

BAF Risk 3709	Cyber Security												
Strategic Priority	Being a sustainable organisation / Advancing our use of data and technology and being a future focussed organisation.	Risk Score 2024/2025					Risk Score 2025/2026						
Anticipated Closure Date	31 March 2026												
Review Date	29 August 2025	Initial Score	Aug/Sept	Oct/Nov	Dec/Jan	Feb/Mar	Apr/May	Jun/Jul	Aug/Sep	Oct/Nov	Dec/Jan	Feb/Mar	Target Score
Executive Lead	Chief Information Officer	20				16	16	16	16				12
Lead Committee	Board/Finance & Infrastructure					↑	→	→	→				
Context		Gaps in Control or Assurance											
<p>If we do not address cybersecurity threats (such as data breaches and patient privacy, ransomware, operational disruption, insider threats and third-party risks) then there is an increased likelihood of a major service disruption and possible compromise to patient care.</p> <p>Progress since the last review: The BAF risk will remain open as the threat is ever changing. Both NCHC and CCS will continue to complete the Data Security and Protection Toolkit (DSPT).</p> <p>Management of the risk will continue to be undertaken by digital services alongside an active documented action plan. Scrutiny of the cyber security risk will be provided by the Infrastructure and Security Steering Group and any new structures that are established. Management of the risk will continue to be undertaken by NCHC digital services alongside an active documented action plan. Scrutiny of the cyber security risk will be provided by NCHC digital services steering group and any new governance structures that are established</p>													
Progress													
What's going well inc future opportunities		What are the current challenges inc				How are these challenges being managed							
<p>EPRR exercises being undertaken which will fully assess BCPs and response to incidents.</p> <p>CIO now in post to oversee risks and measures to reduce exposure to an attack and impact.</p>		<p>1.Digital skills of some staff increase vulnerabilities to the system. 2.Desire to use new technology without full and proper assurance.</p>				<p>1. EPRR exercises and updated BCPs. 2. Review of digital literacy to include attitudinal change and awareness of cyber security. 3. Mandatory training being undertake by staff as an awareness. 4. DSPT submission. 5. Both trusts to keep up to date with patch testing, prevent access to untrusted services, reduce access to removable media, constrain network access, remove unnecessary services, constrain remote access and ensure / teach good user management. 6. Upskill key digital staff in future cyber threat responses. 7. Ensure all third party suppliers have BCPs, have they completed DSPT and whether they do table top exercises.</p>							

BAF Risk No: 3708	Long Term Financial Sustainability													
Strategic Priority	Being a future focused organisation	Risk Score 2024/2025					Risk Score 2025/2026							
Anticipated Closure Date	31/03/2030													
Review Date	3 September 2025	Initial Score	Aug/Sept	Oct/Nov	Dec/Jan	Feb/Mar	Apr/May	Jun/Jul	Aug/Sep	Oct/Nov	Dec/Jan	Feb/Mar	Target Score	
Executive Lead	CFRO					16	16	16	12				9	
Lead Committee	Board/Finance & Infrastructure						→	→	↓					
Context		Gaps in Control or Assurance												
<p>If NCH&C & CCS cannot secure recurrent and long term efficiencies and/or additional resources, it may not be able to fund increasing demand for services in future years.</p> <p>Progress since the last review:</p> <p>1. Agreement with NNUH on some projects to test the case for left shift investment.</p> <p>2. Project planning for the financial business case (FBC) for the merger has been initiated, including identification of internal resource to complete the FBC</p> <p>3. Recurrent efficiency over-delivery as at month 2 for both Trusts</p>		<p>1. No proven case that a funded acute to community shift in activity will deliver cash releasing efficiency for the system</p> <p>2. Gap in internal resources to roll out digital solutions</p> <p>3. Lack of multi-year funding agreements (revenue and capital)</p> <p>4. No sustainable central capital funding for digital innovations</p> <p>5. Government expectation that use of robotics and automation will significantly increase productivity, but unclear this will generate significant efficiencies in a community setting</p> <p>6. Increasing demands for services from an ageing population with co-morbidities may not be met by central government funding increases</p> <p>7. Conversion of system discussions on service reductions into deliverable efficiency plans to meet the recurrent efficiency target in 2025/26, and sustainable service delivery in subsequent years</p> <p>Gaps in assurances:</p> <p>8. No MTFP assurance as an ICS (long term plan for financial sustainability as a system)</p> <p>9. No assurance that the ICS collaborative working will continue due to changing landscape of both NHS E and ICBs</p>												
