

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 30 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

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:		Director of Nursing			
Deliverable	Associated risks (and reference to risk registers)	Key controls	Assurances on controls	Gaps in controls / assurance	How and when we plan to close gaps
Assure quality standards and set out how we will continually improve and innovate to provide better outcomes for patients, service users and carers.	Quality Governance systems are perceived as requiring improvement, leading to a lack of confidence in the Quality Assurance System (CE1, Clinical Executive Risk Register, September 2013)	Quality Improvement Strategy Integrated Quality and Safety Plan (IQSP) Specialist / Locality Plans Quality Academy work plan Quality and Safety (Q&S) Committee work plan Information recorded in and reported from IQ system	Q&S Committee and CCG Quality Group review of IQSP and IQ metrics Do we have: - evidence that the QIS is driving improvements in quality? - positive assurance in the form of IQ data showing upward trends?	Current focus is on compliance with completing information in IQ system	At end of quarter two the focus will be moved to quality of content

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:		Director of Finance			
Deliverable	Associated risks (and reference to risk registers)	Key controls	Assurances on controls	Gaps in controls / assurance	How and when we plan to close gaps
<p>Deliver improved future income and expenditure surpluses.</p> <p>Drive improved Earnings before Interest, Tax, Depreciation and Amortisation (EBITDA) returns and generate increased cash balances year on year.</p> <p>Deliver improved Monitor financial performance metrics.</p>	<p>Income (Commercial) risks regarding relationships with commissioners and tendering identified as risks IBP01, IBP02, IBP03, IBP04, IBP10, IBP15, and IBP16 on the Trust-wide Risk Register (TWRR).</p> <p>There are also expenditure risks particularly around identifying, agreeing and achieving Cost Improvement Plans (CIP’s). These are identified as risks IBP05 and IBP07 on the TWRR.</p>	<p>Business Planning processes (Trust wide and Locality) including the Integrated Business Plan (IBP)</p> <p>Business Planning policies and procedures e.g. Tender evaluation Framework</p> <p>Financial Control policies and procedures e.g. Standing Orders (SO’s), Standing Financial Instructions (SFI’s) and scheme of delegation</p> <p>Financial reporting and review processes e.g. Trust Board, Financial and Planning Committee, Senior Management Team and budget holders</p>	<p>External Audit review outcomes(both financial reporting and value for money opinions)</p> <p>Internal Audit review outcomes</p> <p>NHS Trust Development Authority (TDA) oversight</p> <p>FT application process, including NHS TDA and Historic Due Diligence Review</p> <p>Quality and Standards (Q&S) committee risk assess CIP’s</p>	<p>Evidence that new financial systems and processes are operationally embedded e.g. new Agresso system and new delegated Locality budgets.</p> <p>Evidence that new Locality management structures are operationally embedded.</p> <p>External validation that key strategic tenders, e.g. Bristol, are fit for purposes and risks identified and managed</p>	<p>Internal Audit programme 2013/14</p> <p>Executive Team (Autumn/Winter 2013)</p> <p>Possibly external validation of Bristol tender (Autumn/Winter 2013)</p>

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:		Director of Finance			
Deliverable	Associated risks (and reference to risk registers)	Key controls	Assurances on controls	Gaps in controls / assurance	How and when we plan to close gaps
		<p>Finance and Planning Committee provide overview of commercial and financial issues and risks</p> <p>Cost Improvement programmes risk assessed for achievability and quality impact</p> <p>Training and development in commercial and financial competencies.</p>			
Rationalise our estate, control our future capital spend and retain the proceeds of land and property sales to improve our future cash position (liquidity).	<p>Failure to provide a reduced, more flexible estate, based on a hub-and-spoke model of service provision.</p> <p>(IBP12, TWRR, September 2013)</p>	<p>Business Planning processes (Trust wide and Locality) including the IBP</p> <p>Trust Estates Strategy</p> <p>Programme Management Office (PMO) managing important projects that</p>	<p>Finance and Planning Committee provide overview of commercial and financial issues and risks</p> <p>PLACE assessments provide feedback on the condition and use of the Trust estate</p>	<p>The Trust does not have an expert external assessment of its estate strategy and associated operational issues e.g. future financing and ownership of PFI and other Trust properties.</p> <p>The PMO is not yet fully</p>	<p>The Trust needs to agree whether an external review of the Trusts estate strategy and associated operational issues will be of benefit.</p> <p>PMO will continue to establish itself during quarter 3 as a core</p>



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:		Director of Finance			
Deliverable	Associated risks (and reference to risk registers)	Key controls	Assurances on controls	Gaps in controls / assurance	How and when we plan to close gaps
		<p>impact on the estate e.g. Bristol tender</p> <p>Business planning policies and procedures, including business cases going to the Trusts monthly Investment Planning Group</p> <p>Monthly monitoring of estates key performance indicators (KPI’s)</p> <p>Monthly monitoring of the Trust PFI contract</p>	<p>The IQ system provides feedback on the use and condition of the estate through the CQC domain</p> <p>Trust Board member Quality Improvement visits and “back to the floor” experiences provide first hand feedback on the condition and use of the estate</p>	<p>operational. The Head of PMO began in post at the end of August 2013 and the PMO has not yet become sufficiently established to manage projects</p>	<p>function of the Trust’s business services and take ownership to manage projects Trust-wide.</p>

