People & Culture	Appointments & Remuneration Committee
<p>Risk 6: If issues affecting staff experience and equalities are not addressed there may be issues around staff morale and engagement</p>	<ul style="list-style-type: none"> Equality networks continue to liaise with network members virtually In agreement with Staffside, a pragmatic approach is being taken in terms of employee relations cases The Trust has decided to continue with the data collection for WRES and WDES and will continue to progress the actions although central guidance is for the data collection process to be suspended due to COVID-19 There is an expectation that staff experience will deteriorate due to COVID-19 particularly for BAME staff Risk score change: From Moderate 9 to High 16 	<p>High 16 Major 4 x Likely 4</p>	<p>Moderate 4 Major 4 x Rare 1</p>	Director of People & Culture	Appointments & Remuneration Committee

Potential Risk	Actions Overview	Risk Score (consequence x likelihood)		Exec Lead	Lead Committee
		Current	Target		
Strategic Priority 4: Improved value					
<p>Risk 7: If behavioural and culture changes are not embedded, the new approach to value and financial sustainability may result in resorting to previous methods of delivering efficiency savings</p>	<ul style="list-style-type: none"> COVID-19 has impacted on the delivery of financial viability schemes, both positively and negatively. The financial targets for 2020/21 remain unclear as a result of the financial management of the COVID-19 pandemic The Shaping Our Future workstream offers an opportunity to embed the approach to value and financial sustainability in our work to address the impact of COVID-19 	<p>Significant 25 Catastrophic 5 x Almost Certain 5</p>	<p>High 9 Catastrophic 3 x Possible 3</p>	Director of Commercial Development	Finance, Business & Investment Committee
<p>Risk 8: If infrastructure plans are not well implemented and adopted, waste will not be reduced and in year financial benefits may not be delivered. This includes infrastructure, people and directorate plans</p>	<ul style="list-style-type: none"> COVID-19 has impacted on the delivery of infrastructure plans, both positively and negatively The financial targets for 2020/21 remain unclear as a result of the financial management of the COVID-19 pandemic. Some impacts on infrastructure plans (e.g. estates utilisation) remain unclear The 'Shaping Our Future' workstream offers an opportunity to embed the approach to value and financial sustainability in our work to address the impact of COVID-19 Risk score change: from High 10 to Significant 25 	<p>Significant 25 Catastrophic 5 x Almost Certain 5</p>	<p>Moderate 6 Catastrophic 3 x Rare 2</p>	Deputy CEO	Finance, Business & Investment Committee