

The purpose of this ‘deep dive’ template is to provide a common structure when the 17 ‘principal risks’ identified in AWP’s Integrated Business Plan are considered in turn in detail. It is very much a guide and not a prescription – feel free to add or develop as you wish. The grey-shaded entries are from the Trust-wide Risk Register now, but please refer to the latest Trust-wide Risk Register for more details of the current entry. (You don’t need to complete this form, but if you do, it helps to record discussions and so strengthen assurance.)

Risk reference:	<b>IBP02      General mental health services being tendered by Clinical Commissioning Groups (CCGs)</b>		
Identified in:	IBP 7.4 National, economic and policy		
<b>Risk Analysis</b>			
Underlying causes <i>How do you see those causes now – have they changed, are there new factors?</i>	<p>The risk as currently stated is a description of a change in the wider NHS environment with effect from April 2013. Services have always been subject to external scrutiny, and in that sense the new element is not the ‘tender’ but is the CCGs themselves.</p> <p>The suggested consequent specific risk is “Failure to establish effective and responsive working relationships with CCGs as they develop their locality understanding.”</p>		
<b>Risk Management</b>			
Current controls <i>Are you assured that these controls are effective, sustainable and evidenced? Would you do more, or has the risk reduced so that resources can be redirected?</i>	<p>The first step in minimising the risk is to inspire confidence in AWP as the existing contract holder - ensure that our services are responsive, safe, locally-focussed, effective, and demonstrate value for money, and so establishing AWP as a provider that CCGs need to engage with. Controls already in place to meet those objectives include:</p> <ul style="list-style-type: none"> <li>• AWP’s revised management structure prioritises clinical leadership and relationships</li> <li>• Locality structure enables services to be matched to local priorities, to experiment and innovate, and to respond quickly to changing needs</li> <li>• An open and transparent culture encourages dialogue with CCGs and between AWP staff</li> <li>• The “Back to the Floor” programme and Quality Improvement Visits allow Executive and Non-Executive Directors to be aware of issues and opportunities apparent at localities</li> <li>• These elements together provide a structure that encourages engagement with CCGs at all appropriate levels.</li> </ul> <p>See also risk register entry IBP01 (Competition), IBP04 (Commercial culture), IBP08 (Innovation), IBP10 (Changing needs of commissioners), STR16 (Tendering and Contracts).</p>		
Current risk scores <i>Would you want to change these?</i>	Probability 3	Severity 3	Rating 9 AMBER
<i>If you’ve changed the scores, any comments?</i>	The scores stay unchanged; the inherent score is 4 / 4 / 16 RED.		
Planned controls <i>If more needs to be done, what do you suggest – and what are the limitations or constraints?</i>	<p>Greater external access to IQ reports will allow commissioners to scrutinise outcomes.</p> <p>Partnership working to be developed.</p>		

Risk reference:	<b>IBP02      General mental health services being tendered by Clinical Commissioning Groups (CCGs)</b>		
Identified in:	IBP 7.4 National, economic and policy		
Date actions to be delivered <i>Is that date realistic in your view? Should the deadline be brought forward, or even relaxed? Why?</i>	Action is to continue throughout the year and beyond.		
<b>Risk Assurance</b>			
Progress <i>Are you satisfied that the progress reported really has made a difference – is there evidence to support that? Do you know of further progress that isn't yet recorded?</i>	Revised management structures are in place and regular LMT and SMT minutes are held and minuted. 8 Locality Delivery Units/specialist services have been set up and staffed. IQ is being established as an effective quality-reporting system.		
Target risk scores <i>Would you want to change these?</i>	Probability 32	Severity 3	Rating 6 AMBER
<i>If you've changed the scores, any comments?</i>	Target scores changed – control action needs to be maintained, since the risk is continuous, but it is likely that the probability could be reduced below 'possible' but the severity would not change below 'medium'.		
Further comments <i>Please add any further thoughts or comments you have.</i>			
Deep-dive review made by:	Kris Dominy/Sue Hall		
Date of review:	29 July 2013/19 <sup>th</sup> August 2013		