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:		Director of HR			
Deliverable	Associated risks (and reference to risk registers)	Key controls	Assurances on controls	Gaps in controls / assurance	How and when we plan to close gaps
<p>Ensure that each member of staff is:</p> <p>(a) committed to the delivery of excellence within available resources;</p> <p>(b) understands the flexible contribution that they need to make to the delivery of the Trust's objectives; and</p> <p>(c) has the appropriate skills, expertise and experience to fulfil and excel in their role.</p>	<p>Staff in post do not have the appropriate skills, expertise and experience to deliver Trust objectives, resulting in an inability for the Trust to meet the changing needs of commissioners and future NHS efficiency targets by changing the workforce through normal turnover.</p> <p>(Aligned to risk IBP09, TWRR, September 2013)</p>	<p>Recruitment</p> <p>Appraisal and Supervision</p> <p>Effective Management</p> <p>Learning and Development</p>	<p>The HR department is currently being consulted with to ensure the rights skills and roles are in place to deliver in corporate areas and localities, HR roles have been redesigned to support this.</p>	<p>Competency based recruitment processes need to be in place to ensure we get the right people in the right roles.</p> <p>Appraisal and supervision of staff is key in ensuring we are targeting the right learning and development at individuals and teams and ensure their performance is line managed effectively</p>	<p>Once the current consultation closes in early September 2013 the post holders will be tasked with putting plans in place to ensure these processes are in place.</p>

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:		Director of Finance			
Deliverable	Associated risks (and reference to risk registers)	Key controls	Assurances on controls	Gaps in controls / assurance	How and when we plan to close gaps
<p>Be courageous and innovative in our use of information systems and technology (e.g. mobile/remote working).</p> <p>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.</p> <p>Invest in IT core infrastructure to ensure its performance maximises the full use of available systems and technology.</p>	<p>There are risks around the strategic and operational management and use of information technology and these are embedded within risks, IBP05, IBP06, IBP07, IBP08, IBP09 and IBP10 on the TWRR.</p>	<p>Business Planning processes (Trust wide and Locality) including the IBP</p> <p>Trust Information Technology Strategy</p> <p>Programme Management Office (PMO) managing important projects that impact on the estate e.g. replacement of RiO. It is essential that these project management arrangements support fast deployment and innovative practice.</p> <p>Finance and Planning Committee oversight</p>	<p>External Audit review outcomes</p> <p>Internal Audit review outcomes</p> <p>Information Governance Toolkit assessment outcome</p> <p>Feedback from Locality Clinical Directors around “pace of change”</p>	<p>External benchmarks and learning from “best in field” around what is possible.</p>	<p>Consider external support either through consultancy advice or benchmarking with other organisations</p>

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:		Director of Finance			
Deliverable	Associated risks (and reference to risk registers)	Key controls	Assurances on controls	Gaps in controls / assurance	How and when we plan to close gaps
Ensure the whole workforce is capable and comfortable with the use of technology and information in their role in the workplace.	See above, but also risk IBP11 on the TWRR.	<p>See above but also Trust Workforce Strategy.</p> <p>Trust annual Learning and Development (L&D) programme</p> <p>Oversight from Trust Employee, Strategy and Engagement Committee (ESEC)</p>	Information Governance Toolkit assessment outcomes	Comprehensive technology skills audit for all Trust staff	Decide whether to invest in a formal comprehensive technology skills audit. Or new systems to address structured skills training or rely on “exception reporting” of technology skill gaps

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:		Director of Finance			
Deliverable	Associated risks (and reference to risk registers)	Key controls	Assurances on controls	Gaps in controls / assurance	How and when we plan to close gaps
<p>Base services in appropriate buildings close to our communities.</p> <p>Maintain the buildings to a high standard.</p> <p>Provide a mix of properties owned, leased and shared with other agencies to ensure the services are accessible to the local community</p>	<p>Failure to provide a reduced, more flexible estate, based on a hub-and-spoke model of service provision.</p> <p>(IBP12, TWRR, September 2013)</p>	<p>Business Planning processes (Trust wide and Locality) including the IBP</p> <p>Trust Estates Strategy</p> <p>Finance and Planning Committee oversight</p> <p>Programme Management Office (PMO) managing important projects that impact on the estate e.g. Bristol tender</p> <p>Business planning policies and procedures, including business cases going to the Trusts monthly Investment Planning Group</p> <p>Monthly monitoring of estates key performance indicators</p>	<p>Finance and Planning Committee provide overview of commercial and financial issues and risks</p> <p>PLACE assessments provide feedback on the condition and use of the Trust estate</p> <p>The Information Quality (IQ) system provides feedback on the use and condition of the estate through the CQC domain</p> <p>Trust Board member Quality Improvement visits and “back to the floor” experiences provide first hand feedback on the condition and use of the estate</p>	<p>The Trust does not have an expert external assessment of its estate strategy and associated operational issues e.g. future financing and ownership of PFI and other Trust properties</p>	<p>The Trust needs to agree whether an external review of the Trusts estate strategy and associated operational issues will be of benefit</p>

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:		Director of Finance			
Deliverable	Associated risks (and reference to risk registers)	Key controls	Assurances on controls	Gaps in controls / assurance	How and when we plan to close gaps
		(KPI's) Monthly monitoring of the Trust PFI contract			

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:		Company Secretary			
Deliverable	Associated risks (and reference to risk registers)	Key controls	Assurances on controls	Gaps in controls / assurance	How and when we plan to close gaps
Work proactively with partners to understand the risks they face and their impact on service delivery.	Failure to create and maintain relationships with partners which leads to poor reputation. (IBP16, TWRR, September 2013)	Engagement Strategy sets out a framework for discussion and dialogue with partners.	Regular review of Engagement Strategy, and feedback from partners.	Risk management processes need to be further refined so as to enable contributions from stakeholders and partners.	Six monthly review of the Risk Management process.
Take a collaborative, positive approach towards managing both clinical and corporate risk in our role as a leading-edge provider of mental health services.	Failure to develop a corporate and locality infrastructure that enables the Trust to respond quickly, appropriately and effectively to changing market requirements. (IBP08, TWRR, September 2013)	Board Assurance Framework (BAF), aligned to IBP and supported by risk registers, also aligned to strategic objectives	Regular review of BAF and risk register by responsible Executives Review of BAF and risk register by Audit and Risk Committee	Use of new risk register templates has not yet been required of localities Assurances identified on BAF have not been mapped to all assurance sources across the Trust, nor have assurances been collated	Circulation of local/team level template and provision of support to teams in completing effectively Assurance mapping to be undertaken during quarter 3 of 13/14 and evidence of assurance collated centrally to support FT journey.