Progress														
What's going well inc future opportunities		What are the current challenges inc				How are these challenges being managed								
<p>1. Initial conversations on Group model benefits, estates, corporate benchmarking two areas of focus</p> <p>2. Identifying opportunities for future income growth with proposed changes to the commissioners structures.</p> <p>3. 2025/26 financial balanced plan submitted to NHS E</p> <p>4. Merger project planning underway, including initial identification of potential efficiencies / benefits</p>		<p>1. Identifying a multi-year approach to efficiency planning (and delivery) with a greater weighting on recurrent efficiencies.</p> <p>2. Having the capacity (and skill set) for off the shefl investment / business cases to access available funding for investment opportunities (incl growth / left shift / digital)</p> <p>3. Data driven evidence to support business cases and benefits realisation</p>				<p>1. Trust financial plans and policies</p> <p>2. Performance reporting and monitoring</p> <p>3. Efficiency project lead with Exec review of progress</p> <p>4. Contribution to fixed costs added to each revenue contract</p> <p>5. EDT agreement to fund a digital discovery team to identify potential digital efficiency solutions (to Jun-25)</p>								

BAF Risk 3682	Group model and transaction													
Strategic Priority	Be an excellent employer, be a sustainable organisation, collaborate with others, provide outstanding care	Risk Score 2024/2025						Risk Score 2025/2026						
Anticipated Closure Date														
Review Date		03 September 2025												
Executive Lead		Director of Corporate Affairs												
Lead Committee		Executive Team Meeting, Group Board												
		Initial	Aug/Sept	Oct/Nov	Dec/Jan	Feb/Mar	Apr/May	Jun/Jul	Aug/Sep	Oct/Nov	Dec/Jan	Feb/Mar	Target	
		12				9	9	9	6				2	
							→	→	↓					
Context						Gaps in Control or Assurance								
<p>There is a risk that conflicts of interest between both CCS and NCHC Boards could exist at both at an individual board member and organisational level that would then lead to poor governance and a risk that the transaction leading to a single organisation being compromised.</p> <p>Progress since the last review: Risk reduced to 6 as no evidence of conflicts are emerging</p>						Adequate assurances in place.								
Progress														
What's going well inc future opportunities				What are the current challenges inc future risks				How are these challenges being managed						
<p>Governance arrangements agreed for the Group Board and Committees including policy for managing conflicts of interest and joint policy for Fit and proper Persons Test. In addition due diligence arrangements which will help identify conflicts of interest agreed for the development of the full business case.</p>								<p>Due diligence work of the Group programme, Conflicts of interests policy, Board member declarations, FPPT policy, review of all contracts, Group HR workstream, Group Communications programme for managing stakeholder relationships. Regular briefing of board members.</p>						

BAF Risk 3655	Group Model transaction												
Strategic Priority	Be an excellent employer, Collaborate with others, Provide outstanding care	Risk Score 2024/2025					Risk Score 2025/2026						
Anticipated Closure Date	31 March 2026												
Review Date	29 August 2025	Initial	Aug/Sep	Oct/Nov	Dec/Jan	Feb/Mar	Apr/May	Jun/Jul	Aug/Sep	Oct/Nov	Dec/Jan	Feb/Mar	Target
Executive Lead	Chief People Officer and Deputy Chief Executive	9	9	9	9	6	9	9	9				6
Lead Committee	Group Board						↑	→	→				
Context		Gaps in Control or Assurance											
<p>There is a risk that the non-executive and executive and wider senior leadership capacity and expertise required to deliver the transaction to support the move to a new/single organisation, will result in failure to deliver the current quality, operational, workforce and financial performance and plans</p> <p>Progress since the last review: 1 x Clinical NED appointment made and due to join before current NED leaves and extension agreed for one other NED. Therefore, we remain at full NED capacity. In addition, an associate NED will also be joining the Board which will add additional capacity. Final Exec Director has now joined so up to full Exec complement. Programme plan in place and no capacity gaps identified to date, however, this will be kept under constant review. No change to scoring at the current time.</p>		Adequate assurances in place.											
