

# BOARD ASSURANCE FRAMEWORK 2021-2022

## BAF Dashboard 2021-2022 (Appendix 1)

Strategic Priority	Risk No	Risk Description	Executive Lead	Lead Committee	Risk Score							
					Residual	Apr/ May	Jun/ Jul	Aug/ Sept	Oct/ Nov	Dec/ Jan	Feb/ Mar	Target
Improved population health outcomes	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	Executive Director of Integrated Care	ICCC	12	12 ↔	12 ↔	12 ↔	12 ↔	12 ↔		8
	2	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	Executive Director of Integrated Care	ICCC	12	12 ↔	12 ↔	12 ↔	12 ↔	12 ↔		8
	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	Executive Director of Commercial Development	ICCC	n/a	n/a	16	16 ↔	16 ↔	16 ↔		8
Improved patient experience	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	Chief Executive	PPC	12	n/a	n/a	12 ↔	12 ↔			8
	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	Chief Nurse	QAC	15	12 ↓	12 ↔	12 ↔	12 ↔	12 ↔		9
Improved staff experience	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	Chief People Officer	RemCo	16	16 ↔	16 ↔	n/a	16 ↔			9
	6	If issues affecting staff experience are not addressed, this will adversely impact on staff motivation, engagement and satisfaction	Chief People Officer	RemCo	16	16 ↔	16 ↔	n/a	16 ↔			9
Improved value	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	Chief Finance Officer / Chief Nurse	FBIC	16	16 ↔	16 ↔	16 ↔	16 ↔	16 ↔		9
	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 ICSSs	Chief Digital Officer	FBIC	25	25 ↔	20 ↓	25 ↑	25 ↔	25 ↔		8

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

Trust Board Committees	
FBIC	Finance, Business & Investment Committee
ICCC	Integrated Care & Commissioning Committee
PPC	People Participation Committee
QAC	Quality Assurance Committee
RemCo	Appointments & Remuneration Committee

<b>BAF Risk 1</b>	<b>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</b>								
<b>Strategic Priority</b>	<b>Improved population health outcomes</b>	<b>Risk Score 2021/2022</b>							
<b>Review Date</b>	1 January 2022	<b>Residual</b>	<b>Apr/May</b>	<b>Jun/Jul</b>	<b>Aug/Sept</b>	<b>Oct/ Nov</b>	<b>Dec/ Jan</b>	<b>Feb/ Mar</b>	<b>Target</b>
<b>Executive Lead</b>	Executive Director of Integrated Care	12	12	12	12	12	12		8
<b>Lead Committee</b>	Integrated Care & Commissioning Committee		↔	↔	↔	↔	↔		

<b>Context</b>
<ul style="list-style-type: none"> <li>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</li> <li>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</li> <li>This includes delivering on the community mental health framework transformation, and the delivery of the Aging Well programme, both in Bedfordshire &amp; Luton and London. Both of these nationally defined integrated care programmes require sustained focus on service model, workforce, system leadership and digital/informatics development</li> <li>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</li> </ul>

<b>Gaps in Control or Assurance</b>

<b>Progress</b>		
<b>What's going well inc future opportunities</b>	<b>What are the current challenges inc future risks</b>	<b>How are these challenges being managed</b>
<ul style="list-style-type: none"> <li>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</li> <li>Trust strategy refreshed and launched; includes population health objectives for next five years</li> <li><a href="#">Social care in Bedford, Central Bedfordshire and Luton: engagement with DASSs on relevant programmes of work – internal diagnostic complete and contract negotiations under way</a></li> </ul>	<ul style="list-style-type: none"> <li>Strategy execution plan, including population health incl. Marmot</li> <li>Aging Well vision</li> <li>Social care in Bedford, Central Bedfordshire and Luton</li> <li>Consolidation of community mental health transformation programme</li> <li><a href="#">Planning guidance implement, new investment in virtual wards</a></li> </ul>	<ul style="list-style-type: none"> <li>Strategy execution plan due to next ICCC</li> <li>Marmot steering group</li> <li>Development of Aging Well vision</li> <li>Consideration of future organisation of community mental health transformation programme</li> <li><a href="#">Planning guidance implement, new investment in virtual wards</a></li> </ul>

