

The point on a page – the Board Assurance Framework

The Trust exists to deliver care which improves the lives of our patients, whom we put at the heart of everything we do.

The Board Assurance Framework (BAF) brings together three things:

- All the Trust’s strategic objectives from its Integrated Business Plan (that includes Trust-wide strategies and Delivery Unit strategic priorities);
- A headline summary of all the issues (risks) that might get in the way of achieving those objectives;
- A headline summary of what we’re doing about those issues, along with a concise description of how readers can be assured that what we’re doing is working.

All NHS Trusts are required to use a BAF, not least because it’s been proven good practice for many years in both healthcare and a whole range of complicated high-risk organisations. In short, a BAF is a list of the promises we’ve made and an assurance that we’re going to deliver them despite all the problems we know we face on the way. It’s a “live” document that changes over time, and in particular it picks up all the controls that we have in place to manage, minimise and/or remove the principal risks we’ve identified and points towards concise and comprehensive evidence that the controls are working.

The difference between “assurance” and “reassurance” is vital to make the BAF work:

- Reassurance is when someone tells you all’s well;
- Assurance is when they tell you what’s happening, show you the evidence, and you can judge for yourself if all’s well – that’s what the BAF is about.

A BAF is a working document and you should be able to recognise in it all the principal risks you and your colleagues can see and are dealing with in helping to provide high-quality care for patients and service-users by identifying, removing, minimising and controlling all the things that can go wrong.

The BAF and Risk Registers are complementary but not the same thing:

- The BAF identifies principal risks at quite a broad level over a full-year period – “what are the *sorts* of things that get in the way, what in general are we doing about it?” – the risks don’t change much over a year, although the key controls and assurance elements probably will do;
- A Trust-wide, Locality, Specialist Service or local Risk Register identifies the precise day-to-day risks that make up those broad principal risks – “what *specifically* is getting in the way, what are we actually *doing* about it?”, and those entries may stay relatively stable for the year or change day by day.

AWP Corporate Secretariat 16 July 2013

Further reading:

AWP Integrated Business Plan 2013/14 to 2017/18

“Board Assurance Frameworks: A *Simple Rules* Guide for the NHS, [The Good Governance Institute](#), March 2009 and “Quality Governance: How does a board know that its organisation is working effectively to improve patient care? Guidance for NHS provider organisations”, [Monitor](#), April 2013

*** Consolidate ***		*** Integrate ***		*** Expand ***	
Business work stream:		Trust-wide enabling strategy			
Enabling strategy (IBP 1.13):		<ul style="list-style-type: none"> Quality improvement strategy - clinical quality is at the heart of our plans. 			
Lead director:					
Principal objective	Principal risks (and reference to risk registers)	Key controls	Assurances on controls	Gaps in controls / assurance	How and when we plan to close gaps
1/1. Assure quality standards and set out how we will continually improve and innovate to provide better outcomes for patients, service users and carers.		} Quality Improvement Strategy. } } Integrated Quality Plan. } } Specialist / Locality Improvement Plans } } Clinical Cabinet } } Quality Academy	As set out in the Quality Assurance Framework. Information for Quality System (IQ), a real-time display against seven key indicators.		

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*** Consolidate ***		*** Integrate ***		*** Expand ***	
Business work stream:		Trust-wide enabling strategy			
Enabling strategy (IBP 1.13 and 3.7.2):		<ul style="list-style-type: none"> Financial strategy – will support service redesign and modernisation and deliver improved productivity, efficiency and commercial awareness. The financial strategy will ensure we have sufficient funds to meet Monitor’s requirements, invest in upgrading our estate, pump-prime new developments and provide a cash buffer against any future downturn in performance. 			
Lead director:					
Principal objective	Principal risks (and reference to risk registers)	Key controls	Assurances on controls	Gaps in controls / assurance	How and when we plan to close gaps
1/4. Deliver improved future income and expenditure surpluses.					
2/4. Drive improved Earnings before Interest, Tax, Depreciation and Amortisation (EBITDA) returns and generate increased cash balances year on year.					
3/4. Rationalise our estate, control our future capital spend and retain the proceeds of land and property sales to improve our future cash position (liquidity).					
4/4. Deliver improved Monitor financial performance metrics.					