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:		Company Secretary			
Deliverable	Associated risks (and reference to risk registers)	Key controls	Assurances on controls	Gaps in controls / assurance	How and when we plan to close gaps
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.	Failure to develop a positive organisational culture which enables, encourages and develops staff engagement and satisfaction. (IBP13, TWRR, September 2013)	Clinician Engagement Strategy and Quality Strategy sets out the expectations of staff in relation to service user engagement and communication. Employee Strategy and Engagement Committee (ESEC) oversees staff engagement activity and outcomes	Service User Steering Group and Involvement Workers provide feedback in relation to effectiveness of the process. Staff Survey results and subsequent action planning seen through ESEC	Engagement Steering Group to evolve to TW Engagement Steering Group, supported by TW Service User Group, Carers Forum and Health Watch Group	New groups to be operational by October 2013

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:		Company Secretary			
Deliverable	Associated risks (and reference to risk registers)	Key controls	Assurances on controls	Gaps in controls / assurance	How and when we plan to close gaps
Minimise the harm to service users arising from their own actions and harm to others arising from the actions of service users.	Failure to recognise and respond to the increased focus on quality and the changing landscape of regulatory standards. (IBP17, TWRR, September 2013)	CPA/Risk Management processes and procedures Training programme for all clinical staff Ligature-free environments Appropriate physical security measures	Records Management Audit in IQ system Q+S committee review of practice issues on work plan CQC inspection reports AIMS accreditation on some inpatient wards PLACE reviews on environment Progress against Suicide Prevention Strategy and Action Plan	Clinical Toolkit in development Review of Quality of Care Plans/Risk Assessments	Clinical Toolkit on Ourspace – Nov 13 IQ Records Management to focus on quality of Care Plans – end of Q3

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:		Company Secretary			
Deliverable	Associated risks (and reference to risk registers)	Key controls	Assurances on controls	Gaps in controls / assurance	How and when we plan to close gaps
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.	Failure to develop a positive organisational culture which enables, encourages and develops staff engagement and satisfaction. (IBP13, TWRR, September 2013)	Risk registers prepared at locality/ service/ project level, then used to inform registers at directorate and Trust-wide level BAF used to support risk registers in all areas Oversight of risk through Audit and Risk Committee and at Board level through monthly review	Review of risk registers at locality/ service/ project meetings, at Executive Team meetings and at meetings of the Audit and Risk Committee, escalated to the Board where required	New risk management approach not yet communicated at all levels and not yet embedded in day-to-day business	Processes now agreed for reporting and review of risk registers, guidance and support is being and will continue to be provided over the next two months to familiarise individuals with processes

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:		Company Secretary			
Deliverable	Associated risks (and reference to risk registers)	Key controls	Assurances on controls	Gaps in controls / assurance	How and when we plan to close gaps
Model risk sensitivity in relation to Trust Board performance, balancing Board internal actions with unfolding, often rapidly changing, events in the external environment.	No relevant risk identified on TWRR.	<p>Definition of risk appetite approved by Audit and Risk Committee and Trust Board</p> <p>Regular review and update of local and directorate risk registers identifying emerging risks across the organisation, feeding into the Trust-wide risk register</p> <p>Governance framework supporting escalation of issues and risk from team to Board level</p>	<p>Escalation/de-escalation of risks on TWRR decided upon by SMT on a monthly basis</p> <p>Review of risk register by Audit and Risk Committee at each meeting, ensuring reflection on identified risk by Executives and NEDs</p> <p>Annual review of risk management approach and supporting procedures by Audit and Risk Committee and approval by Trust Board</p>	<p>New risk management process not yet embedded at all levels</p> <p>Current system for managing risk registers is Excel based, limiting ability to interrogate and report on risks in detail</p> <p>No clear mechanism currently for horizon scanning, both for business/service delivery issues and at Board level. Currently reliance is on risk register owners to highlight emerging risks in their areas.</p>	<p>Communication of templates and support to staff preparing risk registers will be provided during August 2013</p> <p>Implementation of Ulysses system by end of March 2013</p> <p>Mechanism for identifying emerging risk areas to be discussed and potential gaps in Trust ability to identify these to be assessed by end of October 2013 initially</p>

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:		Company Secretary			
Deliverable	Associated risks (and reference to risk registers)	Key controls	Assurances on controls	Gaps in controls / assurance	How and when we plan to close gaps
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.	Failure to create and maintain relationships with partners which leads to poor reputation. (IBP16, TWRR, September 2013)	BAF and risk registers aligned to strategic objectives defined IBP Business Planning Framework and the Tender Evaluation approach enables a consistent approach to business development opportunities.	Commissioner convergence process through Foundation Trust Application Process demonstrates shared understanding and commitments Approval to proceed with tenders taken at Senior Management Team and assurance given to Finance and Planning Committee via the Tender Decision Framework	None	None