<b>BAF Risk 2</b>	<b>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</b>								
<b>Strategic Priority</b>	<b>Improved population health outcomes</b>	<b>Risk Score 2021/2022</b>							
<b>Review Date</b>	1 January 2022	<b>Residual</b>	<b>Apr/May</b>	<b>Jun/Jul</b>	<b>Aug/Sept</b>	<b>Oct/ Nov</b>	<b>Dec/ Jan</b>	<b>Feb/ Mar</b>	<b>Target</b>
<b>Executive Lead</b>	Executive Director of Integrated Care	12	12	12	12	12	12		8
<b>Lead Committee</b>	Integrated Care & Commissioning Committee		↔	↔	↔	↔	↔		
<b>Context</b>					<b>Gaps in Control or Assurance</b>				
<ul style="list-style-type: none"> <li>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</li> <li>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</li> <li>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</li> <li>Delay in legislation coming into force to July 2022 gives more time to ICS partners to mobilise new ways of working and structures</li> </ul>					<ul style="list-style-type: none"> <li></li> </ul>				
<b>Progress</b>									
<b>What's going well inc future opportunities</b>			<b>What are the current challenges inc future risks</b>			<b>How are these challenges being managed</b>			
<ul style="list-style-type: none"> <li>Established new Board committee (ICCC) to receive and comment on developments as the progress</li> <li>Development of Trust Board Integrated Care Assurance Framework</li> <li>Joint work with NELFT to design future ways of working, including consideration of a Joint Chair</li> </ul>			<ul style="list-style-type: none"> <li>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</li> </ul>			<ul style="list-style-type: none"> <li>Development of clear narrative for provider collaborative, and participation in ICS and place-based discussions</li> </ul>			

<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>		<b>Risk Score 2021/2022</b>							
<b>Review Date</b>	10 December 2021		<b>Residual</b>	<b>Apr/May</b>	<b>Jun/Jul</b>	<b>Aug/Sept</b>	<b>Oct/ Nov</b>	<b>Dec/ Jan</b>	<b>Feb/ Mar</b>	<b>Target</b>
<b>Executive Lead</b>	Chief Executive		12	n/a	n/a	12	12			8
<b>Lead Committee</b>	People Participation Committee					↔	↔			
<b>Context</b>			<b>Gaps in Control or Assurance</b>							
<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> </ul>			<ul style="list-style-type: none"> <li>Patient experience data collated at Trust wide level</li> <li>Further development of e-CPA and Dialog+ for staff and service user experience</li> <li>Ensuring that patient participation work continues in the context of COVID</li> <li>Consistent involvement of patients and local communities in the development of NMC at ICS and neighbourhood level</li> <li>Wider population input into service development and population health developments</li> </ul>							
<b>Progress</b>										
<b>What's going well inc future opportunities</b>				<b>What are the current challenges inc future risks</b>				<b>How are these challenges being managed</b>		
<ul style="list-style-type: none"> <li>Good progress in developing the approach to PP across NEL with Barts and NELFT</li> <li>Peer support work continues to develop, with further recruitment to PSW roles inc CMH transformation programme</li> <li>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</li> <li>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</li> <li>Use of service user experience measures continues to develop, with greater use within CHS, and dashboard development work is continuing.</li> <li>Work with Network Rail now moved to national level, building on the impact of the work in NEL</li> <li>Evaluation of the implementation of eCPA and Dialog+</li> <li>Strengthening Trust's approach to carers</li> <li>Young people involvement in LGBTQ network</li> <li>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 PP Lead</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> </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> </ul>		