*** Consolidate ***		*** Integrate ***		*** Expand ***	
Business work stream:		Trust-wide enabling strategy			
Enabling strategy (IBP 1.13 and 3.7.3):		<ul style="list-style-type: none"> People strategy - everything we do depends upon the skills and expertise of our staff. Achieving our motto, values and strategic objectives requires that we develop our workforce and foster a compassionate culture of care. 			
Lead director:					
Principal objective	Principal risks (and reference to risk registers)	Key controls	Assurances on controls	Gaps in controls / assurance	How and when we plan to close gaps
1/1. Ensure that each member of staff is: (a) committed to the delivery of excellence within available resources; (b) understands the flexible contribution that they need to make to the delivery of the Trust's objectives; and (c) has the appropriate skills, expertise and experience to fulfil and excel in their role.					

*** Consolidate ***		*** Integrate ***		*** Expand ***	
Business work stream:		Trust-wide enabling strategy			
Enabling strategy (IBP 1.13 and 3.7.4):		<ul style="list-style-type: none"> Information technology strategy - our plans for information technology will facilitate the modernisation of services and improved communication internally and externally with partner organisations. Mobile working will allow clinicians to spend more time delivering direct clinical care. IQ enables increased vigilance of quality standards across all teams. 			
Lead director:					
Principal objective	Principal risks (and reference to risk registers)	Key controls	Assurances on controls	Gaps in controls / assurance	How and when we plan to close gaps
1/4. Be courageous and innovative in our use of information systems and technology (e.g. mobile/remote working).					
2/4. Ensure the whole workforce is capable and comfortable with the use of technology and information in their role in the workplace.					
3/4. Manage all our information in electronic formats and systems, enabling us to build an integrated repository that is a powerful knowledge base for the business.					
4/4. Invest in IT core infrastructure to ensure its performance maximises the full use of available systems and technology.					

*** Consolidate ***		*** Integrate ***			*** Expand ***
Business work stream:		Trust-wide enabling strategy			
Enabling strategy (IBP 1.13):		<ul style="list-style-type: none"> Performance strategy - performance systems and information in respect of quality and safety are essential to monitor and improve outcomes for our patients and service users. 			
Lead director:					
Principal objective	Principal risks (and reference to risk registers)	Key controls	Assurances on controls	Gaps in controls / assurance	How and when we plan to close gaps
(not detailed in IBP sections 3.7.n)					



*** Consolidate ***		*** Integrate ***			*** Expand ***
Business work stream:		Trust-wide enabling strategy			
Enabling strategy (IBP 1.13 and 3.7.5):		<ul style="list-style-type: none"> Estates strategy - sets out how we will ensure our estate is fit for purpose. Our plans to redesign services will require fundamental reassessment of how we use buildings. In future we will see a reduced, more flexible estate, based on a hub-and-spoke model of service provision. 			
Lead director:					
Principal objective	Principal risks (and reference to risk registers)	Key controls	Assurances on controls	Gaps in controls / assurance	How and when we plan to close gaps
1/3. Base services in appropriate buildings close to our communities.					
2/3. Maintain the buildings to a high standard.					
3/3. Provide a mix of properties owned, leased and shared with other agencies to ensure the services are accessible to the local community					

*** Consolidate ***		*** Integrate ***		*** Expand ***	
Business work stream:		Trust-wide enabling strategy			
Enabling strategy (IBP 3.7.6):		<ul style="list-style-type: none"> Risk strategy – our strategic approach enables the proactive management of risk, acknowledging that there are inherent risks involved in the provision of mental health care. 			
Lead director:					
Principal objective	Principal risks (and reference to risk registers)	Key controls	Assurances on controls	Gaps in controls / assurance	How and when we plan to close gaps
1/7. Work proactively with partners to understand the risks they face and their impact on service delivery.					
2/7. Take a collaborative, positive approach towards managing both clinical and corporate risk in our role as a leading-edge provider of mental health services.					
3/7. Encourage staff to work in collaborative partnership with each other and service users and carers to minimise risk to the greatest extent possible and promote patient well-being.					
4/7. Minimise the harm to service users arising from their own actions and harm to others arising from the actions of service users.					

