BOARD ASSURANCE FRAMEWORK 2021-2022

BAF Dashboard 2021-2022 (Appendix 1)

Strategic Priority		Risk Description	Executive Lead	Lead Com	Risk Score								
					Resi-dual	Apr/May	Jun/Jul	Aug/Sept	Oct/Nov	Dec/Jan	Feb	Mar/Apr	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 ↔	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 ↔	12 ↔	8 ↓	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 ↔	12 ↓	12 ↔	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 ↔	n/a	n/a	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 ↔	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	Rem Co	16	16 ↔	16 ↔	n/a	16 ↔	16 ↔	16 ↔	16 ↔	9
	6	If issues affecting staff experience are not addressed, this will adversely impact on staff motivation, engagement and satisfaction	Chief People Officer	Rem Co	16	16 ↔	16 ↔	n/a	16 ↔	16 ↔	16 ↔	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 ↔	12 ↓	12 ↔	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 ICSs	Chief Digital Officer	FBIC	25	25 ↔	20 ↓	25 ↑	25 ↔	25 ↔	25 ↔	25 ↔	8

Risk Matrix

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

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
Review Date	3 May 2022
Executive Lead	Executive Director of Integrated Care
Lead Committee	Integrated Care & Commissioning Committee

Risk Score 2021/2022

Residual	Apr/May	Jun/Jul	Aug/Sept	Oct/Nov	Dec/Jan	Feb	Apr 22	Target
12	12 ↔	12 ↔	12 ↔	12 ↔	12 ↔	12 ↔	12 ↔	8

Context

- 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

Gaps in Control or Assurance

Progress

What's going well inc future opportunities	What are the current challenges inc future risks	How are these challenges being managed
• Community mental health transformation progressing, planning for next year underway with further substantive investment into community MH services; social work re-integration identified by Newham system exec as one of areas for 12 week LGA/Kings Fund development programme • System leadership module development being planned • Integrated care competencies development in train • Marmot next steps in place and being mobilised including Board development with Prof Sir Michael Marmot	• Planning landscape for CHS less clear, and financial envelopes for CHS still under discussion though Virtual Ward funding available, Aging Well growth has been limited nationally • Developing new service model for social care in Bedford, Central Bedfordshire and Luton • Development of execution plan for population health strategic outcome	• NEL ICS level community health planning forum now in place, with agreement from NEL ICS CFO to develop indicative investment schedule • Meetings in place with Bedfordshire & Luton DASSs to take forward next steps in social care design

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	3 May 2022	Residual	Apr/May	Jun/Jul	Aug/Sept	Oct/Nov	Dec/Jan	Feb	Apr 22	Target
Executive Lead	Executive Director of Integrated Care	12	12	12	12	12	12	12	8	8
Lead Committee	Integrated Care & Commissioning Committee		↔	↔	↔	↔	↔	↔	↓	

Context

- 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
- Delay in legislation coming into force to July 2022 gives more time to ICS partners to mobilise new ways of working and structures
- ICS design processes and recruitment to new Integrated Care Boards is now progressing well, though it is recognised that not all aspects of the refreshed ICS architecture will be fully in place for 1 July 2022

Progress

What's going well inc future opportunities	What are the current challenges inc future risks	How are these challenges being managed
- Joint work with NELFT to design future ways of working, including recruitment of a Joint Chair - Development of NEL Mental Health, Learning Disabilities and Autism Alliance making progress, including internal and external discussion on the proposed approach - Momentum to develop BLMK collaborative - Recruitment to two Deputy Directors of Integrated Care (BLMK, NEL) to support the above developments complete - Work to develop mental health strategic objective in NEL, led by service users and carers	- Development of North East London CHS Alliance planning now under way - 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	- NEL CHS SRO now confirmed as CEO of NELFT; workshop planned for mid May 2022 to initiate design process for CHS collaborative - Development of clear narrative for provider collaborative, and participation in ICS and place-based discussions through ICS establishment group, NEL ICS has undertaken work to determine model for how transformation is planned, led and delivered