<b>BAF Risk 4</b>	<b>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</b>									
<b>Strategic Priority</b>	<b>Improved experience of care</b>		<b>Risk Score 2021/2022</b>							
<b>Review Date</b>	1 November 2021		<b>Residual</b>	<b>Apr/May</b>	<b>Jun/Jul</b>	<b>Aug/Sept</b>	<b>Oct/ Nov</b>	<b>Dec/ Jan</b>	<b>Feb/ Mar</b>	<b>Target</b>
<b>Executive Lead</b>	Chief Nurse		15	12 ↓	12 ↔	12 ↔	12 ↔			9
<b>Lead Committee</b>	Quality Assurance Committee									
<b>Context</b>			<b>Gaps in Control or Assurance</b>							
<ul style="list-style-type: none"> <li>Covid-19 and flu: <ul style="list-style-type: none"> <li>Healthcare acquired infections</li> <li>Staffing and double vaccination requirements</li> </ul> </li> <li>CQC activity: <ul style="list-style-type: none"> <li>Primary care and mental health inspections</li> <li>Well-led inspection</li> </ul> </li> <li>PFD: Newham inpatient services</li> <li>Increased clinical activity: <ul style="list-style-type: none"> <li>Community health, mental health, primary care</li> <li>Winter contingency plans</li> <li>LFT and PCR tests</li> </ul> </li> <li>Patient safety forum</li> </ul>			<ul style="list-style-type: none"> <li>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</li> <li>G1 CHS and primary care clinical practice assurance programme</li> <li>G2 Support a reduction in SIs</li> <li>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</li> <li>G4 Embedding and understanding of primary care services and ensure corporate functions support adequately</li> <li>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</li> </ul>							
<b>Progress</b>										
<b>What's going well inc future opportunities</b>			<b>What are the current challenges inc future risks</b>				<b>How are these challenges being managed</b>			
<ul style="list-style-type: none"> <li>Escalation and sharing of evolving Covid incidence across inpatients</li> <li>Joint and coordinated management of bed occupancy, flow and discharges in line with Covid safe practices</li> <li>ICS level partnership work which supports our out of hospital offer</li> <li>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</li> <li>Staff absences have continued to decrease with average of 50 since last update</li> <li>Executive walkrounds have continued with teams</li> <li>NED walkround process now standardised</li> </ul>			<p>Demand in operational services continues to increase:</p> <ul style="list-style-type: none"> <li>Covid infection numbers with outbreaks on Trust wards; hospital acquired infection rates in MHS increased</li> <li>Double vaccination requirement for all health professionals: increase in vaccination of staff has a further layer of urgency as this will be an impact in our operational capacity</li> <li>Increased demand for LFTs</li> <li>Entering winter period alongside continuing Covid, its associated disruptors, staff absences increasing, isolation requirements and caring responsibilities</li> </ul> <p>Workforce:</p> <ul style="list-style-type: none"> <li>Recruitment challenges due to vacancies with additional requirements for MH transformation work</li> <li>Training uptake requiring release of staff due to covering of wards and increased training needs linked to infection control/prevention and the PFD</li> </ul> <p>Complaints: high number of overdue complaints which following a targeted response has now been cleared</p>				<ul style="list-style-type: none"> <li>Services continue to review delivery based on risks of patients group and staff availability</li> <li>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</li> <li>Issues managed via Gold Emergency Management structure which feeds into a weekly Directors Huddle</li> <li>Complaints: review of complaints management including strengthening process and oversight, establishment of a complaints group meeting, and redesigning corporate structure. QI project will recommence to review complaints management and timelines</li> <li>Staffing: all services have contingency plans in place with redeployment as necessary and with Director Safety Huddles being held daily</li> <li>LFT: range of actions in place including using LAMP testing, prioritising frontline clinical staff, and use of mutual aid from other Trusts</li> </ul>			

