BAF Risk 1	If the Trust does not build and sustain the right organisational capability and capacity to support integrated care this may impact adversely on our ability to deliver our strategic objective to improve population health							

Strategic Priority	Improved population health outcomes							

Risk Score 2021/2022

Review Date	8 November 2021	Residual	Apr/May	Jun/Jul	Aug/Sept	Oct/ Nov	Dec/ Jan	Feb/ Mar	Target
Executive Lead	Executive Director of Integrated Care	12	12 ↔	12 ↔	12 ↔	12 ↔			8
Lead Committee	Integrated Care & Commissioning Committee								

Context	Gaps in Control or Assurance
- Trust has made significant progress in developing integrated models of care, both within Trust services, and across other partners, including primary care, social care, acute trusts and the voluntary sector - To properly move to the next stage of improving population health outcomes, and delivering the next stage of NHS Long Term Plan implementation, the Trust needs to go further in ensuring that internal capability and capacity is developed to support transformation, in particular in delivering mental health and community health services around primary care networks, and ensuring smooth and effective intermediate care (both rapid response and discharge to assess) between hospital and community - This includes delivering on the community mental health framework transformation, and the delivery of the Aging Well programme, both in Bedfordshire & Luton and London. Both of these nationally defined integrated care programmes require sustained focus on service model, workforce, system leadership and digital/informatics development - Current specific issues include the delivery of social care functions on behalf of local authorities in Bedford Borough, Central Bedfordshire and Luton, in the context of demand and financial pressures, the community transformation agenda, and the forthcoming potential for review of s.75 agreement	

Progress

What's going well inc future opportunities	What are the current challenges inc future risks	How are these challenges being managed
- Established new Board committee (ICCC) which receives assurance on population health strategy delivery, how to maximise new mechanisms (NMCs and PC) to improve population health, keep under review impact of integrated care and ICSs - Trust strategy refreshed and launched; includes population health objectives for next five years	- Strategy execution plan, including population health incl. Marmot - Aging Well vision - Social care in Bedford, Central Bedfordshire and Luton - Consolidation of community mental health transformation programme	- Strategy execution plan due to next ICCC - Marmot steering group - Development of Aging Well vision - Consideration of future organisation of community mental health transformation programme

BAF Risk 2	If the Trust does not build and sustain effective partnerships with other health, care, voluntary sector and other key organisations, this may impact adversely on our ability to deliver the Trust strategy								

Strategic Priority	Improved population health outcomes	Risk Score 2021/2022							
Review Date	8 November 2021	Residual	Apr/May	Jun/Jul	Aug/Sept	Oct/ Nov	Dec/ Jan	Feb/ Mar	Target
Executive Lead	Executive Director of Integrated Care	12	12 ↔	12 ↔	12 ↔	12 ↔			8
Lead Committee	Integrated Care & Commissioning Committee								

Context	Gaps in Control or Assurance
- Trust continues to work purposefully and proactively to be a trusted system partner in our ICSs and place-based partnerships. Trust Executive have established excellent working relationships in our ICSs and where appropriate have taken on leadership roles for ICS programmes/ workstreams - The two ICSs have had different approaches to responding to the new System Design Framework/legislation, as is to be expected. There are differences in approach across each of the place-based systems, as a consequence of differences in population needs and assets, patterns of services, relationships, history and politics. The Trust is working flexibly in response to the difference in each of the systems, whilst also sharing learning where this is applicable and appropriate - Current strategic issues include the recent publication of the NHS Bill, and the mobilisation of ICS establishment programmes in the ICSs, ensuring that the Trust has influence in the same, and the development of provider collaboratives at the heart of ICS development.	