Business work stream:		Trust-wide enabling strategy			
Enabling strategy (IBP 3.7.7):		<ul style="list-style-type: none"> Engagement and 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:		Director of Nursing			
Deliverable	Associated risks (and reference to risk registers)	Key controls	Assurances on controls	Gaps in controls / assurance	How and when we plan to close gaps
<p>As a Trust Board, engage with service user and carer members on the Trust's priorities and strategic direction.</p> <p>Within local areas, work with communities, service users and carers to develop appropriate and meaningful services.</p> <p>At a team and ward level, work to understand and respond to the experiences of people and their carers using our services.</p>	No relevant risk identified on TWRR.	<p>Engagement and Involvement Strategy</p> <p>Engagement Steering Group</p> <p>Quality Improvement Visits by Executives and NEDs</p> <p>Clinical and complaints presentations at Board</p> <p>Locality presentations to Quality and Standards Committee including Service User stories</p>	<p>Review of action plans to implement Engagement and Involvement Strategy by Steering Group and report to Board</p> <p>Outcomes of Quality Improvement Visits reported to Q&S</p>	Engagement Steering Group to evolve to TW Engagement Steering Group, supported by TW Service User Group, Carers Forum and Health Watch Group	New groups to be operational by October 2013

Business work stream:		Trust-wide enabling strategy			
Enabling strategy (IBP 3.7.7):		<ul style="list-style-type: none"> Engagement and 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:		Director of Nursing			
Deliverable	Associated risks (and reference to risk registers)	Key controls	Assurances on controls	Gaps in controls / assurance	How and when we plan to close gaps
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.	No relevant risk identified on TWRR.	Service User/Carer feedback Friends and Family test PALS and Complaints Service User Survey	Local Area Governance meeting review of feedback and complaints Q&S Committee review of complaints Board review of Friends and Family test results through IQ	Response rate to Friends and Family test is currently low	Local areas currently considering how to increase response rates. Work is on-going and progress will be reviewed regularly.

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:		Company Secretary			
Deliverable	Associated risks (and reference to risk registers)	Key controls	Assurances on controls	Gaps in controls / assurance	How and when we plan to close gaps
Ensure the breakdown of membership is broadly consistent with the population the Trust serves.	Failure to respond to the changing landscape of regulatory standards. (IBP17, TWRR, September 2013)	Membership Strategy Membership Plan	Board and Board Committee oversight of the Membership Strategy Report to Board monthly on membership statistics	None	
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).	Failure to respond to the changing landscape of regulatory standards. (IBP17, TWRR, September 2013)	Membership Strategy Membership engagement planned work	Board and Board Committee oversight of the Membership Strategy Report to Board monthly on membership statistics	None	

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:		Company Secretary			
Deliverable	Associated risks (and reference to risk registers)	Key controls	Assurances on controls	Gaps in controls / assurance	How and when we plan to close gaps
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.	<p>Failure to create and maintain relationships with partners which leads to poor reputation.</p> <p>(IBP16, TWRR, September 2013)</p>	<p>Membership Strategy</p> <p>Membership Plan</p> <p>Membership Managers Network</p> <p>Company Secretaries Network</p>	<p>Board and Board Committee oversight of the Membership Strategy</p> <p>Report to Board monthly on membership statistics</p> <p>Report to Board on membership activity and number of new members engaged with</p>	None	

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:		Medical Director			
Deliverable	Associated risks (and reference to risk registers)	Key controls	Assurances on controls	Gaps in controls / assurance	How and when we plan to close gaps
<p>Develop governance and decision-making structures that enable the involvement of health and social care professionals in strategic and operational decision-making.</p> <p>Ensure a system-wide approach to the engagement of health and social care professionals in strategic and operational development.</p> <p>Develop and support health and social care professionals in engaging in strategic and operational decision-making.</p>	<p>Failure to develop a corporate and locality infrastructure that enables the Trust to respond quickly, appropriately and effectively to changing market requirements.</p> <p>(IBP08, TWRR, September 2013)</p>	<p>Involvement of Nursing and Medical directors in decision-making at Board level</p> <p>Clinical Executive meeting includes deputies and line reports</p> <p>Senior management team attended by Clinical Directors</p> <p>Local and specialist delivery units led by Clinical Director supported by clinically qualified HOPP, and sub-structures include clinical and medical leads</p> <p>Locality governance meetings report through management groups</p>	<p>ET & SMT agendas including standing items.</p> <p>Professional Council meeting minutes.</p> <p>Minutes of locality governance meetings.</p> <p>Staff feedback through Staff Surveys, reviewed by Q&S</p>	<p>Need to ensure mechanism for capturing wider staff voice.</p>	<p>Listening into action</p>

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:		Medical Director			
Deliverable	Associated risks (and reference to risk registers)	Key controls	Assurances on controls	Gaps in controls / assurance	How and when we plan to close gaps
		<p>Professional Council offers multi-professional advice to SMT</p> <p>Wider clinical staff involvement through networks and interest groups eg TMAG, TNAG, unregistered staff forum</p> <p>Back to the Floor and Shadowing initiatives aim to close the gap in understanding between corporate and front line staff.</p> <p>Leadership development programmes underway with focus on succession planning. .</p>			

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"> • The retention of services that are being re-tendered, where they meet our quality standards and make commercial sense to us to retain. • ‘Growth’ by aligning this to the Trust’s strategy and ensuring all services are making a contribution both to the Trust and the wider health economy – local and nationally. • Provide tools and support for all Directorates/localities that will deliver enhanced bids/tenders 			
Lead director:		Director of Business Development			
Deliverable	Associated risks (and reference to risk registers)	Key controls	Assurances on controls	Gaps in controls / assurance	How and when we plan to close gaps
<p>Consolidate: to become ‘Being Brilliant at the Basics’ - This uses the development themes of: Review: Simplify; Engage; Refresh; Improve Recovery: Commissioning, Social Care & Reputation Relationships: Internal & External</p>	<p>Failure to create and maintain a commercial culture, literacy and infrastructure within the Trust that ensures the Trust is fully aware of the short-term, medium-term and long-term commercial risks of all tenders and contracts.</p> <p>(IBP04, TWRR, September 2013)</p>	<p>Development of a Business Development team to support localities in their relationships and understanding of their business and opportunities.</p> <p>Ensure services and managers are aware of cost drivers and how to deliver improved quality for less money.</p> <p>Ensure relationships with commissioners are two way. We are hearing and communicating.</p>	<p>Commissioners’ re-commission rather than tender services.</p> <p>Commissioners convergence to our IBP is received.</p> <p>Track record in successfully winning new business.</p>	None	