Risk score: The Trust is putting significant effort and commitment and capacity into working with partners to develop appropriate architecture that will support the Trust to continue to deliver its strategy, as a consequence, it is recommended to reduce the risk score from 12 to 8 (impact remains at 4 major with likelihood reducing to 2 unlikely)

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	16 March 2022
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 ↔	n/a	12 ↔	n/a	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 • PPC oversees work programmes, including development of peer support roles, increased involvement in QI projects, and implementation of the carers strategy	• Patient experience data collated at Trust wide level • Wider population input into service development and population health developments • Corporate People Participation infrastructure and approach

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; 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 offer, co-ordinated through Digital PP Lead • Workstream on inequalities; work to be an anti-racist organisation; work as a pilot site on MHA implementation (PCREF)	• 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 • Corporate services awareness of people participation and supportiveness of policies and processes • Levels of commitment to people participation work within developing ICS and place based structures	• 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 • Creation of Corporate PPL role to help support work across corporate services. • Continued work with developing ICS and place structures to embed people participation and co-production in ways of working

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	5 May 2022
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/Apr 22	Target
15	12 ↓	12 ↔	12 ↔	12 ↔	12 ↔	12 ↔	9

Context

- Covid-19: changes to guidance on living with Covid:
  - Removed legal requirements to self-isolate, test and wear masks
  - Changes reduced isolation days for inpatients, stepping down Covid isolation for exposed contacts who are symptomatic, visitors no longer required to take LFT, inpatient testing regime reduced post admission
  - Changes have impacted on ward milieu as Covid-related infection prevention and control practices have been a flashpoint for incidents on MH wards
- PFDs:
  - 1 notice issued: inpatient death of a man at Mile End Hospital; response due 16 May 2022
  - Responses to two PFDs submitted on time
- MHS: demand remains high in crisis services and bed occupancy consistently high above 90%. Covid related pressure/disruption declining
- MHA Implementation Group established in relation to Use of Force Act

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 - NED walkrounds have continued	Demand in operational services continues to increase including waiting lists: - In winter period alongside continuing Covid, its associated disruptors, staff absences increasing, 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 to support community-based teams using RiO to view and manage their caseload and waits in real-time - Standardised recovery plans for waiting lists and backlogs, overseen through the internal performance management structures, led by the CQO - 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 - CQO is hosting webinars for team leads on the topic of nurturing team health and wellbeing

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
Review Date	30 March 2022
Executive Lead	Chief People Officer
Lead Committee	Appointments & Remuneration Committee

Risk Score 2021/2022

Residual	Apr/May	Jun/Jul	Aug/Sept	Oct/ Nov	Dec/Jan	Feb/Mar	Target
16	16 ↔	16 ↔	n/a	16 ↔	16 ↔	16 ↔	9

Context

Internal Audits: Wellbeing audit finalised and actions being taken forward

Workforce planning, recruitment and retention:
- Transformation Project role has been made permanent
- Project on agency workers is ongoing and is seeing some traction
- Progress has been presented at Trust Board in March 2022
- Second Picker quarterly pulse survey went live at the beginning of April 2022

People development:
- New Learning Management System (LMS) went live in Feb 2022; receiving some positive feedback. Some challenges with data impacts on phase 2 to incorporate appraisal in the system. The appraisal window for 2022 has shifted from May/Oct to June/Dec
- Reverted PMVA) training for new starters, Basic Life Support and PMVA training to run face to face and COVID-19 compliant; other stat/man training is virtual. 84.91% compliance rate; working closely with Service Directors to increase attendance at stat/man courses
- Trust online induction programme and local induction programmes launched

Gaps in Control or Assurance

- New post created and recruited to lead on workforce planning; started Nov 21
- Recruitment & Retention Group covers all professions
- Review of Bank structure and recruitment into Bank completed. Bank Expansion Group reformed with revised terms of reference; will also review bank rates to ensure these remain competitive
- Project initially focusing on agency doctors recruitment, now broadened across all staff groups
- 10 projects under way to make improvements inc two QI projects
- Exploring what support can be offered to staff who decide not to be vaccinated, e.g. outplacement support
- Exploring PILON and a Settlement Agreement to reduce the number of ET claims that could be received by the Trust