Progress		
What's going well inc future opportunities	What are the current challenges inc future risks	How are these challenges being managed
- Established new Board committee (ICCC) to receive and comment on developments as the progress - Development of Trust Board Integrated Care Assurance Framework - Joint work with NELFT to design future ways of working, including consideration of a Joint Chair	Relationships between various operating tiers of the ICS, in particular what a delegation and governance arrangements might be across the ICS (e.g. provider collaborative) in relation to place based delegation and governance arrangements, is a major area of debate and focus at present, in both ICSs	Development of clear narrative for provider collaborative, and participation in ICS and place-based discussions

BAF Risk 3	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

Strategic Priority	Improved patient experience
Review Date	1 November 2021
Executive Lead	Chief Executive
Lead Committee	People Participation Committee

Risk Score 2021/2022

Residual	Apr/May	Jun/Jul	Aug/Sept	Oct/ Nov	Dec/ Jan	Feb/ Mar	Target
12	n/a	n/a	12 ↔	12 ↔			8

Context	Gaps in Control or Assurance
• There is variation across the Trust in the level of patient and wider involvement in the planning and delivery of services • 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	• Patient experience data collated at Trust wide level • Further development of e-CPA and Dialog+ for staff and service user experience • Ensuring that patient participation work continues in the context of COVID • Consistent involvement of patients and local communities in the development of NMC at ICS and neighbourhood level • Wider population input into service development and population health developments

Progress

What's going well inc future opportunities	What are the current challenges inc future risks	How are these challenges being managed
• Good progress in developing the approach to PP across NEL with Barts and NELFT • Peer support work continues to develop, with further recruitment to PSW roles inc CMH transformation programme • Place-based planning in place in both ICS footprints inc involvement of wider communities in 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 • Service user led accreditation process continues to roll out across the Trust. Support and guidance is provided to help those teams who do not achieve accreditation • Use of service user experience measures continues to develop, with greater use within CHS, and dashboard development work is continuing. • Work with Network Rail now moved to national level, building on the impact of the work in NEL • Evaluation of the implementation of eCPA and Dialog+ • Strengthening Trust's approach to carers • Young people involvement in LGBTQ network • Co-production of new models for commissioning and delivery in the NCEL CAMHs collaborative • Focused work on suicide with Trust Suicide Prevention Lead • Focused work on digital/virtual offer, co-ordinated through Digital PP Lead	• Variation across the Trust in the level of patient and wider involvement in the planning and delivery of services • Patient experience data collated at Trust wide level • Wider population input into service development and population health developments	• 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. • Business case developed for systematic approach to collating patient experience data

BAF 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

Strategic Priority	Improved experience of care
Review Date	1 November 2021
Executive Lead	Chief Nurse
Lead Committee	Quality Assurance Committee

Risk Score 2021/2022

Residual	Apr/May	Jun/Jul	Aug/Sept	Oct/ Nov	Dec/ Jan	Feb/ Mar	Target
15	12 ↓	12 ↔	12 ↔	12 ↔			9

Context

- Covid-19 and flu
- CQC activity:
  - MHA assessment and admission visit, Hackney
  - Well-led inspection
- PFDs: Newham inpatient services and Hackney
- Increased clinical activity:
  - Community health, mental health, primary care
  - Care home staff vaccination requirement
  - Blood bottle shortage
- Patient safety forum

Gaps in Control or Assurance

- Framework created to enable teams to have a consistent way to ensure that processes are in place to effectively manage referrals and waiting lists to minimise harm
- **G1** CHS and primary care clinical practice assurance programme
- **G2** Support a reduction in SIs
- **G3** Improve learning from patient safety incidents and issues. Patient Safety Forum started August 2021 as a Trust-wide operation forum to monitor progress of patient safety related workstream – reporting to Quality Committee
- **G4** Embedding and understanding of primary care services and ensure corporate functions support adequately
- **G5** Comprehensive CQC readiness including well-led. CQC preparation process with plan for overview of quality, safety and leadership with smart actions to monitor and track progress