<b>BAF Risk 5</b>	<b>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</b>								
<b>Strategic Priority</b>	<b>Improved staff experience</b>	<b>Risk Score 2021/2022</b>							
<b>Review Date</b>	10 December 2021	<b>Residual</b>	<b>Apr/May</b>	<b>Jun/Jul</b>	<b>Aug/Sept</b>	<b>Oct/ Nov</b>	<b>Dec/ Jan</b>	<b>Feb/ Mar</b>	<b>Target</b>
<b>Executive Lead</b>	Chief People Officer	16	16	16	n/a	16			9
<b>Lead Committee</b>	Appointments & Remuneration Committee		↔	↔		↔			
<b>Context</b>					<b>Gaps in Control or Assurance</b>				
<p><b>Covid</b></p> <ul style="list-style-type: none"> <li>With the new variant being announced the Trust is stepping up its communications and refreshing guidance previously released.</li> <li>Trust continues to highlight the infection control protocols to keep our staff, service users and patients safe</li> </ul> <p><b>Remote working:</b></p> <ul style="list-style-type: none"> <li>Future of Work Group has been re-established led by COO</li> </ul> <p><b>Workforce planning, recruitment and retention:</b></p> <ul style="list-style-type: none"> <li>Significant workforce planning challenges for CAMHS Tier 4 and MHS within NEL and BLMK</li> <li>Additional resources recruitment agreed to determine what corporate support is needed to meet demand. Resourcing and Medical Education/Medical Staffing teams have been prioritised given the levels of activity</li> <li>Continue to develop our GPs bank following transfer in of Leighton Road/Caudwell Road GP practices</li> <li>Plans to roll out the Picker pulse survey which will run quarterly for three quarters of the year and then the annual staff survey</li> </ul> <p><b>Training:</b></p> <ul style="list-style-type: none"> <li>Reverted BLS and PMVA training to run face to face and Covid compliant; remaining training is virtual</li> <li>Trust online induction programme and local induction programme launched</li> </ul> <p><b>Long service awards:</b> second year with 230 people eligible; delayed due to capacity</p>					<ul style="list-style-type: none"> <li>New post created and recruited to lead on workforce planning; start anticipated winter 2021</li> <li>Recruitment &amp; Retention Group amended to reflect recruitment across all professions</li> <li>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</li> <li>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.</li> <li>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.</li> </ul>				
<b>Progress</b>									
<b>What's going well inc future opportunities</b>			<b>What are the current challenges inc future risks</b>			<b>How are these challenges being managed</b>			
<p><b>Staff recognition, wellbeing and support:</b></p> <ul style="list-style-type: none"> <li>Salad Money commissioned to help staff</li> <li>Hardship fund to support staff/service users</li> <li>Online webinars continue to support shielding staff</li> <li>Considering trauma informed approach to services/corporate functions to support wellbeing agenda around wider determinants of health</li> <li>ELFT people plan being revised to support refreshed Trust strategy</li> </ul> <p><b>Mass vaccination:</b> putting in place mechanisms to support longer term view</p> <p><b>DBS:</b> significant progress made with backlog; Policy changed recheck period from 3 to 5 years</p> <p><b>Mandated vaccination of all staff:</b></p> <p><b>Cost of living pay increases for non-AfC staff</b></p>			<p><b>Workforce planning and recruitment:</b></p> <ul style="list-style-type: none"> <li>Significant workforce planning requirement (CAMHS Tier 4 and MHS in NEL and BLMK)</li> <li>Challenge to continue to support staff wellbeing and teams</li> <li><b>Caudwell Medical Centre dispute:</b> holding up organisational change process which is causing anguish for staff and affecting morale</li> </ul>			<ul style="list-style-type: none"> <li>New post to lead on workforce planning created and recruited to</li> <li>Recruitment &amp; Retention Group covers all professions</li> <li>Bank Expansion Group reformed with revised terms of reference; will also review bank rates to ensure these remain competitive</li> <li>Project focusing on agency recruitment initially focused on doctors, now broadening across all staff groups</li> <li>Two QI project in progress: one focusing on experience of new starters; second on further reducing the time to hire. In addition, there are 10 others, which are focusing on 'business as usual projects' to improve our services.</li> </ul>			