Progress

What's going well inc future opportunities	What are the current challenges inc future risks	How are these challenges being managed
Staff recognition, wellbeing and support: - Salad Money commissioned to help staff - Hardship fund to support staff/service users - Online webinars continue to support shielding staff - Taking a TIA to services/corporate functions to support wellbeing agenda around wider determinants of health - Revised people plan to support refreshed Trust strategy - Post incident support role commenced to support teams - Survey to be sent to staff to assess their knowledge of wellbeing offerings to identify other options to offer - Exploring creation of a loan policy for staff **Recruitment:** - Significant progress made with challenges in Coburn; 50% nursing vacancy rate now reduced to 10% - Successful appointments through international recruitment	- Challenges in CAMHS consultant posts - Increase in number of staff suffering long Covid - Cost-of-living increase: awaiting national steer from NHS Employers iro fuel costs - New LMS has some challenges in terms of data quality. This is essential to phase 2 which is to include appraisal in the system	- Recruitment & Retention Group covers all professions - Project focusing on agency recruitment broadened across all staff groups - 10 improvement projects under way focusing on business as usual projects to improve services, including two QI projects in progress: experience of new starters; and further reducing the time to hire - CAMHS consultant posts: recruitment and retention offer being scoped - LMS: 2022 appraisal window has shifted from May/Oct to June/Dec - KPMG approached to co-produce a session on workforce planning to engage senior leaders and to support improvements in workforce planning - Work on scoping possible retention initiatives inc a focus on new roles - Direct engagement contract will be re-procured to identify other market providers - Providers of agency medical and Allied Health Professionals have launched a new attraction package which includes social media presence and using analytics has been launched. The direct engagement contract has been extended whilst we procure a new provider

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	30 March 2022	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 ↔	16 ↔	16 ↔	9
Lead Committee	Appointments & Remuneration Committee								

Context	Gaps in Control or Assurance
Equalities: • Appointed Head of Equality, Diversity, and Inclusion (EDI), commences June 2022 • Equality & Diversity event on 22 February 2022 showcased the work of the Equality Networks • NEL Clinical Commissioning Group requested Trust to share its work on Equalities • Trust progressing to the next phase of becoming an anti-racist organisation • ELFT to be a case study for a tool call Flair which includes a questionnaire based on situational judgement specifically about bias, inappropriate comments and discrimination etc. There will be a report and a dashboard which could inform action plans going forward • An equality plan which includes the Equality Delivery System 2 drafted **Staff Survey:** Three priorities identified: equality, diversity and inclusion; safe environment; staff wellbeing **Staffside:** • Continue to have positive working relationships with staff side • Cauldwell Medical Centre restructure: long-standing issues resolved; consultation recommenced • The Trust have agreed additional facilities time for Unite colleagues and arrangements are being made to review the Joint Partnership Agreement	• 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**
Respect and Dignity @ work: phase 4 went live with three performances of the Creating Change film. This film was created using the staff stories that were collated during phase 2 of the Through My Eyes project. There were two face to face screenings an online screening. The face-to-face screenings were dramatised using play back theatre. They were very well received. **Whistleblowing cases:** Employment Tribunal activity has significantly reduced. Similarly, the number of Whistleblowing cases has reduced to zero		**Freedom to Speak up Guardian:** promoting the use of the Freedom to Speak Up Guardian to support staff raise concerns particularly iro employee relations and employment tribunal cases

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	3 May 2022
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	Apr 22	Target
16	16 ↔	16 ↔	16 ↔	16 ↔	16 ↔	12 ↓	12 ↔	9

Context

- National H1 and H2 efficiency requirements for 21/22 were achieved. Full year 21/22 achievement exceeded forecast
- FV programme continued throughout the pandemic period and is now incorporated into the annual planning cycles to ensure it remains a focus of the Trust's work
- Increased staff engagement in the Programme is now being achieved as Covid-19 recovery continues
- 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

- **G2** Developing and embedding a 'waste management' culture through staff engagement

