

## BOARD ASSURANCE FRAMEWORK 2021/2022

<b>BAF Risk 3</b>	<b>If the Trust does not work effectively with patients and local communities in the planning and delivery of care, services may not meet the needs of local communities</b>	<b>Strategic Priority</b>	<b>Improved patient experience</b>
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Lead Committee	Risk Rating	Impact	Likelihood	Score/Rating	Risk Score							
					Residual	Apr/ May	Jun/ Jul	Aug/ Sept	Oct/ Nov	Dec/ Jan	Feb/ Mar	Target
People Participation Committee	Initial risk	4 <i>Major</i>	3 <i>Possible</i>	12 <b>High</b>	12	n/a	n/a	12 ↔	12 ↔	n/a	12 ↔	8
Executive Lead	Current risk	4 <i>Major</i>	3 <i>Possible</i>	12 <b>High</b>								
CEO	Target risk	4 <i>Major</i>	2 <i>Unlikely</i>	8 <b>High</b>								
Review Date												
16 March 2022												

Controls/Mitigations <i>(what we are currently doing to reduce likelihood/impact of the risk)</i>	Assurance/Evidence <i>(how do we know our controls are having an impact)</i>	Gaps in Control or Assurance <i>(summary of actions taken to achieve target)</i>
<ul style="list-style-type: none"> <li>Trust strategic priority to improve patient experience</li> <li>People participation strategy</li> <li>Carers strategy</li> <li>Quality Improvement Programme</li> <li>NEL ICS level work</li> <li>Workstream on Inequalities. Work to be an anti-racist organisation. Work as a pilot site on Mental Health Act implementation (PCREF) to address inequalities within the implementation of the Mental Health Act.</li> <li>Workstream on Dialog implementation</li> <li>Annual consultation with stakeholders</li> <li>Peer Support Leads and framework</li> <li>Capturing service user experience</li> </ul>	<ul style="list-style-type: none"> <li>People Participation Committee</li> <li>Working Together Groups report to TWWTG/PPC</li> <li>Directorate Management Team meeting minutes</li> <li>Service user-led accreditation</li> <li>Quality Committee</li> </ul>	<ul style="list-style-type: none"> <li>Patient experience data collated at Trust-wide level</li> <li>Wider population input into service development and population health developments.</li> <li>Corporate People Participation infrastructure and approach</li> </ul>

Context
<ul style="list-style-type: none"> <li>There is variation across the Trust in the level of patient and wider involvement in the planning and delivery of services</li> <li>The People Participation Committee oversees work programmes, which include development of peer support roles, increased involvement in QI projects, and implementation of the carers strategy</li> <li><b>Risk score:</b> Recommendation the current risk score remains at <b>High 12</b> at this stage.</li> </ul>

## Progress

What's going well inc future opportunities	What are the current challenges inc future risks	How are these challenges being managed
<ul style="list-style-type: none"> <li>• Good progress in developing the approach to Patient Participation across NEL with Barts and NELFT</li> <li>• Peer support work continues to develop, with further recruitment to peer support worker roles</li> <li>• People support workers in post across the range of activity in the community mental health transformation programme</li> <li>• Process of place-based planning is in place linked to the development of place based working in both ICS footprints. This includes the involvement of wider communities in the development of models of care. This approach has been rolled out as part of the community mental health/primary care redesign work across the Trust</li> <li>• Service user led accreditation process continues to roll out across the Trust. Use of service user experience measures continues to develop, with greater use within community health services, and dashboard development work is continuing. Support and guidance is provided to help those teams who do not achieve accreditation</li> <li>• Work with Network Rail now moved to a national level, building on the impact of the work in NEL</li> <li>• Evaluation of the implementation of eCPA and Dialog+: CMO leading work on the next phase of the eCPA process including consistency of its use and further training for staff on the effective use of this tool</li> <li>• Work to strengthen the Trust approach to carers is being taken forward</li> <li>• Involvement of young people in work of LGBTQ network</li> </ul>	<ul style="list-style-type: none"> <li>• Variation across the Trust in the level of patient and wider involvement in the planning and delivery of services</li> <li>• Patient experience data collated at Trust-wide level</li> <li>• Wider population input into service development and population health developments</li> <li>• <a href="#">Corporate services awareness of people participation and supportiveness of policies and processes</a></li> <li>• <a href="#">Levels of commitment to people participation work within developing ICS and place based structures</a></li> </ul>	<ul style="list-style-type: none"> <li>• Development of new ways of approaching wider involvement. Leighton Buzzard pilot approach has now begun, involving wider population. CMHT transformation work continuing to engage with wider populations</li> <li>• Business case developed for systematic approach to collating patient experience data</li> <li>• <a href="#">Creation of Corporate PPL role to help support work across corporate services.</a></li> <li>• <a href="#">Continued work with developing ICS and place structures to embed people participation and co-production in ways of working</a></li> </ul>