<b>BAF Risk 6</b>	<b>If issues affecting staff experience are not effectively addressed, this will adversely impact on staff motivation, engagement and satisfaction</b>								
<b>Strategic Priority</b>	<b>Improved staff experience</b>	<b>Risk Score 2021/2022</b>							
<b>Review Date</b>	10 December 2021	<b>Residual</b>	<b>Apr/May</b>	<b>Jun/Jul</b>	<b>Aug/Sept</b>	<b>Oct/ Nov</b>	<b>Dec/ Jan</b>	<b>Feb/ Mar</b>	<b>Target</b>
<b>Executive Lead</b>	Chief People Officer	16	16	16	n/a	16			9
<b>Lead Committee</b>	Appointments & Remuneration Committee		↔	↔		↔			
<b>Context</b>					<b>Gaps in Control or Assurance</b>				
<p><b>Equalities:</b></p> <ul style="list-style-type: none"> <li>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</li> <li>6 nominees are undertaking the White Allies programme</li> <li>2 Executives coming to the end of the WRES Experts programme</li> <li>Trust to start work on Equalities plan refresh to support a refreshed People Plan and Trust Strategy</li> <li>Trust has finalised the Equality Delivery System 2 (EDS 2) submission and is due to publish on the Trust website</li> <li>Quality/wellbeing event being planned for 2022; this was delayed from Nov due to operational issues</li> </ul> <p><b>Staffside:</b></p> <ul style="list-style-type: none"> <li>Continue to have positive working relationships with staff side. Many London trusts have reported that relations with staff side are challenging</li> <li>Discussions include closer partnership working; formal request for facilities time for staff side secretary.</li> </ul>					<ul style="list-style-type: none"> <li>External review of new starters</li> <li>Reviewed our ER processes and continue to work with staff side</li> <li>Soft Facilities Management contract has been re-procured and the winner will be announced shortly following the 'standstill' period</li> <li>A proposal for an equalities team discussed at the Executive meeting and is being progressed</li> <li>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</li> <li>RSM Audits</li> </ul>				
<b>Progress</b>									
<b>What's going well inc future opportunities</b>			<b>What are the current challenges inc future risks</b>			<b>How are these challenges being managed</b>			
<p><b>Sub-contractors:</b></p> <ul style="list-style-type: none"> <li>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</li> </ul> <p><b>WRES/WDES:</b></p> <ul style="list-style-type: none"> <li>WRES and WDES data collection process for 2021 has been concluded and there are improvements in many indicators</li> <li>Revised action plans and updated infographics have been published on the Trust website</li> </ul>			<p><b>Staff:</b></p> <ul style="list-style-type: none"> <li>An increase in Employee Relations cases, Freedom to Speak Up concerns and Employment Tribunal cases</li> <li>Focusing on triangulating data by place</li> </ul>			<ul style="list-style-type: none"> <li>Reviewed our ER processes and continue to work with staff side</li> <li>The Soft Facilities Management contract has been re-procured and the winner will be announced shortly following the 'standstill' period</li> <li>A proposal for an equalities team discussed at the Executive meeting and is being progressed</li> <li>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</li> <li>Vitamin D project #MoreSunshineInYourPocket is being launched in December 2021</li> </ul>			



<b>BAF Risk 7</b>	<b>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</b>
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<b>Strategic Priority</b>	<b>Improved value</b>
<b>Review Date</b>	1 November 2021
<b>Executive Lead</b>	Chief Finance Officer/Chief Nurse
<b>Lead Committee</b>	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	16		9
	↔	↔	↔	↔	↔		

Context
<ul style="list-style-type: none"> <li>H1 efficiency requirement of 0.28% achieved; on track to achieve 0.82% H2 target, with FV programme more heavily loaded towards second half of year</li> <li>Planning underway to develop and deliver a programme which is more heavily loaded towards the second part of the financial year</li> <li>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</li> <li>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</li> <li>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</li> </ul>

Gaps in Control or Assurance
<ul style="list-style-type: none"> <li>G1 Waste management plans have been implemented in the context of COVID without waste reduction being well articulated or delivered</li> <li>G2 Developing and embedding a 'waste management' culture through staff engagement</li> <li>G3 Communicate with directorates the revised FV value following phase 3 planning, to support plans</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>Developing a 'waste management' culture through staff engagement</li> </ul>	<ul style="list-style-type: none"> <li>Delivery of the target YTD</li> </ul>	<ul style="list-style-type: none"> <li>Planning underway to develop and deliver a programme which is more heavily loaded towards the H2</li> <li>Focus of the programme has been on developing in year delivery plans and thinking about expenditure control as well as cash releasing savings</li> <li>Consideration of capacity required within FV PMO and sectors to deliver programme</li> <li>Raise profile of value across the Trust through branded coms and increased inclusion of value/FV discussions at local management meetings and key Trust-wide forums</li> <li>Waste reduction tool session has now been delivered in partnership with QI; these will be run every two months</li> <li>Use of the Value Learning System to support local teams to deliver efficiency projects</li> </ul>