*** Consolidate ***		*** Integrate ***		*** Expand ***	
Business work stream:		Trust-wide enabling strategy			
Enabling strategy (IBP 3.7.6):		<ul style="list-style-type: none"> Risk strategy – our strategic approach enables the proactive management of risk, acknowledging that there are inherent risks involved in the provision of mental health care. 			
Lead director:					
Principal objective	Principal risks (and reference to risk registers)	Key controls	Assurances on controls	Gaps in controls / assurance	How and when we plan to close gaps
5/7. Establish a positive risk culture within the organisation, where unsafe practice (clinical, managerial, etc) is not tolerated and where every member of staff feels committed and empowered to identify and correct / escalate system weaknesses - minimising the risk to the delivery of quality services within the Trust's accountability and compliance frameworks whilst maximising our performance within value-for-money frameworks.					
6/7. Model risk sensitivity in relation to Trust Board performance, balancing Board internal actions with unfolding, often rapidly changing, events in the external environment.					

*** Consolidate ***		*** Integrate ***		*** Expand ***	
Business work stream:		Trust-wide enabling strategy			
Enabling strategy (IBP 3.7.6):		<ul style="list-style-type: none"> Risk strategy – our strategic approach enables the proactive management of risk, acknowledging that there are inherent risks involved in the provision of mental health care. 			
Lead director:					
Principal objective	Principal risks (and reference to risk registers)	Key controls	Assurances on controls	Gaps in controls / assurance	How and when we plan to close gaps
7/7. Work collaboratively with partner organisations and statutory bodies to horizon-scan and be attentive and responsive to change, whilst maximising opportunities for developing and growing business by encouraging entrepreneurial activity and by being creative and proactive in seeking new business ventures consistent with the strategic direction set out in the IBP.					

*** Consolidate ***		*** Integrate ***		*** Expand ***	
Business work stream:		Trust-wide enabling strategy			
Enabling strategy (IBP 3.7.7):		<ul style="list-style-type: none"> Community and user involvement strategy – As a Trust, we believe that people should be involved and engaged in their care (day-to-day engagement), that people's experience of services should be captured, understood and responded to (engagement to enable feedback), and that people's experience should lead to the design and delivery of improvements to services (engagement in improvement projects). 			
Lead director:					
Principal objective	Principal risks (and reference to risk registers)	Key controls	Assurances on controls	Gaps in controls / assurance	How and when we plan to close gaps
1/4. As a Trust Board, engage with service user and carer members on the Trust's priorities and strategic direction.					
2/4. Within local areas, work with communities, service users and carers to develop appropriate and meaningful services.					
3/4. At a team and ward level, work to understand and respond to the experiences of people and their carers using our services.					
4/4. Ensure that one-to-one interactions between service users, carers and staff are based on respect and mutual decision-making that leads to people feeling fully involved in their own recovery journey.					

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*** Consolidate ***		*** Integrate ***		*** Expand ***	
Business work stream:		Trust-wide enabling strategy			
Enabling strategy (IBP 3.7.8):		<ul style="list-style-type: none"> Membership strategy – maintaining membership of approximately 16,000 members. 			
Lead director:					
Principal objective	Principal risks (and reference to risk registers)	Key controls	Assurances on controls	Gaps in controls / assurance	How and when we plan to close gaps
1/3. Ensure the breakdown of membership is broadly consistent with the population the Trust serves.					
2/3. Encourage older people into membership by, for example, working closely with our voluntary sector partners such as Age Concern and through targeted membership recruitment of patients and service users who come into contact with our older-people services (e.g. for dementia).					
3/3. Continue to develop our relationships with partnership organisations, the third sector and other Foundation Trusts to develop a joined-up approach to membership engagement activity where appropriate.					