Progress

What's going well inc future opportunities	What are the current challenges inc future risks	How are these challenges being managed
- Escalation and sharing of evolving COVID incidence across inpatients - Joint and coordinated management of bed occupancy, flow and discharges in line with COVID safe practices - ICS level partnership work which supports our out of hospital offer - Virtual CQC MHA visits continue on inpatient wards. Awaiting written feedback from virtual interviews with staff on Crystal ward in Newham Centre of Mental Health, Galaxy ward, Coborn Unit CAMHS, and Rosebank ward, Tower Hamlets - Staff absences have continued to decrease with average of 50 since last update - Executive walkrounds have continued with teams - Updated NED walkround process for consistency	Demand in operational services continues to increase: - UK COVID infection numbers with outbreaks on Trust wards - Double vaccination requirement for all health professionals visiting care requirement: increase in vaccination of staff has a further layer of urgency as this will be an impact in our operational capacity - Supply chain challenges of key equipment - Entering winter period alongside continuing COVID, its associated disruptors, staff sickness, isolation requirements and caring responsibilities Workforce: - Recruitment challenges due to vacancies with additional requirements for MH transformation work - Training uptake requiring release of staff due to covering of wards and increased training needs linked to infection control/prevention and the PFD Complaints: high number of overdue complaints which following a targeted response has now been cleared	- Services continue to review delivery based on risks of patients group and staff availability - New analytics in PowerBI released in November to support community-based teams using RiO to view and manage their caseload and waits in real-time - Operational task and finish groups with system partners to tackle issues like care home vaccination requirement and blood bottle shortages - Trust managing the issues via our Gold Emergency Management structure which feeds into a weekly Directors Huddle - Complaints: Chief Nurse leading on a review of complaints management including strengthening the process and oversight, establishment of a complaints group meeting chaired by the Chief Nurse, and redesigning the corporate structure. A QI project will recommence to review complaints management and timelines.

BAF Risk 5	If the Trust fails to effectively plan for, recruit and retain people with the right skills, this may adversely impact on the Trust's ability to deliver the Trust's strategy

Strategic Priority	Improved staff experience	Risk Score 2021/2022							
		Residual	Apr/May	Jun/Jul	Aug/Sept	Oct/ Nov	Dec/ Jan	Feb/ Mar	Target
Review Date	21 October 2021								
Executive Lead	Chief People Officer	16	16 ↔	16 ↔	n/a	16 ↔			9
Lead Committee	Appointments & Remuneration Committee								

Context	Gaps in Control or Assurance
COVID and the final easing of restrictions on 19 July 2021: ● Risk assessment process and guidance remains under review by working group and promoted ● Infection control protocols to keep our staff and service users and patients safe ● Video created to support managers with the risk assessment **Remote working:** ● Internal Audit by RSM focusing on remote working report finalised ● Future of Work Group has been re-established led by COO **Workforce planning, recruitment and retention:** ● Significant workforce planning requirement for CAMHS Tier 4 and MHS within NEL and BLMK ● Additional resources recruitment agreed to determine what corporate support is needed to meet demand ● Continue to undertake remote pre-employment checks for new starters as per government guidance ● Signed MoUs in NEL and BLMK footprint to facilitate movement across organisations. ● Continue to develop our GPs bank following transfer in of Leighton Road/Caudwell Road GP practices ● Comprehensive piece of work underway to add control around consultants agency usage in Beds/Luton ● External review of new starter feedback commissioned; provided useful information to help retain staff ● Rolled out NHSEI Pulse survey tool; 2021 National Staff Survey now live **Training:** ● Reverted BLS and PMVA training to run face to face and COVID compliant; remaining training is virtual ● Trust online induction programme and local induction programme launched **Long service awards:** second year with 230 people eligible	● New post created and recruited to lead on workforce planning; start anticipated winter 2021 ● Recruitment & Retention Group amended to reflect recruitment across all professions ● Bank Expansion Group which reviewed the structure of the Bank and to recruit into Bank was completed. However, given the demands in terms of Bank, the Group is being reformed with revised terms of reference and membership. Also in scope is a review of Bank rates in order to make this competitive ● Project focusing on agency recruitment initially focusing on doctors, now being broadened across all staff groups. A project manager is being recruited to. This role will process map all recruitment processes and will make recommendations as to change ideas. ● QI project focusing on the experience of new starters with a specific approach on the Smart cards and access to digital on day 1 of starting in role.