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"> • The retention of services that are being re-tendered, where they meet our quality standards and make commercial sense to us to retain. • ‘Growth’ by aligning this to the Trust’s strategy and ensuring all services are making a contribution both to the Trust and the wider health economy – local and nationally. • Provide tools and support for all Directorates/localities that will deliver enhanced bids/tenders 			
Lead director:		Director of Business Development			
Deliverable	Associated risks (and reference to risk registers)	Key controls	Assurances on controls	Gaps in controls / assurance	How and when we plan to close gaps
Integrate: To develop partners so the Trust can provide an integrated Mental Health Service Whole system Local service delivery Partnership Single accountable organisation Clinical engagement	Failure to ensure that the contracts we accept do not commit us to meeting unconstrained demand from partners without appropriate reimbursement. (IBP15, TWRR, September 2013)	Relationships both informal and formal with commissioners to understand gaps in the system where partnership working is missing. Pathway analysis with commissioners, patients and staff to ensure partnerships are working.	Quality Academy to set the standards of care and the IQ system to ensure where this is failing. IQ shared with commissioners to highlight weaknesses and any gaps. Partners wanting to partner with AWP for new tenders.	None	

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"> • The retention of services that are being re-tendered, where they meet our quality standards and make commercial sense to us to retain. • ‘Growth’ by aligning this to the Trust’s strategy and ensuring all services are making a contribution both to the Trust and the wider health economy – local and nationally. • Provide tools and support for all Directorates/localities that will deliver enhanced bids/tenders 			
Lead director:		Director of Business Development			
Deliverable	Associated risks (and reference to risk registers)	Key controls	Assurances on controls	Gaps in controls / assurance	How and when we plan to close gaps
<p>Expand: To become a specialist provider and expand into core/new markets To become a specialist provider Develop Private Patient Opportunities. Research & Development Expand Core Markets Develop a franchise model Maintain strong governance</p>	<p>Failure to create and maintain a commercial culture, literacy and infrastructure within the Trust that ensures the Trust is fully aware of the short-term, medium-term and long-term commercial risks of all tenders and contracts.</p> <p>(IBP04, TWRR, September 2013)</p>	<p>Reference cost data will demonstrate which services are costly and which aren't.</p> <p>Business Planning Process will support localities to identify potential for new services.</p> <p>Refresh of market analysis will confirm that the trust is still on track to support its IBP.</p>	<p>Reduction on reference costs annually and increase.</p> <p>Winning new business and retaining current services.</p>	None	



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:		Director of Operations / Locality Management Team			
Deliverable	Associated risks (and reference to risk registers)	Key controls	Assurances on controls	Gaps in controls / assurance	How and when we plan to close gaps
Ensure strong service-user and carer engagement from across the city at all levels, from individual recovery planning to city-wide service planning.	Service User relationships - lead service user representatives in the commissioning and tender process remain negative about the Trust and its ability to change locally (BR09, Bristol RR, September 2013)	Regular management-team and practitioner meetings Service User Involvement Workers in post, managing involvement activity for LDU	Agendas and minutes of meetings Supervision and appraisal of Involvement Workers	None	

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:		Director of Operations / Locality Management Team			
Deliverable	Associated risks (and reference to risk registers)	Key controls	Assurances on controls	Gaps in controls / assurance	How and when we plan to close gaps
<p>Provide increased therapeutic interaction of clinicians with patients enabled by year-on-year service change.</p> <p>Deliver ageless local services which meet the needs of users and carers and are in line with commissioner intentions.</p> <p>Improve care pathways across the city for mild, moderate and complex needs.</p>	<p>Current models of delivery in Bristol remain significantly different from those in the CCG Tender.</p> <p>(BR13, Bristol RR September 2013)</p>	<p>Series of short term service change projects in Autumn 2013.</p>	<p>Identified leadership on Service Change, light touch project management, change/consultation papers and records of meetings.</p>	<p>Projects not yet fully in place.</p>	<p>Project leads have been identified at the start of September and will have full project plans in place for each change area by the end of September.</p>

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:		Director of Operations / Locality Management Team			
Deliverable	Associated risks (and reference to risk registers)	Key controls	Assurances on controls	Gaps in controls / assurance	How and when we plan to close gaps
Improve community relationships and engagement in local partnerships.	Historical partnership position in the city has been poor which creates potential Tender partnership weaknesses and also reputational risk related to the Tender. (BR03, Bristol RR, September 2013)	Tender Project, system leadership development, Local partnership improvement including Head of Partnership role, RECC + training, Inner City engagement, BME focus and increased user and carer engagement.	Records of meetings, development of partner board, system leadership model, new partnership initiatives during 2013-2014. New posts including inner city senior practitioner.	None	