*** Consolidate ***		*** Integrate ***			*** Expand ***
Business work stream:		Trust-wide enabling strategy			
Enabling strategy (IBP 3.7.9):		<ul style="list-style-type: none"> • Clinician engagement strategy – defining clinician engagement as 'the active consultation, partnership and involvement of health and social care professionals in Trust operational and strategic decision making to ensure the best outcomes and experience for all service users'. 			
Lead director:					
Principal objective	Principal risks (and reference to risk registers)	Key controls	Assurances on controls	Gaps in controls / assurance	How and when we plan to close gaps
1/3. Develop governance and decision-making structures that enable the involvement of health and social care professionals in strategic and operational decision-making.					
2/3. Ensure a system-wide approach to the engagement of health and social care professionals in strategic and operational development.					
3/3. Develop and support health and social care professionals in engaging in strategic and operational decision-making.					

*** Consolidate ***		*** Integrate ***		*** Expand ***	
Business work stream:		Trust-wide enabling strategy			
Enabling strategy (IBP 1.13 and 3.7.10):		<ul style="list-style-type: none"> • Business development strategy - AWP is committed to becoming a leading provider of specialised mental health services, locally, regionally and nationally. The purpose of the Business Development Strategy is to achieve: <ul style="list-style-type: none"> • Consolidation: retention of existing services • Integration: exploiting partnership opportunities to deliver services • Expansion: growth into new markets • Enhanced business acumen throughout the organisation. 			
Lead director:					
Principal objective	Principal risks (and reference to risk registers)	Key controls	Assurances on controls	Gaps in controls / assurance	How and when we plan to close gaps
1/3. Further develop market segmentation analysis and reporting.					
2/3. Focus on relationship management for each Bid/Tender process.					
3/3. Provide support to each Service delivery Unit for Annual Business Planning.					

*** Consolidate ***		*** Integrate ***		*** Expand ***	
Business work stream:		Bristol LDU			
Delivery unit priority (IBP 3.6 and 3.6.1):		<ul style="list-style-type: none"> Place service users and carers from Bristol’s many communities at the heart of all delivery and care Strengthen the psychological emphasis of clinical service delivery across the city. Implement the commissioning priorities from Modernising Mental Health Services in Bristol, IAPT AQP and the Mental Health Liaison Strategy. Develop and sustain external partnerships with local agencies to support delivery of commissioner specifications. Develop and sustain strong community relationships, particularly in relation to the inner city and black and minority ethnic communities. Strengthen the Trust’s contribution to the life of the community, particularly in relation to community safety, diversity and ambition for change. 			
Lead director:		Dr James Eldred / Malcolm Sinclair / Mark Bunker			
Principal objective	Principal risks (and reference to risk registers)	Key controls	Assurances on controls	Gaps in controls / assurance	How and when we plan to close gaps
1/5. Ensure strong service-user and carer engagement from across the city at all levels, from individual recovery planning to city-wide service planning.		Regular management-team and practitioner meetings – for example SMT	Agendas and records of SMT meetings.		
2/5. Provide increased therapeutic interaction of clinicians with patients enabled by year-on-year service change.					
3/5. Deliver ageless local services which meet the needs of users and carers and are in line with commissioner intentions.					
4/5. Improve care pathways across the city for mild, moderate and complex needs.					



*** Consolidate ***		*** Integrate ***		*** Expand ***	
Business work stream:		Bristol LDU			
Delivery unit priority (IBP 3.6 and 3.6.1):		<ul style="list-style-type: none"> Place service users and carers from Bristol’s many communities at the heart of all delivery and care Strengthen the psychological emphasis of clinical service delivery across the city. Implement the commissioning priorities from Modernising Mental Health Services in Bristol, IAPT AQP and the Mental Health Liaison Strategy. Develop and sustain external partnerships with local agencies to support delivery of commissioner specifications. Develop and sustain strong community relationships, particularly in relation to the inner city and black and minority ethnic communities. Strengthen the Trust’s contribution to the life of the community, particularly in relation to community safety, diversity and ambition for change. 			
Lead director:		Dr James Eldred / Malcolm Sinclair / Mark Bunker			
Principal objective	Principal risks (and reference to risk registers)	Key controls	Assurances on controls	Gaps in controls / assurance	How and when we plan to close gaps
5/5. Improve community relationships and engagement in local partnerships.					