<b>BAF Risk 8</b>	<b>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</b>
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<b>Strategic Priority</b>	<b>Improved value</b>
<b>Review Date</b>	1 November 2021
<b>Executive Lead</b>	Chief Digital Officer
<b>Lead Committee</b>	Finance, Business & Investment Committee

Risk Score 2021/2022							
Residual	Apr/May	Jun/Jul	Aug/Sept	Oct/ Nov	Dec/ Jan	Feb/ Mar	Target
25	20 ↓	25 ↑	25 ↔	25 ↔	25 ↔		8

Context	
<ul style="list-style-type: none"> <li>Digital risks comprise: digital infrastructure, Cyber security, and governance and benefits realisation</li> <li>Digital solutions/implementation progressed at significant pace through COVID, particularly iro system wide transformation</li> <li>Trust-wide digital transformation programme requires significantly enhanced capacity and capability to manage change</li> <li>Significant work to bring digital baseline up to required standards of performance, to support 'care delivery in any setting'</li> <li>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</li> <li>A full assessment of digital infrastructure at all Trust sites underway by Doclan – an expert in this field</li> <li>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</li> <li>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</li> </ul>	

Gaps in Control or Assurance	
<p><b>G1:</b> Scoping, baselining, strategic overview, and solution choice to be carried out to ensure right solution is adopted to fit the business problem</p> <p><b>G2:</b> Understand impact of changes, how they support operational models, how best value can be delivered, and prioritised</p> <p><b>G3:</b> Process for establishing and monitoring financial and operational benefits</p> <p><b>G4:</b> Trust-wide overview of all digital projects/programmes linked to delivery, FV, and benefits realisation</p> <p><b>G5:</b> Major infrastructure weaknesses identified at John Howard Centre affecting telephony, wifi, UPS, and network resulting in significant outages</p> <p><b>G6:</b> 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</p> <p><b>G7:</b> Address areas of immediate concern found during 127 sites survey including funding and capacity</p> <p><b>G8:</b> Dedicated Cyber team imperative to meet NHSE&amp;D expectations and enhanced requirements. <a href="#">An out of hours service also needs defining until all data is migrated from UKCloud</a></p> <p><b>G9:</b> Workstream to encompass requirements for digital support for other areas that are not site based</p> <p><b>G10:</b> A full benefits realisation plan needed</p> <p><b>G11:</b> 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</p> <p><b>G12:</b> <a href="#">Log4j latest global cyber vulnerability has to be addressed immediately by Trust Cyber Team as NHSX Cyber Team continue to identify the depth of the challenge. This has pushed our Cyber risk back up to 25</a></p>	

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>Delivery of digital strategy and opportunities to expand its focus to children's services/other key services</li> <li>Addition of a CTO to lead the technical infrastructure and Cyber agenda</li> </ul>	<ul style="list-style-type: none"> <li>Digital funding increase required to deliver digital maturity</li> <li>Fragility of some of current infrastructure and ensuring we can continue to operate whilst delivering new technology</li> <li>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</li> </ul>	<ul style="list-style-type: none"> <li>Digital Strategy Board monitoring delivery of this year's programme including benefits realisation and cyber security, and monitoring new risks that emerge</li> <li>Remedial infrastructure plan (network and wifi) now centrally funded to improve connectivity on the most affected sites until the larger programme is initiated</li> <li>Digital staff development and training plan being developed to support succession planning; options to increase attractiveness of</li> </ul>