Progress													
What's going well inc future opportunities	What are the current challenges inc future risks	How are these challenges being managed											
Focus on BAU activities continues to be managed effectively and programme board established to manage establishing our group model. No unanticipated issues have arisen to date.	Making sure we are being realistic on what can and cannot be delivered for the remainder of this financial year.	<ol style="list-style-type: none"> Capacity plan developed by executive teams Individual priorities and objectives refined to accommodate this change Agreement on work to defer or de-prioritise Additional resources identified internal and external) to fulfil all planned priorities Programme Board in place to manage workstreams for the group model Recruitment Campaign in place and interviews scheduled for June/July 25 for the new non-executive directors. This should give sufficient time for a handover with our 2 Vice-Chairs. Full programme plan being pulled together for the merger and capacity will be reviewed as part of this. Regular Board development/discussions taking place to co-produce the new strategy. 											

BAF Risk 3654	Group model organisational structure												
Strategic Priority	Collaborate with others	Risk Score 2024/2025					Risk Score 2025/2026						
Anticipated Closure Date	31 March 2026												
Review Date	29 August 2025	Initial	Aug/Sept	Oct/Nov	Dec/Jan	Feb/Mar	Apr/May	Jun/Jul	Aug/Sep	Oct/Nov	Dec/Jan	Feb/Mar	Target
Executive Lead	Chief People Officer and Deputy Chief Executive	15	12	12	6	4	12	8	8				8
Lead Committee	Group Board						↑	↓	→				
Context		Gaps in Control or Assurance											
<p>There is a risk that the implementation of the group model arrangements could lead to reduced board, executive and management oversight and support for the delivery of current plans leading to poor patient care and performance failures</p> <p>Progress since the last review: No evidence of current service plans not being delivered. Monitored and assured through our service assurance committees. Next ones taking place in September 2025. No change to scoring at the current time.</p>		Adequate assurances in place.											
Progress													
What's going well inc future opportunities	What are the current challenges inc future risks	How are these challenges being managed											
Group Board announced and in place for April 2025. Business as usual activities being maintained. Programme Board in place with relevant workstreams identified.	Group model work and focus distracts from the business as usual activities. Programme board arrangement in place to focus on Group arrangements to mitigate.	<ol style="list-style-type: none"> 1. Leadership capacity and focus separated out to ensure the vast majority of staff in both organisations are focused on the core delivery elements of roles and are insulated from any organisational change activities 2. Small dedicated team focuses on leading and delivery the group model and preparing for any transaction process, to avoid people having to undertake multiple roles and functions 3. Board and executive activities balanced on the core requirements of care delivery vs future issues 4. 3 x Service Assurance Committees in place and met for the first time in May 2025. 5. Full programme plan being developed. This will identify any capacity gaps. Programme Board moved back to fortnightly. 											

BAF Risk 3656	Group Model - Stakeholder support												
Strategic Priority	Collaborate with others	Risk Score 2024/2025					Risk Score 2025/2026						
Anticipated Closure Date	31 March 2026												
Review Date	09 September 2025	Initial	Aug/Sep	Oct/Nov	Dec/Jan	Feb/Mar	Apr/May	Jun/Jul	Aug/Sep	Oct/Nov	Dec/Jan	Feb/Mar	Target
Executive Lead	Chief Executive Officer	9	9	9	6	6	6	6	6				3
Lead Committee	Group Board						→	→	→				
Context		Gaps in Control or Assurance											
<p>If stakeholders withdraw their support, there is a risk that the group model programme and transaction could not be delivered and therefore impact the performance and delivery of the existing services of the Trust and sustainability in the future</p> <p>Progress since the last review: 1. NHS England process has moved us into the final authorisation approach with the Board agreeing progression of the full business case to enable authorisation as a single Board on 1st April 2026. 2. Both organisations are in the highest rating under the national regulatory framework and therefore would be supported due to good performance. 3. The NHS 10 year plan has not included any structural reasons why the two Trusts should not merge. 4. NHS 10 year plan states that the Foundation trust authorisation process will be opened - therefore the approach the merged trust would need to take to be authorised as a foundation trust needs to be discussed and determined by the national policy team and our leads.</p>		Adequate assurances in place.											