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:		Director of Operations / Locality Management Team			
Deliverable	Associated risks (and reference to risk registers)	Key controls	Assurances on controls	Gaps in controls / assurance	How and when we plan to close gaps
<p>Improve the quality of services and the patient experience, promote compassionate care for our patients and carers.</p> <p>Develop, improve and deliver mental health services and mental health elements of services through partnerships.</p> <p>Improve access and clinical outcomes for individuals with specialist mental health needs.</p> <p>Improve patient outcomes and favourably position the locality for any future tender opportunities.</p>	<p>No ECT services in North Somerset for those unable to access the out of area ECT Services. Those who are physically vulnerable, at risk from physical complications or physically frail are at risk of not receiving a service as usually they require the treatment to be administered in an acute general hospital setting.</p> <p>(NS2, Operations RR, September 2013)</p> <p>Failure to meet standards regarding delivery of recommended effective treatment.</p> <p>(NS8, North Somerset RR, September 2013)</p>	<p>Friends and Family Test</p> <p>Monitoring Complaints/PALS</p> <p>Locality Performance, Q&S and SMT meetings</p> <p>Performance meetings with Commissioners</p> <p>North Somerset Integration Board</p> <p>Dementia Strategy Group</p>	<p>Review of IQ data at locality meetings</p> <p>Minutes of locality meetings</p> <p>Audit results</p>	<p>None</p>	

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:		Director of Operations / Locality Management Team			
Deliverable	Associated risks (and reference to risk registers)	Key controls	Assurances on controls	Gaps in controls / assurance	How and when we plan to close gaps
Improve quality of services and the patient experience and promote compassionate care for our service users and carers.	Shortfall in funding for Recovery, PCLs and PTS services will result in a reduction in staffing numbers and teams unable to deliver services safely. (SG06, South Gloucestershire RR, September 2013)	Complaints/RCA recommendations – themes are discussed in monthly Q&S meetings, individual supervision and monthly SMT meetings	Minutes of meetings – taken to Team Business meetings	None	
Develop, improve and deliver mental health services and mental health elements of services in partnership.	Potential loss of clinical vacancies with subsequent consequences: 1) loss of capacity to deliver recommended psychological therapy treatment 2) Community teams may have to hold cases requiring specialist therapy (SG02, South Gloucestershire RR,	Discussed at Mental Health Partnership meetings Performance meetings and work plans developed	Minutes of meetings	None	

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:		Director of Operations / Locality Management Team			
Deliverable	Associated risks (and reference to risk registers)	Key controls	Assurances on controls	Gaps in controls / assurance	How and when we plan to close gaps
	September 2013)				
Improve access and clinical outcomes for individuals with specialist mental health needs.	<p>Potential loss of clinical vacancies with subsequent consequences:</p> <p>1) loss of capacity to deliver recommended psychological therapy treatment</p> <p>2) Community teams may have to hold cases requiring specialist therapy</p> <p>(SG02, South Gloucestershire RR, September 2013)</p>	<p>Discussed with CCG partnership to identify any gaps.</p> <p>Review of performance at monthly Q&S meetings</p>	Feedback from partnership meetings	None	
Improve patient outcomes and favourably position the locality for any future tender opportunities.	<p>Shortfall in funding for Recovery, PCLs and PTS services will result in a reduction in staffing numbers and teams unable to deliver services safely.</p> <p>(SG06, South</p>	<p>Community Care Forums</p> <p>Mental Health Partnership meetings</p> <p>Feedback via existing contracts</p>	<p>Minutes of meetings</p> <p>Review of feedback and responses seen</p>	None	

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:		Director of Operations / Locality Management Team			
Deliverable	Associated risks (and reference to risk registers)	Key controls	Assurances on controls	Gaps in controls / assurance	How and when we plan to close gaps
	Gloucestershire RR, September 2013)	Care Forum/Service User feedback Process in place for identifying strengths and considering associated business opportunities			

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:		Director of Operations / Locality Management Team			
Deliverable	Associated risks (and reference to risk registers)	Key controls	Assurances on controls	Gaps in controls / assurance	How and when we plan to close gaps
Ensure improved and coherent patient pathways across services and providers.	Negative perception of AWP within BaNES could damage the reputation of the Trust with commissioners, partners and other stakeholders in the locality. (BaNES1, Bath and North East Somerset RR, September 2013)	Weekly pathway meetings within Trust Monthly pathway meetings hosted by CCG	Minutes of meetings – reviewed internally Development days	None	
Deliver ongoing improved outcomes for individuals with a range of mental health needs.	Staff that have transferred to AWP are not working in line with the new model and are continuing to work to previous practice, which is not in line with the tender requirements of the commissioner. (BaNES1, Bath and North East Somerset RR, September 2013)	Use of IQ to monitor performance Monthly management meetings	Regular review of IQ system information at monthly management meeting	None	

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:		Director of Operations / Locality Management Team			
Deliverable	Associated risks (and reference to risk registers)	Key controls	Assurances on controls	Gaps in controls / assurance	How and when we plan to close gaps
Improve patient care across services.	Staff that have transferred to AWP are not working in line with the new model and are continuing to work to previous practice, which is not in line with the tender requirements of the commissioner. (BaNES1, Operations RR, September 2013)	Monthly locality Q&S meetings Use of IQ to monitor performance CQC self-assessment	Regular review of IQ system information at monthly management meeting	None	
Provide robust service models which can deliver flexible, patient-centred care.	Current lack of understanding relating to the level of demand for the service and the required scale of redundancies and associated legal costs may exceed values included in the tender for services putting additional financial pressure on the locality. (BaNES1, Bath and North East Somerset RR, September 2013)	Joint project Board meetings with CCG Service Development days	Positive Service User feedback	None	

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:		Director of Operations / Locality Management Team			
Deliverable	Associated risks (and reference to risk registers)	Key controls	Assurances on controls	Gaps in controls / assurance	How and when we plan to close gaps
Improve pathway for individuals requiring transfer between services, e.g. LIFT.	<p>Staff that have transferred to AWP are not working in line with the new model and are continuing to work to previous practice, which is not in line with the tender requirements of the commissioner.</p> <p>(BaNES1, Operations RR, September 2013)</p>	<p>Regular meetings with LIFT and Sirona held</p> <p>Core pathway meetings held with CCG</p>	Minutes of meetings	None	