*** Consolidate ***		*** Integrate ***		*** Expand ***	
Business work stream:		North Somerset LDU			
Delivery unit priority (IBP 3.6 and 3.6.2):		<ul style="list-style-type: none"> • Build on our relationship with our patients and carers and seek out further opportunities for meaningful and ongoing engagement. • Work in collaborative partnership within the North Somerset 'Integration project' to improve care for individuals with severe and complex mental health problems, including dementia. • Identify service gaps and develop additional high quality specialist mental health services. • Strive for service excellence, ensuring we can deliver robust and high quality mental health services. 			
Lead director:		Dr Eva Dietrich / Suzanne Howell / Anita Hutson			
Principal objective	Principal risks (and reference to risk registers)	Key controls	Assurances on controls	Gaps in controls / assurance	How and when we plan to close gaps
1/4. Improve the quality of services and the patient experience, promote compassionate care for our patients and carers.					
2/4. Develop, improve and deliver mental health services and mental health elements of services through partnerships.					 <p>The Trust exists to deliver care which improves the lives of our patients, whom we put at the heart of everything we do.</p>
3/4. Improve access and clinical outcomes for individuals with specialist mental health needs.					
4/4. Improve patient outcomes and favourably position the locality for any future tender opportunities.					

*** Consolidate ***		*** Integrate ***		*** Expand ***	
Business work stream:		South Gloucestershire LDU			
Delivery unit priority (IBP 3.6 and 3.6.3):		<ul style="list-style-type: none"> • Seek opportunities for meaningful and ongoing engagement with our service users and carers. • Work in partnership across organisations (including stakeholders, healthcare partners, etc) to improve care for individuals with severe and complex mental health problems, including dementia. • Identify service gaps and develop additional high quality specialist mental health services. • Ensure that the locality can deliver robust and high quality mental health services. 			
Lead director:		Dr John Owen / Jenny MacDonald / Debbie Spall			
Principal objective	Principal risks (and reference to risk registers)	Key controls	Assurances on controls	Gaps in controls / assurance	How and when we plan to close gaps
1/4. Improve quality of services and the patient experience and promote compassionate care for our service users and carers.					
2/4. Develop, improve and deliver mental health services and mental health elements of services in partnership.					
3/4. Improve access and clinical outcomes for individuals with specialist mental health needs.					
4/4. Improve patient outcomes and favourably position the locality for any future tender opportunities.					

*** Consolidate ***		*** Integrate ***		*** Expand ***	
Business work stream:		Bath & North East Somerset (B&NES) LDU			
Delivery unit priority (IBP 3.6 and 3.6.4):		<ul style="list-style-type: none"> • Consolidate integration with local authority care services. • Develop partnerships with other mental health providers in the locality. • Review the provision of inpatient services in the locality. • Collaborate with other providers to develop innovative services. • Improve service user and carer engagement in the development of our services. 			
Lead director:		Dr Bill Bruce-Jones / Liz Richards / Ros Stower / Claire Williamson			
Principal objective	Principal risks (and reference to risk registers)	Key controls	Assurances on controls	Gaps in controls / assurance	How and when we plan to close gaps
1/5. Ensure improved and coherent patient pathways across services and providers.					
2/5. Deliver ongoing improved outcomes for individuals with a range of mental health needs.					
3/5. Improve patient care across services.					
4/5. Provide robust service models which can deliver flexible, patient-centred care.					
5/5. Improve pathway for individuals requiring transfer between services, e.g. LIFT.					