Progress													
What's going well inc future opportunities	What are the current challenges inc future risks	How are these challenges being managed											
Continued engagement with NHSE on the process of the group model and transaction. Agreement to engage Legal advisors to the support the process to Group and for the Transaction for both Trusts. Engagement work and plans continue develop under the director of the Group Programme Board	Insufficient stakeholder engagement and support.	<p>Implementation of the programme plan including:</p> <ol style="list-style-type: none"> Engagement plan enacted to ensure stakeholder management is undertaken well and stakeholders are briefed on a regular basis Performance of the organisations and transformational work is undertaken – increasing trust and confidence in the leadership team as we go through this process Regular 1:1s set up with key influencing leaders in local authorities and the NHS (ICB and regional tier) Regular engagement with the national and regional team undertaking the support for our merger transaction. 											

BAF Risk 3653	Quality & Safety Risk												
Strategic Priority	Be an excellent employer, Collaborate with others, Provide outstanding care	Risk Score 2024/2025					Risk Score 2025/2026						
Anticipated Closure Date	31 December 2025												
Review Date	08 August 2025	Initial	Aug/Sept	Oct/Nov	Dec/Jan	Feb/Mar	Apr/May	Jun/Jul	Aug/Sep	Oct/Nov	Dec/Jan	Feb/Mar	Target
Executive Lead	Chief Nursing and Allied Health Professional Officer	8	12	12	12	12	12	12	12				6
Lead Committee	Group Board, Quality Committee		→	→	→	→	→	→	→				
Context		Gaps in Control or Assurance											
<p>There is a risk that clinical quality and patient safety could be compromised if the following: gaps in staffing/staff morale group model planning, financial pressures and cost efficiencies compliance with regulatory bodies, are not managed and mitigated. The impact of this potential risk could lead to increase level of 'harm,' a reduction in clinical quality/safety across services and an increase in patient dissatisfaction.</p> <p>Progress since the last review: Risk and mitigations have been reviewed, CQC process and confirm and challenge is underway in CCS. A review of CQC processes in NCHC will commence, after this round of reporting, as some teams are currently reviewing their position. Quality metrics are being reviewed within the SAC and quality committees, hotspots where further work is needed, are being identified through those discussions. Work continues in NCHC in relation to clinical priorities e.g. wound care and falls, in CCS communities of practice are also addressing issues pertinent to individual teams e.g. wound care.</p> <p>Incidents in both organisations continue to be monitored and reviewed, and the violence and aggression action plans will not be joint across both Trusts. The quality dashboard in CCS continues to be monitored, in NCHC we are working with services to build some new individualised metrics/ reporting.</p>													
What's going well inc future opportunities		What are the current challenges inc future risks					How are these challenges being managed						
<p>CCS Trust has a comprehensive overview of it's CQC position, and any areas of need, this is currently being reviewed.</p> <p>NCHC has a CQC process in place – which has been reported to Quality Committee (March 2025)</p> <p>CCS Trust is currently updating and strengthening its EIA processes.</p> <p>CCS Trust is looking at the QIA document – to make sure it is up to date around national guidance.</p> <p>Both Trusts have completed the violence prevention self-assessment and there is collaborative working with other organisations in relation to violence reduction.</p> <p>Both Trusts have a sexual safety policy.</p> <p>CIP meetings are underway with Service Directors – to discuss new/ current schemes and identify potential impact on patient care.</p>		<p>Staff morale</p> <p>Increase of incidents where harm has been caused</p> <p>Reduction of quality</p> <p>Complexity and acuity of patients</p> <p>Reduction of service provision</p> <p>Staff competencies do not meet the needs of the patient</p> <p>Increase of harm to patients</p> <p>Recruitment and retention</p>					<p>CQC self assessment and peer review processes</p> <p>Internal governance meetings</p> <p>Controls identified in risk 3619, 3620 and 3562</p> <p>Updated approach to violence and aggression against staff (including a zero tolerance model)</p> <p>Cost Improvement Programme - management and support in place (risk 3621)</p> <p>Equality Impact Assessment process</p> <p>Quality Impact Assessment process</p> <p>Quality data triangulation processes</p> <p>Incident huddles (weekly)</p> <p>Patient and carer feedback processes</p> <p>Patient Safety partner scrutiny</p> <p>The People Strategy objectives - focus on staff wellbeing</p> <p>Positive relation with CQC via monitoring meetings (quarterly)</p> <p>Group model governance in place - with robust communication plan</p> <p>Freedom to Speak Up Trust approach</p> <p>Board to ward visits</p> <p>QEWETT monitoring</p> <p>Quality dashboards</p> <p>Sexual safety assurance framework review</p> <p>Positive external relationships</p> <p>Performance pack review (NCHC)</p> <p>Quality Tool</p>						