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:		Director of Operations / Locality Management Team			
Deliverable	Associated risks (and reference to risk registers)	Key controls	Assurances on controls	Gaps in controls / assurance	How and when we plan to close gaps
Improve the care pathways particularly the interdependencies with the intensive team and bed management within the Swindon locality to ensure that the service user experience between services is seamless and bed usage is efficient and effective	Failure to improve the care pathways ,bed management and interdependencies between the teams could result in , increased delayed discharges ,complaints and reputational risk to AWP	<p>Revised care pathway meeting twice weekly chaired by the HOPP</p> <p>Specific complex cases lead identified for 6 month project to support work</p> <p>HOPP leading a simulation care pathway event to enable problem solving</p> <p>HOPP specifically leading on care pathway work over the next six months</p> <p>Out of area bed management authorisation delegated to MD and HOPP for verification</p>	<p>Weekly meeting with triumvirate to coordinate work stream</p> <p>Recording and review of all out of area bed usage</p> <p>Review of all out of area bed usage</p> <p>Work stream fed into contracts and performance meeting with the CCG</p>	Structures have only been in place for a short time, and these are still embedding	Expected to see improved care pathway within 3 months

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:		Director of Operations / Locality Management Team			
Deliverable	Associated risks (and reference to risk registers)	Key controls	Assurances on controls	Gaps in controls / assurance	How and when we plan to close gaps
Failure to Deliver a sustainable model of care for memory services within its current service model due in part to lack of shared and primary care model	<p>Memory Services - failure to deliver to performance and quality standards and waiting time targets</p> <p>Reputational risk to AWP and Swindon locality ,increased complaints</p> <p>(SW02, Operations RR, July 2013)</p>	<p>Development of these services is ongoing and overseen by local management meetings.</p> <p>Meetings with the CCG dementia lead to articulate memory service model</p> <p>Paper written to outline issues ,waiting times and associated service model issues ,with alternative models reflected</p>	<p>Minutes of management meetings</p> <p>To be reflected in the CCG strategy document</p> <p>To be reported in performance and contract meetings with the CCG</p>	<p>GPs currently reticent to engage in discussions around alternative shared care and primary care models</p>	

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:		Director of Operations / Locality Management Team			
Deliverable	Associated risks (and reference to risk registers)	Key controls	Assurances on controls	Gaps in controls / assurance	How and when we plan to close gaps
Ability to ensure that the LIFT services in Swindon are integrated with clear care pathways with our remaining AWP locality services	<p>Unclear care pathways between our services and with GPs lead to risk of quality standards</p> <p>Reputational risks with our GPs and CCG commissioners if pathways aren't cohesive</p> <p>Further reputational risk if GPs and CCGs perceive any change in the current LIFT model and operational service with in Swindon</p>	<p>Meetings with LIFT and triumvirate management within the Swindon locality</p> <p>Attendance from LIFT at the Swindon governance and finance performance meeting</p> <p>Attendance from Lift at the Swindon contract meeting</p> <p>Meetings with LIFT and other Swindon AWP primary and secondary care services regarding care pathways</p>	Minutes of all mentioned meetings to be available	Currently LIFT are managed via Specialised and secure delivery unit	To be determined following ops consultation in October

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:		Director of Operations / Locality Management Team			
Deliverable	Associated risks (and reference to risk registers)	Key controls	Assurances on controls	Gaps in controls / assurance	How and when we plan to close gaps
Provide services which meet the needs of patients and are in line with commissioner intention.	<p>Significant concerns expressed by GP's re access to services</p> <p>(WILTS3, Wiltshire RR, September 2013)</p>	<p>Risk, Performance, Operational Management and Governance meetings held monthly</p> <p>Meetings with CCG twice a month</p> <p>Regular contact through email and telephone with Service Users</p>	Performance measured through IQ and reviewed at management meetings	None	

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:		Director of Operations / Locality Management Team			
Deliverable	Associated risks (and reference to risk registers)	Key controls	Assurances on controls	Gaps in controls / assurance	How and when we plan to close gaps
Meet the needs of individuals, whilst avoiding the need for admission.	<p>Significant concerns expressed by GP's re access to services</p> <p>(WILTS3, Wiltshire RR, September 2013)</p>	<p>Liaison service development underway</p> <p>User Survey</p> <p>Use of admission notes</p> <p>IQ performance</p>	Review of development by project team, minutes	Currently no mechanism in place for confirming needs of population	Audit of need to be considered
Ensure service capacity meets growing demand.	<p>Ashdown identified as being 'under pressure' and risk to patient safety and poor compliance with some care standards e.g. Medication errors, Non-compliance with Infection Control</p> <p>(WILTS2, Wiltshire RR, September 2013)</p>	<p>Review of capacity and demand undertaken</p> <p>On-going case management and budget management</p>	Review of budgets regularly	None	

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:		Director of Operations / Locality Management Team			
Deliverable	Associated risks (and reference to risk registers)	Key controls	Assurances on controls	Gaps in controls / assurance	How and when we plan to close gaps
Develop robust service models which can deliver needs-led, flexible, patient-centred care.	Significant concerns expressed by GP's re access to services (WILTS3, Operations RR, July 2013)	Review of care pathways Complaints Attendance at Wiltshire Care Forum meetings	Monitoring and follow up of complaints Meeting minutes	None	
Improve outcomes for individuals, whilst providing an efficient service model.	Significant concerns expressed by GP's re access to services (WILTS3, Operations RR, July 2013)	Use of IQ system for performance monitoring Attendance at Wiltshire Care Forum meetings Measurement of outcomes for CQC and audit Friends and Family test	Re-admission rates Length of stay data for inpatient and community	None	