Progress		
What's going well inc future opportunities	**What are the current challenges inc future risks**	**How are these challenges being managed**
WRES/WDES: Submissions made/published on Trust website; progress in many indicators with some areas of focus remaining **Staff recognition, wellbeing and support:** ● Salad Money (financial education) commissioned to help staff with a view to rolling out loans in Dec 2021 ● Hardship fund in operation to support staff/service users ● Online webinars continue to support shielding staff/staff who are suffering from long COVID ● Staff Awards event on 21 October 2021 ● NHS Long Service Awards November 2021	**Workforce planning and recruitment:** ● Significant workforce planning requirement (CAMHS Tier 4 and MHS in NEL and BLMK) ● Trust vacancy rate is c8.91% (c300 vacancies Trustwide). Vacancy rates ranging from 6% in Beds CHS and 19.49% in Primary Care. Additional 500+ vacancies in BLMK required over coming year due to new monies in MH ● Resourcing challenge within team (changes in personnel, staff sickness, significant number of new members) ● **Disclosure and Barring Checks (DBS):** Identified in May that rechecks had not recommenced in Apr 2021 resulting in a significant increase in backlog. Trajectory has been mapped out to be back to full compliance by Dec 2021	● New post to lead on workforce planning created and recruited to ● Recruitment & Retention Group now covers all professions ● Bank Expansion Group reformed with revised terms of reference; will also review bank rates to ensure these remain competitive ● Project focusing on agency recruitment initially focused on doctors, now broadening across all staff groups ● QI project focusing on experience of new starters ● DBS: additional resources employed and increased checking implemented with progress reviewed weekly. A review of internal DBS requirements to be undertaken

BAF Risk 6	If issues affecting staff experience are not effectively addressed, this will adversely impact on staff motivation, engagement and satisfaction								

Strategic Priority	Improved staff experience								
		Risk Score 2021/2022							
Review Date	21 October 2021	Residual	Apr/May	Jun/Jul	Aug/Sept	Oct/ Nov	Dec/ Jan	Feb/ Mar	Target
Executive Lead	Chief People Officer	16	16	16	n/a	16			9
Lead Committee	Appointments & Remuneration Committee		↔	↔		↔			

Context	Gaps in Control or Assurance
Equalities: • Trust reverse mentoring scheme launched. Trust Board trained as mentees and two cohorts of training for reverse mentors been held • Progressing to the next phase of becoming an anti-racist organisation. Trustwide DMT on 7 Oct 2021. Arrangements are being made for a Board Development Session in Nov 2021 • 6 nominees are undertaking the White Allies programme • 2 Executives are on the WRES Experts programme • Trust to start work on Equalities plan refresh to support a refreshed People Plan and Trust Strategy • Trust is in the process of finalising the Equality Delivery System 2 (EDS 2) submission and are planning for three equality events across the Trust throughout November 2021. **Staffside:** • Continue to have positive working relationships with staff side. Many London trusts have reported that relations with staff side are challenging • Discussions include closer partnership working; formal request for facilities time for staff side secretary.	• External review of new starters • Reviewed our ER processes and continue to work with staff side • Soft Facilities Management contract has been re-procured and the winner will be announced shortly following the 'standstill' period • A proposal for an equalities team discussed at the Executive meeting and is being progressed • A detailed equality plan has been drafted summarising the work to date and a plan outlining the next steps in the context of Race and Privilege • RSM Audits

Progress		
What's going well inc future opportunities	**What are the current challenges inc future risks**	**How are these challenges being managed**
Sub-contractors: • Reached agreement with G4S to pay staff the London Living Wage or Real Living Wage on top of their contractual enhancements and are reviewing the impact of any unintended consequences that the uplifts may have caused **WRES/WDES:** • WRES and WDES data collection process for 2021 has been concluded and there are improvements in many indicators • Revised action plans and updated infographics to be published on the Trust website	**Staff:** • An increase in Employee Relations cases, Freedom to Speak Up concerns and Employment Tribunal cases • Focusing on triangulating data by place	• Reviewed our ER processes and continue to work with staff side • The Soft Facilities Management contract has been re-procured and the winner will be announced shortly following the 'standstill' period • A proposal for an equalities team discussed at the Executive meeting and is being progressed • A detailed equality plan has been drafted summarising the work to date and a plan outlining the next steps in the context of Race and Privilege • Vitamin D supplements as requested by the BAME network has been made available to all staff and has been requested by almost 50% of the Trust. A similar offering for winter 2021 being reviewed

BAF Risk 7	If the Trust's approach to value and financial sustainability are not embedded, this may impact on the achievement of the Trust's financial, service delivery and operational plans

Strategic Priority	Improved value
Review Date	1 November 2021
Executive Lead	Chief Finance Officer/Chief Nurse
Lead Committee	Finance, Business & Investment Committee

Risk Score 2021/2022								
Residual	Apr/May	Jun/Jul	Aug/Sept	Oct/ Nov	Dec/ Jan	Feb/ Mar		Target
16	16 ↔	16 ↔	16 ↔	16				9