BAF Risk 3699	Group Model Cultural Alignment												
Strategic Priority	Be an excellent Employer, Provide outstanding care	Risk Score 2024/2025					Risk Score 2025/2026						
Anticipated Closure Date	30 June 2026												
Review Date	29 August 2025	Initial	Aug/Sept	Oct/Nov	Dec/Jan	Feb/Mar	Apr/May	Jun/Jul	Aug/Sep	Oct/Nov	Dec/Jan	Feb/Mar	Target
Executive Lead	Chief People Officer and Deputy Chief Executive	16					12	12	12				8
Lead Committee	Services Assurance Committees/ PPEC/ Quality Committee/ Board							→	→				
Context		Gaps in Control or Assurance											
There is a risk that staff morale and engagement may be adversely affected whilst we culturally align our two organisations Progress since the last review: Over 600 individuals have contributed to clinical and care strategy and values refresh conversations. Other conversations have taken place across teams and waiting for feedback to be sent in. Monthly group Q&A sessions continue and are well attended. Most recent over 200 individuals on the call and asking questions/sharing information. No change to current scoring at the current time.		Adequate assurances in place.											
Progress													
What's going well inc future opportunities		What are the current challenges inc				How are these challenges being managed							
<ul style="list-style-type: none"> Teams across both organisations are connecting. Some joint team development sessions have also taken place in some of the support service teams – ie: people; communications. Strong partnership working in place across both organisations. Operational and Clinical leads linking up to share their intelligence ie: urgent community response services; unscheduled care services. Norfolk and Waveney Children and Young People's Services all linked up and being led by a single leadership team Joint governance systems and processes in place at Group Board and Committee level and first round of meetings starting to take place. Positive discussions taking place. Have aligned some national days across the group ie: staff networks day; international nurses day and national professional administrators day. Staff network leads connected and discussing future plans. 		Our people become disengaged and not motivated which could directly impact on the delivery of high quality care.				Building Trust Programme Plan OD Plan in place to align our two organisations positively - engagement activities planned with our people to agree revised values and behaviours - new clinical and care strategy from April 26 Regular Q&A sessions underpinned by relevant FAQs Strong partnership working in place with staff side in both organisations People strategies in both organisations focused on improving staff morale and engagement - implementation plan for 25/26 in place Service plans for 25/26 signed off Group Leadership Team established and meeting monthly Wider Leadership Forum set up - meeting quarterly from June 25 - focus on sharing, learning and developing together Annual staff survey and pulse surveys Service Assurance Committees in place where staff morale/engagement will be discussed							

BAF Risk 3691	Failure to deliver a balanced financial plan in CCS for 2025/26												
Strategic Priority	Be a Sustainable Organisation	Risk Score 2024/2025					Risk Score 2025/2026						
Anticipated Closure Date	31 March 2026												
Review Date	27 August 2025	Initial	Aug/Sept	Oct/Nov	Dec/Jan	Feb/Mar	Apr/May	Jun/Jul	Aug/Sep	Oct/Nov	Dec/Jan	Feb/Mar	Target
Executive Lead	CFO	12					12	12	12				8
Lead Committee	Board/Finance & Infrastructure						N/A	→	→				
Context		Gaps in Control or Assurance											
<p>There is a risk that due to increasing inflationary pressures and a challenging efficiency target, the Trust may not deliver a balanced financial plan for 2025/26 which could impact on the delivery of services.</p> <p>Progress since the last review: As at M4, the Trust had delivered overall to its finance year to date plan, and was £0.5m ahead of plan with its delivery against its efficiency target. There is additional focus on cashflow due to the balance at M4 closing at £5.5m below plan. Progress continues to be made in agreeing contract income values with Local Authorities, with a current funding gap of £0.6m.</p>		Adequate assurances in place.											