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:		Director of Operations / Locality Management Team			
Deliverable	Associated risks (and reference to risk registers)	Key controls	Assurances on controls	Gaps in controls / assurance	How and when we plan to close gaps
Improve the engagement and participation of all key stakeholders and ensure that developments are truly in line with the locality's needs	No relevant risk identified on Operations RR or TWRR.	Attendance at Wiltshire Care Forum meetings Locality performance meeting Attendance at community forum meetings	Minutes of meetings attended	None	

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:		Director of Operations / Locality Management Team			
Deliverable	Associated risks (and reference to risk registers)	Key controls	Assurances on controls	Gaps in controls / assurance	How and when we plan to close gaps
Deliver consistent, high quality patient care across every service.	Failure to match demand with capacity would lead to pressure on existing resources and a requirement to use out-of-area beds. (OPS17, Operations RR, September 2013)	Revised governance structures now in place Regular supervision and appraisal undertaken, monitored through IQ	Review of IQ data through local management meetings	None	
Ensure continued business growth in line with population need and strategic developments.	Agencies unsuccessful in the re-tendering of Bristol drug and alcohol services initiating agitation from influential people within Bristol establishments such as MPs and Councillors (SDAS19, Specialist Drug and Alcohol Services RR, September 2013)	Strategy in place for new business opportunities	Progress against strategy monitored	None	

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:		Director of Operations / Locality Management Team			
Deliverable	Associated risks (and reference to risk registers)	Key controls	Assurances on controls	Gaps in controls / assurance	How and when we plan to close gaps
Lead co-produced service development to improve service user outcomes.	No relevant risk identified on Operations RR or TWRR.	Implementation of experience-based design for services	Discussion at local management meetings	None	
Deliver business models fit for PbR and competitive tendering.	Cost of TUPE and redundancy as consequence of new model and scale of staffing change (SDAS18, Specialist Drug and Alcohol Services RR, September 2013)	Review of effectiveness through local audits KPIs used to monitor performance Economies made through skills mix in staffing	Review of audit outcomes by management Performance reviews at local management meetings	None	

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:		Director of Operations / Locality Management Team			
Deliverable	Associated risks (and reference to risk registers)	Key controls	Assurances on controls	Gaps in controls / assurance	How and when we plan to close gaps
Deliver consistent, high quality patient care across every service.	Failure to match demand with capacity would lead to pressure on existing resources and a requirement to use out-of-area beds. (OPS17, Operations RR, September 2013)	IQ system used to record data Action plan in place to address safety and quality Policies in place to deal with complaints	Review of IQ data by management locally Progress against action plan monitored Review of complaints	None	
Ensure continued business growth in line with population need and strategic developments.	Failure to meet cost improvement plans identified for the SDU in 2013/14 (S&SS26, Specialised and Secure RR, September 2013)	Management scoping business opportunities	Management oversight	None	
Lead co-produced service development to improve service user outcomes.	Risk that Secure inpatient services will not achieve required funding (S&SS30, Specialised and Secure RR, September 2013)	Experience based design implemented	Review of performance in these areas at management meeting	None	



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:		Director of Operations / Locality Management Team			
Deliverable	Associated risks (and reference to risk registers)	Key controls	Assurances on controls	Gaps in controls / assurance	How and when we plan to close gaps
Deliver business models fit for PbR and competitive tendering.	Failure to meet cost improvement plans identified for the SDU in 2013/14(S&SS26, Specialised and Secure RR, September 2013)	Performance reporting Review of effectiveness with audits Review of efficiencies and economy	Oversight by local management team	None	

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. 			
					
Lead director:		Director of Operations			
Deliverable	Associated risks (and reference to risk registers)	Key controls	Assurances on controls	Gaps in controls / assurance	How and when we plan to close gaps
Provide customer-focused support to service delivery units to meet patient and carer needs.	Failure to deliver services to the requirements of commissioners. (OPS21, Operations Risk Register, September 2013)	Friends and Family test Real time surveys Service User Involvement Workers	All posts recruited to and supervision/appraisal processes in place	None	
Enable continuous quality improvement through the Quality Academy.	Failure to adopt new working practices both for front-line clinical and non-clinical support services, to meet future NHS efficiency targets. (IBP09, TWRR, August 2013)	IQ system PMO	Visible variances seen in IQ Reporting by PMO	Variances currently seen in information from IQ	Provide additional guidance and training to staff
Expand the AWP research portfolio. Enhance income generation through commercialisation of clinical and non-clinical service development.	Failure to adopt new working practices both for front-line clinical and non-clinical support services, to meet future NHS efficiency targets. (IBP09, TWRR, August 2013)	Delivery against contract requirements	Service quality and reputation	Level of market intelligence current available	Development of the Business directorate

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; margin: 10px auto;"> <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> </div>					
Lead director:		Director of Operations			
Deliverable	Associated risks (and reference to risk registers)	Key controls	Assurances on controls	Gaps in controls / assurance	How and when we plan to close gaps
Develop businesses to meet patient and carer needs.	<p>Failure to develop a corporate and locality infrastructure that enables the Trust to respond quickly, appropriately and effectively to changing market requirements.</p> <p>(IBP08, TWRR, August 2013)</p>	<p>Friends and Family test</p> <p>IQ system</p> <p>Service User feedback through experience based design programme, peer mentors and Service User involvement work</p>	<p>Experience based design programme</p> <p>Peer support feedback</p>	<p>Not yet fully embedded across SBU as processes are new</p>	<p>Work is ongoing to embed practice</p>