<ul style="list-style-type: none"> <li>Established a robust governance structure to programme, agree and prioritise digital change with operational leadership</li> <li>Further development of the strategy to bring greater efficiencies to our staff and patients</li> </ul>	<ul style="list-style-type: none"> <li>Recruiting and retaining staff has become more challenging than before COVID due to growth in digital services globally</li> <li>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</li> <li>Cyber security risks have escalated 100% in the first 8 months of 2021, compared to the same time in 2020. This is now coupled with the emergence of Log4j, a software vulnerability that has the potential to cripple an organisation due to its inherent vulnerability and prolific use in so many systems, many of which are not documented</li> </ul>	<p>ELFT as an employer of choice inc apprenticeships, flexible working packages, etc</p> <ul style="list-style-type: none"> <li>Solutions Board and DTOB ensures digital team priorities remain aligned to the operational challenges and reprioritises where necessary</li> <li>A 'gold command' approach established to monitor the UKCloud position via the Executive team with regular updates being provided</li> <li>A 'gold command' approach has been established to monitor the UKCloud position via the Executive team with regular updates being provided, and releases on the Log4j national position is also shared. UKGI are now involved.</li> <li>Log4j is also being tracked and managed by the CTO and the NHS X Cyber Team as part of a global search &amp; secure approach</li> </ul>
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<b>BAF Risk 9</b>	<b>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</b>								
<b>Strategic Priority</b>	<b>Improved population health outcomes</b>	<b>Risk Score 2021/2022</b>							
<b>Review Date</b>	1 January 2022	<b>Residual</b>	<b>Apr/May</b>	<b>Jun/Jul</b>	<b>Aug/Sept</b>	<b>Oct/ Nov</b>	<b>Dec/ Jan</b>	<b>Feb/ Mar</b>	<b>Target</b>
<b>Executive Lead</b>	Executive Director of Commercial Development	n/a	n/a	16	16 ↔	16 ↔	16 ↔		8
<b>Lead Committee</b>	Integrated Care & Commissioning Committee								
<b>Context</b>					<b>Gaps in Control or Assurance</b>				
<ul style="list-style-type: none"> <li>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</li> <li>Some successes in the first six months; however, embedding a culture of partnership across the various parts of the system will take time</li> <li>Resilience of units across provider Trusts involved has been in question at various parts of the operational delivery</li> <li>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</li> <li>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</li> <li>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</li> <li>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</li> </ul>					<ul style="list-style-type: none"> <li><b>G1</b> Relationship with system partners</li> <li><b>G2</b> Development of system needs assessment</li> <li><b>G3</b> Centralised bed management function</li> <li><b>G4</b> Develop a unified pathway for low secure clients</li> </ul>				
<b>Progress</b>									
<b>What's going well inc future opportunities</b>			<b>What are the current challenges inc future risks</b>			<b>How are these challenges being managed</b>			
<ul style="list-style-type: none"> <li>Trust implemented clear structures of accountability and operational management</li> <li>Commissioning support unit established to ensure adequate management span for the process</li> <li>Systems of assurance and engagement developed with partner commissioners and providers</li> <li>Delivery of financial balance</li> <li>Improved CQC rating for partners</li> <li>Better relationships</li> <li>Reduced out of area placements by 42% in 2020/21</li> <li>Improved involvement of service users in the commissioning process</li> <li>Developing renewed clinical strategy</li> <li>Strategic needs assessment commissioned for whole CAMHS pathway</li> <li>Developing single plan across the system for service development</li> </ul>			<ul style="list-style-type: none"> <li>Embedding culture of commissioning in the Trust</li> <li>Measurement of relationship in the system: embedding culture of partnership across partners</li> <li>Resilience of units in operational delivery inc clinical leadership</li> <li>Coproduction</li> <li>Financial strategy underpinned by clinical strategy</li> <li>Workforce resilience</li> <li>Demand in the system</li> <li>Executive nervousness</li> </ul>			<ul style="list-style-type: none"> <li>Organisational development</li> <li>Expert by Experience Leadership</li> <li>Clinical strategy development</li> <li>Strategic needs assessment</li> <li>Reinvestment into the NMCs</li> <li>Reinventing the role of commissioner and ELFT</li> </ul>			