<ul style="list-style-type: none"> <li>Continued progress on the co-production of new models for commissioning and delivery in the NCEL CAMHs collaborative</li> <li>Focused work on suicide with Trust Suicide Prevention Lead</li> <li>Focused work on digital/virtual offer, co-ordinated through Digital People Participation Lead</li> </ul>		
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### Actions to Mitigate Gaps in Current Controls and Assurances

Action	Lead	Due Date	Progress
<b>Ensure that patient participation work continues in the context of COVID-19:</b>			
(a) Continued expansion of PPL roles to cover every area of Trust activity	AD People Participation	31 Mar 2022	<b>In progress:</b> <ul style="list-style-type: none"> <li>Learning Disability PPL role has recently taken up post</li> <li>Corporate PPL role created</li> </ul>
(b) Ensure that service user-led accreditation process covers all Trust services	AD People Participation	31 Mar 2022	<b>In progress:</b> Accreditation process continues
(c) Develop Peer Support Worker roles professional structure and further roles	AD People Participation	31 Mar 2022	<b>In progress:</b> <ul style="list-style-type: none"> <li>Professional Lead has started in post</li> <li>Training accreditation achieved and new roles under development</li> <li>Trust structure for career development to be developed further to support peer support workers effectively</li> </ul>
<b>Consistent involvement of patients and local communities in development of new models of care at ICS and neighbourhood level:</b> Develop patient participation elements of population health and neighbourhood and ICS approaches	CEO	31 Mar 2022	<b>In progress:</b> <ul style="list-style-type: none"> <li>Process of place-based planning is in place linked to the development of place based working in both ICS footprints</li> <li>This includes the involvement of wider communities in the development of models of care</li> <li>This approach has been rolled out as part of the community mental health/primary care redesign work across the Trust</li> <li>Leighton Buzzard pilot work has also now begun, involving the wider population in the town</li> <li>Continued work with ICS and place based structures as they develop.</li> </ul>
<b>Trust wide consistent engagement of Service Users to capture their views and experience:</b> Encourage	AD People Participation	31 Mar 2022	<b>In progress:</b> <ul style="list-style-type: none"> <li>Good practice examples being identified and promoted within the organisation</li> </ul>

### Actions to Mitigate Gaps in Current Controls and Assurances

Action	Lead	Due Date	Progress
use of Dialog and other satisfaction data to drive improvement work within teams			<ul style="list-style-type: none"> <li>• Patient experience dashboard under development to triangulate data</li> <li>• CMO leading work on the next phase of the Dialog+ process</li> <li>• Business case developed to support the collation of trust level patient experience data.</li> </ul>
<b>Staff and Service user experience:</b> Development of next phase of e-CPA and use of Dialog+. Further staff training to be provided	AD People Participation	31 Mar 2022	<b>In progress:</b> Pilot of revised approach to use of Dialog as inpatient care planning tool within Tower Hamlets services is under way

### Risk Matrix

Likelihood/ Frequency ↓	Consequence/Impact →				
	Insignificant 1	Minor 2	Moderate 3	Major 4	Catastrophic 5
5 Almost Certain	<b>Moderate</b> 5	<b>High</b> 10	<b>Significant</b> 15	<b>Significant</b> 20	<b>Significant</b> 25
4 Likely	<b>Moderate</b> 4	<b>High</b> 8	<b>High</b> 12	<b>Significant</b> 16	<b>Significant</b> 20
3 Possible	<b>Low</b> 3	<b>Moderate</b> 6	<b>High</b> 9	<b>High</b> 12	<b>Significant</b> 15
2 Unlikely	<b>Low</b> 2	<b>Moderate</b> 4	<b>Moderate</b> 6	<b>High</b> 8	<b>High</b> 10
1 Rare	<b>Low</b> 1	<b>Low</b> 2	<b>Low</b> 3	<b>Moderate</b> 4	<b>Moderate</b> 5

### Actions

<b>In progress within timeframe</b>
<b>In progress with delay</b>
<b>Completed</b>