Progress													
What's going well inc future opportunities		What are the current challenges inc future risks				How are these challenges being managed							
<p>1. New group model and introduction of strengthened financial oversight and Service Assurance Committees to review performance, risks and monitor recovery plans</p> <p>2. Initial conversations on Group model benefits and efficiencies, especially in corporate services and a benchmarking focus</p> <p>3. Monitor delivery of cost improvement plans (CIPs) with escalation protocols for underperformance.</p>		<p>The Trust could be required to further review areas of non-recurrent spend and discretionary commitments to support mitigating measures to address unfunded price and demand increases.</p>				<p>The Trust will focus on various efficiency and productivity improvements, supported by benchmarking and collaborative engagement with partners. In addition we will seek to identify discretionary expenditure and risk assess against other measures to mitigate the increase in cost pressure. This will include maximising planned and unplanned additional efficiencies, understanding the impact of the main cost drivers and maximising supply chain and procurement opportunities. In addition the Trust will continue in its discussions with commissioning bodies to agree funding or service delivery adjustments to support further mitigation</p>							

BAF Risk No: NCHC Risk 3707	Delivery of NCHC 2025/26 Financial Plan												
Strategic Priority	Being a future focused organisation	Risk Score 2024/2025					Risk Score 2025/2026						
Anticipated Closure Date	31 March 2026												
Review Date	03 September 2025	Initial Score	Aug/Sept	Oct/Nov	Dec/Jan	Feb/Mar	Apr/May	Jun/Jul	Aug/Sep	Oct/Nov	Dec/Jan	Feb/Mar	Target Score
Executive Lead	CFO	20				16	16	16	12				9
Lead Committee	Board/Finance & Infrastructure						→	→	↓				
Context		Gaps in Control or Assurance											
<p>If NCH&C is not able to deliver the 2025/26 financial breakeven plan then the Trust risks contributing to an ICS failure to break even. This will lead to a need to repay the system (and Trust) deficit in future years and will result in additional scrutiny from NHS England</p> <p>Progress since the last review: The likelihood of this risk has been downgraded in Month 5. While the impact continues to be rated as major, the likelihood has been reduced from 4 to 3 due to improved financial positioning and greater confidence in current mitigations.</p>		<p>1. £4.0m left shift funding risk of losing (with stranded costs) if the case is unable to be proven that a left shift to community delivers cash releasing efficiency for the system</p> <p>2. £8.8m (5%) efficiency target, with £2.6m (29%) identified as high risk and £3.2m (37%) where plans are not yet fully developed</p> <p>3. Inflationary rises above 1.65% used in the financial plan (assumed for all non-pay expenditure)</p> <p>4. National Nursing profile review concludes an increase in nurses pay bands, beyond the current bandings</p> <p>5. Increasing demands for services from an ageing population with co-morbidities beyond our funding allocation</p> <p>6. Conversion of system discussions on service reductions into deliverable efficiency plans to meet the efficiency target in 2025/26, and sustainable service delivery in subsequent years</p> <p>Gaps in assurances:</p> <p>7. Delivery of bank expenditure reduction (10% from NHS E assessment)</p> <p>8. Continued delivery of agency expenditure reduction (30% from NHS E assessment)</p> <p>9. Cost pressures arising from other system partners leading to additional financial constraints on NCH&C</p>											
Progress													
What's going well inc future opportunities		What are the current challenges inc future risks				How are these challenges being managed							
<p>1. New group model and introduction of strengthened financial oversight and Service Assurance Committees to review performance, risks and monitor recovery plans.</p> <p>2. Initial conversations on Group model benefits and efficiencies, especially in corporate services, and a benchmarking focus.</p> <p>3. Strong financial performance year to date, including release of several provisions which has increased confidence on achieving financial balance in year.</p> <p>4. Monitor delivery of cost improvement plans (CIPs) with escalation protocols for underperformance.</p>		<p>1. Identifying a multi-year approach to efficiency planning (and delivery) with a greater weighting on recurrent efficiencies</p> <p>2. Having the capacity (and skill set) to identify efficiencies taking and working outside of linear budget manager boundaries</p> <p>3. Changing and challenging landscape, with Group model, and also NHS E and ICB</p>				<p>1. Trust financial plans and policies</p> <p>2. Performance reporting and monitoring</p> <p>3. Efficiency project lead with Exec review of progress</p> <p>4. Contribution to fixed costs added to each new revenue contract</p> <p>5. EDT agreement to fund a digital discovery team to identify potential digital efficiency solutions (to Jun-25)</p>							