Progress

What's going well inc future opportunities	What are the current challenges inc future risks	How are these challenges being managed
• Engaging staff in waste reduction initiatives • Focussed and expanded Sector Group sessions (and other key Trust-wide forums) to develop Value / FV schemes • Increasing proportion of FV Programme delivered through waste reduction	• Identifying plans to meet a high 22/23 target • Decreasing proportion of FV Programme delivered through income generation • Increasing proportion of FV Programme delivered through clinical service transformation	• PMO trying to expand reach on an ongoing basis, identifying additional forums where Value / FV can be discussed and new cost reduction opportunities identified • Overall FV Programme now more balanced across the three workstreams • Consideration of capacity required within FV PMO and sectors to deliver programme

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	3 May 2022
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	Apr 22	Target
25	20 ↓	25 ↑	25 ↔	25 ↔	25 ↔	25 ↔	25 ↔	8

Context

- Digital risks comprise: digital infrastructure, Cyber security, and governance and benefits realisation
- Estates risks mirror the challenge to site resilience, and also relates to concerns raised by the CQC in their recent visit
- Digital solutions/implementation progressed at significant pace through Covid, particularly iro of 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/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. A 6 facet survey being undertaken for estates
- Emphasis on Board level ownership of Cyber by NHSE. A dedicated skilled team to focus on this 24/7 is critical and is addressed in the digital strategy with CISO position appointed to
- Full implications for not meeting required NHS carbon emissions target not known; failure to deliver will have a detrimental impact on the Trust and its populations

Gaps in Control or Assurance

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; addressed by digital and estates strategies

G8: Dedicated Cyber team imperative to meet NHSE&D expectations and enhanced requirements. An out of hours service also needs defining until all data is migrated from UKCloud. Permanent on call response needs to be offered linked to variable site requirements to support a robust service

G9: Workstream to encompass requirements for digital support for not site based areas

G10: A full benefits realisation plan needed

G11: UKCloud now non-viable, following the loss of many contracts, and can only operate on current funds until Aug 2022 at the latest, according to UKGI. Our data is being migrated to AWS; 50 % done and est. 100% by end June 2022, with a second copy being established before the end of Aug. This is being overseen by a Cloud Migration Board chaired by the CTO, with the CDO & COO as standing members

G12: 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, coupled with the conflict in Ukraine/Russia, has pushed our Cyber risk back up to 25

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, and appointment of a CISO - Established a robust governance structure to programme, agree and	- 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 - 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	- 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 - 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

prioritise digital change with operational leadership • Further development of the strategy to bring greater efficiencies to our staff and patients • Robust management and oversight of both the Cyber threat and the UKCloud situation	• 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 in Q2 2022 • Post Covid increase in cyber activity is now coupled with the emergence of Log4j and the Ukrainian/Russian conflict pushing up the risk of a potential cyber-crime • Various estates challenged areas noted by the CQC need to be urgently resolved	• Strategies for both digital and estates will be linked and overseen to ensure compliance • Solutions Board and DTOB ensures digital team priorities remain aligned to the operational challenges and reprioritises where necessary • Gold command approach established to monitor the UKCloud position via the Executive team with regular updates being provided • Cloud Migration Board established to monitor migration of Trust data to the new AWS platform prior to the cessation of UKCloud trading • Log4j and the global Cyber risk linked to the Ukrainian/Russian conflict being tracked and managed by the CTO and the NHSX Cyber Team as part of a global search and secure approach

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								
		Residual	Apr/May	Jun/Jul	Aug/Sept	Oct/Nov	Dec/Jan	Feb	Apr 22	Target
Review Date	3 May2022	n/a	n/a	16	16	16	16	12	12	8
Executive Lead	Executive Director of Commercial Development			↔	↔	↔	↔	↓	↔	
Lead Committee	Integrated Care & Commissioning Committee									

Context

- 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 initial period; 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. The work with Whittington Trust unit has demonstrated cultural differences in the approach taken to inpatient settings
- 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 clinical pathway and length of stay of 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

Gaps in Control or Assurance

- **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
- G5 Procuring community eating disorder service
- G6 Developing a SHNA based work plan

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 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 - Change in the leadership and consequent impact on relationships	- Organisational development - Expert by Experience Leadership - Clinical strategy development - Strategic needs assessment - Reinvestment into the NMCs - Reinventing the role of commissioner and ELFT - Clinical development sessions being commissioned - Procurement of community eating disorder services