*** Consolidate ***		*** Integrate ***		*** Expand ***	
Business work stream:		Swindon LDU			
Delivery unit priority (IBP 3.6 and 3.6.5):		<ul style="list-style-type: none"> • Develop and sustain external business relationships across all stakeholders and healthcare partnerships. • Develop dementia services to meet the needs of Swindon locally. • Develop hospital liaison/hospital-at-home and care home services. • Develop inpatient services (across all areas) to enable flexible model of care. • Ensure all Swindon service models are sustainable. 			
Lead director:		Dr Sammad Hashmi / Paula May / Newlands Anning			
Principal objective	Principal risks (and reference to risk registers)	Key controls	Assurances on controls	Gaps in controls / assurance	How and when we plan to close gaps
1/5. Ensure that AWP has a leadership role across the health and social care community, in particular working with social care commissioners to re-scope voluntary sector mental health provision in line with care clusters.					
2/5. Deliver a sustainable model of care for memory services in partnership with stakeholders, including reducing waiting times to less than four weeks.					
3/5. Meet the needs of individuals in Swindon, whilst avoiding the need for admission wherever possible.					
4/5. Improve outcomes for individuals in Swindon, whilst providing an efficient service model.					

*** Consolidate ***		*** Integrate ***		*** Expand ***	
Business work stream:		Swindon LDU			
Delivery unit priority (IBP 3.6 and 3.6.5):		<ul style="list-style-type: none"> • Develop and sustain external business relationships across all stakeholders and healthcare partnerships. • Develop dementia services to meet the needs of Swindon locally. • Develop hospital liaison/hospital-at-home and care home services. • Develop inpatient services (across all areas) to enable flexible model of care. • Ensure all Swindon service models are sustainable. 			
Lead director:		Dr Sammad Hashmi / Paula May / Newlands Anning			
Principal objective	Principal risks (and reference to risk registers)	Key controls	Assurances on controls	Gaps in controls / assurance	How and when we plan to close gaps
5/5. Provide efficient and effective service models with the ability to provide high levels of care.					

*** Consolidate ***		*** Integrate ***		*** Expand ***	
Business work stream:		Wiltshire LDU			
Delivery unit priority (IBP 3.6 and 3.6.6):		<ul style="list-style-type: none"> • Develop and sustain external business relationships across all stakeholders, healthcare partners and other community partnerships. • Develop hospital liaison/hospital-at-home and care home liaison. • Develop services for complex needs, physical care, CAMHS, LD, dual diagnosis and Personality Disorder. • Ensure the delivery of financially sustainable, safe and high quality services across the locality. • Develop a pathway which provides integrated, needs-led services. • Develop new models of partnership working with service users, carers and the wider community. • Contribute to the development of an integrated dementia pathway to create a dementia-friendly society. 			
Lead director:		Dr Julie Hankin / Denise Claydon / Norman Atkinson			
Principal objective	Principal risks (and reference to risk registers)	Key controls	Assurances on controls	Gaps in controls / assurance	How and when we plan to close gaps
1/6. Provide services which meet the needs of patients and are in line with commissioner intention.					
2/6. Meet the needs of individuals, whilst avoiding the need for admission.					
3/6. Ensure service capacity meets growing demand.					
4/6. Develop robust service models which can deliver needs-led, flexible, patient-centred care.					
5/6. Improve outcomes for individuals, whilst providing an efficient service model.					



*** Consolidate ***		*** Integrate ***		*** Expand ***	
Business work stream:		Wiltshire LDU			
Delivery unit priority (IBP 3.6 and 3.6.6):		<ul style="list-style-type: none"> • Develop and sustain external business relationships across all stakeholders, healthcare partners and other community partnerships. • Develop hospital liaison/hospital-at-home and care home liaison. • Develop services for complex needs, physical care, CAMHS, LD, dual diagnosis and Personality Disorder. • Ensure the delivery of financially sustainable, safe and high quality services across the locality. • Develop a pathway which provides integrated, needs-led services. • Develop new models of partnership working with service users, carers and the wider community. • Contribute to the development of an integrated dementia pathway to create a dementia-friendly society. 			
Lead director:		Dr Julie Hankin / Denise Claydon / Norman Atkinson			
Principal objective	Principal risks (and reference to risk registers)	Key controls	Assurances on controls	Gaps in controls / assurance	How and when we plan to close gaps
6/6. Improve the engagement and participation of all key stakeholders and ensure that developments are truly in line with the locality's needs					