Context

- Planning guidance for the first six months of 2021-22 includes an efficiency requirement of 0.28%; this feels achievable
- Efficiency requirement for the second six months of the year is 0.82% with a system efficiency requirement in addition. At present the system element has not been split across providers in NEL or BLMK
- Planning underway to develop and deliver a programme which is more heavily loaded towards the second part of the financial year
- FV programme has continued throughout the pandemic period and was incorporated into the annual planning cycle this year to ensure it remains a focus of the Trust's work
- A number of new FV plans emerged from necessary service redesign as a result of the pandemic; work continues to understand the longer term impact of new ways of working on the Trust's FV programme
- Previous work to embed an approach that focuses on culture and behaviour change in FV is now well progressed the focus now is on a system reset with regard to delivering tangible savings that focus on value and quality, not purely on cost

Gaps in Control or Assurance

- **G1** Waste management plans have been implemented in the context of COVID without waste reduction being well articulated or delivered
- **G2** Developing and embedding a 'waste management' culture through staff engagement
- **G3** Communicate with directorates the revised FV value following phase 3 planning, to support plans

Progress

What's going well inc future opportunities	What are the current challenges inc future risks	How are these challenges being managed
• Developing a 'waste management' culture through staff engagement	• Delivery of the target YTD	• Planning is underway to develop and deliver a programme which is more heavily loaded towards the second part of the financial year • Focus of the programme has been on developing in year delivery plans and thinking about expenditure control as well as cash releasing savings

BAF Risk 8	If the Trust fails to robustly implement and embed infrastructure plans including digital and estates, this will adversely impact on our service quality and delivery, patient care and carer experience, and our ability to transform services in line with our aspiration to be a leader in both of our ICSs

Strategic Priority	Improved value
Review Date	1 November 2021
Executive Lead	Chief Digital Officer
Lead Committee	Finance, Business & Investment Committee

Risk Score 2021/2022

Residual	Apr/May	Jun/Jul	Aug/Sept	Oct/ Nov	Dec/ Jan	Feb/ Mar	Target
25	25	20	25	25			8
	↔	↓	↑	↔			

Context

- Digital risks comprise: digital infrastructure, Cyber security, and governance and benefits realisation
- Digital solutions/implementation progressed at significant pace through COVID, particularly iro system wide transformation
- Trust-wide digital transformation programme requires significantly enhanced capacity and capability to manage change
- Significant work to bring digital baseline up to required standards of performance, to support 'care delivery in any setting'
- Governance structure established to scope and manage digital innovation in a more structured and joined up way to support delivery and success, e.g. digital and estates
- A full assessment of digital infrastructure at all Trust sites underway by Doclan – an expert in this field
- 100% rise in malicious cyber activity during the last eight months and emphasis on Board level ownership of this by NHSE. A dedicated skilled team to focus on this 24/7 is critical
- Full implications for not meeting required NHS carbon emissions target not known; failure to deliver these will have a detrimental impact on the Trust and its populations

Gaps in Control or Assurance

G1: Proper scoping, baselining, strategic overview, and solution choice needs to be carried out to ensure right solution is adopted to fit the business problem

G2: Understand impact of changes, how they support operational models, how best value can be delivered, and prioritised

G3: Process for establishing and monitoring financial and operational benefits

G4: Trust-wide overview of all digital projects/programmes linked to delivery, financial accountability, and benefits realisation

G5: Major infrastructure weaknesses identified at John Howard Centre affecting telephony, wifi, UPS, and network resulting in significant outages

G6: No detailed understanding of infrastructure, both digital and structural, to support improvement programme or detailed costing exercise to fully assess, plan, prioritise and deliver the right specification

G7: Address areas of immediate concern found during 127 sites survey including funding and capacity

G8: Dedicated Cyber team imperative to meet NHSE&D expectations and enhanced requirements

G9: Workstream to encompass requirements for digital support for other areas that are not site based, i.e. community settings and home working, etc

G10: A full benefits realisation plan needed

G11: Cloud computing partner UKCloud now possibly non-viable following loss of a large contract. Need to move our data to a different provider rapidly posing a risk of continuity of service for the Trust