*** Consolidate ***		*** Integrate ***		*** Expand ***	
Business work stream:		Specialist Mental Health Services – SDAS (<i>Specialised Drugs & Alcohol Service</i>)			
Delivery unit priority (IBP 3.6 and 3.6.7):		<ul style="list-style-type: none"> • Deliver safe, innovative and high quality services. • Develop services in line with commissioner intentions and market opportunities. • Further develop and deliver innovative specialist mental health services. • Enhance overall business through maximising growth opportunities, including tender opportunities and growth outside of AWP geography. • Ensure business models are sustainable and efficient. • Further develop our relationships with patients, service users and carers to seek out further opportunities for meaningful and ongoing engagement. 			
Lead director:		Dr Tim Williams / Paul Townsend / Helen Cottee			
Principal objective	Principal risks (and reference to risk registers)	Key controls	Assurances on controls	Gaps in controls / assurance	How and when we plan to close gaps
1/4. Deliver consistent, high quality patient care across every service.					
2/4. Ensure continued business growth in line with population need and strategic developments.					
3/4. Lead co-produced service development to improve service user outcomes.					
4/4. Deliver business models fit for PbR and competitive tendering.					



*** Consolidate ***		*** Integrate ***		*** Expand ***	
Business work stream:		Specialist Mental Health Services – S & SS (<i>Specialised & Secure Services</i>)			
Delivery unit priority (IBP 3.6 and 3.6.7):		<ul style="list-style-type: none"> • Deliver safe, innovative and high quality services. • Develop services in line with commissioner intentions and market opportunities. • Further develop and deliver innovative specialist mental health services. • Enhance overall business through maximising growth opportunities, including tender opportunities and growth outside of AWP geography. • Ensure business models are sustainable and efficient. • Further develop our relationships with patients, service users and carers to seek out further opportunities for meaningful and ongoing engagement. 			
Lead director:		Carol Bowes / Paul Townsend / Phil Cooper			
Principal objective	Principal risks (and reference to risk registers)	Key controls	Assurances on controls	Gaps in controls / assurance	How and when we plan to close gaps
1/4. Deliver consistent, high quality patient care across every service.					
2/4. Ensure continued business growth in line with population need and strategic developments.					
3/4. Lead co-produced service development to improve service user outcomes.					
4/4. Deliver business models fit for PbR and competitive tendering.					



*** Consolidate ***		*** Integrate ***		*** Expand ***	
Business work stream:		Corporate and Non-PbR			
Delivery unit priority (IBP 3.6 and 3.6.8):		<ul style="list-style-type: none"> • Develop business to support the development of localities. • Further expand non-PbR business to enhance overall AWP business portfolio. • Integrate and embed innovation across the organisation. • Support AWP's ability to deliver PbR, through provision of finance and associated services across organisation. • Develop research portfolio across AWP. 			
<div style="border: 1px solid blue; border-radius: 15px; padding: 5px; width: fit-content;"> The Trust exists to deliver care which improves the lives of our patients, whom we put at the heart of everything we do. </div>					
Lead director:					
Principal objective	Principal risks (and reference to risk registers)	Key controls	Assurances on controls	Gaps in controls / assurance	How and when we plan to close gaps
1/5. Provide customer-focused support to service delivery units to meet patient and carer needs.					
2/5. Enable continuous quality improvement through the Quality Academy.					
3/5. Expand the AWP research portfolio.					
4/5. Enhance income generation through commercialisation of clinical and non-clinical service development.					
5/5. Develop businesses to meet patient and carer needs.					