Progress

What's going well inc future opportunities	What are the current challenges inc future risks	How are these challenges being managed
- Delivery of digital strategy and opportunities to expand its focus to children's services/other key services - Addition of a CTO to lead the technical infrastructure and Cyber agenda - Established a robust governance structure to programme, agree and prioritise digital change with operational leadership - Further development of the strategy to bring greater efficiencies to our staff and patients	- Digital funding increase required to deliver digital maturity - Fragility of some of current infrastructure and ensuring we can continue to operate whilst delivering new technology - Continual growth in digital dependency and appetite (Trust and ICS) set against a finite digital resource and funding stream; need to become more agile and benefits based - Recruiting and retaining staff has become more challenging than before COVID due to growth in digital services globally - Volatile nature of the marketplace following COVID has seen several companies fold. Our Cloud provider is currently in very weak trading position and will probably cease trading next February 2022	- Digital Strategy Board monitoring delivery of this year's programme including benefits realisation and cyber security, and monitoring new risks that emerge - Remedial infrastructure plan (network and wifi) now centrally funded to improve connectivity on the most affected sites until the larger programme is initiated - Digital staff development and training plan being developed to support succession planning; options to increase attractiveness of ELFT as an employer of choice inc apprenticeships, flexible working packages, etc - Solutions Board and DTOB ensures digital team priorities remain aligned to the operational challenges and reprioritises where necessary - A 'gold command' approach established to monitor the UKCloud position via the Executive team with regular updates being provided.

BAF Risk 9	If the Trust does not effectively manage its commissioning responsibilities and associated risks as a lead provider or lead commissioner, this will impact on the quality and experience of care for service users and patients								

Strategic Priority	Improved population health outcomes	Risk Score 2021/2022							
Review Date	1 November 2021	Residual	Apr/May	Jun/Jul	Aug/Sept	Oct/ Nov	Dec/ Jan	Feb/ Mar	Target
Executive Lead	Executive Director of Commercial Development	n/a	n/a	16	16 ↔	16 ↔			8
Lead Committee	Integrated Care & Commissioning Committee								

Context	Gaps in Control or Assurance
- Development of CAMHS NMC is a new collaborative commissioned by NHSE with ELFT as the lead in Oct 2020 which is a new experience for the Trust to lead on. Trust is already part of the NMC process with partners for the last three years - Some successes in the first six months; however, embedding a culture of partnership across the various parts of the system will take time - Resilience of units across provider Trusts involved has been in question at various parts of the operational delivery - Central team working with various provider teams to ensure risk profile of the service is distributed so that workforce issues are considered and serve as a temporary mitigation - Work is ongoing with the private sector provider to address the clinical pathway and the length of stay of the service users in the pathway - Development of coproduction in commissioning processes is unique and is beyond what has been previously achieved. Leadership of service users has helped enormously in developing a unified strategy that focuses on outcomes and in ensuring a consistent approach across the patch and across various providers - Need to recognise the individual sovereignty of organisations that are providing the various CAMHS tier 4 beds and respect their assurance processes within the construct of the CAMHS NMC while supporting the gradual move to improved quality	**G1** Relationship with system partners **G2** Development of system needs assessment **G3** Centralised bed management function **G4** Develop a unified pathway for low secure clients

Progress		
What's going well inc future opportunities	**What are the current challenges inc future risks**	**How are these challenges being managed**
- Trust implemented clear structures of accountability and operational management - Commissioning support unit established to ensure adequate management span for the process - Systems of assurance and engagement developed with partner commissioners and providers - Delivery of financial balance - Improved CQC rating for partners - Better relationships - Reduced out of area placements by 42% in 2020/21 - Improved involvement of service users in the commissioning process - Developing renewed clinical strategy - Strategic needs assessment commissioned for whole CAMHS pathway - Developing single plan across the system for service development	- Embedding culture of commissioning in the Trust - Measurement of relationship in the system: embedding culture of partnership across partners - Resilience of units in operational delivery inc clinical leadership - Coproduction - Financial strategy underpinned by clinical strategy - Workforce resilience - Demand in the system - Executive nervousness	- Organisational development - Expert by Experience Leadership - Clinical strategy development - Strategic needs assessment - Reinvestment into the NMCs - Reinventing the role of commissioner and ELFT