

## The point on a page – the Board Assurance Framework

The Board has three key roles in its leadership of AWP, as defined in the Foundation Trust Network's *The Foundations of Good Governance*:

- Formulating strategy;
- Shaping a positive culture for the Board and the organisation; and
- Ensuring accountability by holding the organisation to account for the delivery of strategy and **through seeking assurance that systems of control are robust and reliable.**

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

- The Trust's purpose and priorities through its 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.

The Trust has defined its purpose as follows:

*"We provide the highest quality mental healthcare to support recovery and hope".*

To achieve this purpose the Trust has defined five priorities:

1. Deliver the best care
2. Support and develop staff
3. Continually improve what we do
4. Use our resources wisely
5. Be future focused

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. 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. 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.

*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.

### RAG Rating our Assurances

To provide the Board with an "at a glance" indication of how complete our assurances are against our strategic objectives a RAG rating is given. To RAG rate the objective the following guidance is given:

**Green:** Effective controls are definitely in place and the Board is satisfied that appropriate assurances are available.

**Amber:** Effective controls are thought to be in place but assurances are uncertain and/or possibly insufficient.

**Red:** Effective controls may not be in place and/or appropriate assurances are not available to the Board.

*The Board must regularly review those RAG rated as green to ensure these remain current and satisfactory.*

*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

Trust-wide Objectives and Assurances

Business work stream:				Trust-wide – Enabling strategy (IBP 1.13)						
Trust-wide enabling strategy:				Quality improvement strategy - clinical quality is at the heart of our plans.						
Lead director:				Director of Nursing						
Objective	Associated risks (and reference to risk registers)	Risk Ref	Current risk score (highest scoring risk)	Key controls in place to manage this risk	Positive assurances on controls	RAG status of assurance	Probable assurances on controls	Gaps in controls and/or assurance	Actions identified to close gaps	Completion date of actions
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 (Clinical Executive Risk Register, December 2013)	CE1	8	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 Implementation of QGAF actions	Q&S Committee and CCG Quality Group review of IQSP and IQ metrics			Not all QGAF actions complete	On track to implement within agreed timetable.	

Business work stream:				Trust-wide – Enabling strategy (IBP 1.13 and 3.7.2)						
Trust-wide enabling strategy:				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						
Objective	Associated risks (and reference to risk registers)	Risk Ref	Current risk score (highest scoring risk)	Key controls in place to manage this risk	Positive assurances on controls	RAG status of assurance	Probable assurances on controls	Gaps in controls and/or assurance	Actions identified to close gaps	Completion date of actions
Deliver improved future income and expenditure surpluses.  Drive improved Earnings before Interest, Tax, Depreciation and Amortisation (EBITDA) returns and generate increased cash balances year on year.  Deliver improved Monitor financial performance metrics.	Income (Commercial) risks regarding relationships with commissioners and tendering identified as risks IBP01, IBP02, IBP03, IBP04, IBP15, and IBP16 on the Trust-wide Risk Register (TWRR). There are also expenditure risks particularly around identifying, agreeing and achieving Cost Improvement Plans	IBP01, IBP02, IBP03, IBP04, IBP05, IBP15, and IBP16	12	Business Planning processes (Trust wide and Locality) including the Integrated Business Plan (IBP)  Business Planning policies and procedures e.g. Tender evaluation Framework  Financial Control policies and	External Audit review outcomes(both financial reporting and value for money opinions)  13/14 Internal Audit financial reports all positive assurance opinions  NHS Trust Development Authority (TDA) oversight			Evidence that new Locality management structures are operationally embedded.  Red Regularity Review audits showing areas that are not complying with policy and standards.  Overspends in	Six month review required of locality structure underway for individual localities. Overarching review also required.  Review of all locality budgets and robust review of forecasts.  Review of forecast cash EFL target	31 January 2014

<b>Business work stream:</b>				<b>Trust-wide – Enabling strategy (IBP 1.13 and 3.7.2)</b>						
<b>Trust-wide enabling strategy:</b>				<b>Financial strategy</b> – 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.						
<b>Lead director:</b>				<b>Director of Finance</b>						
Objective	Associated risks (and reference to risk registers)	Risk Ref	Current risk score (highest scoring risk)	Key controls in place to manage this risk	Positive assurances on controls	RAG status of assurance	Probable assurances on controls	Gaps in controls and/or assurance	Actions identified to close gaps	Completion date of actions
	(CIP’s), defined in risk IBP05 on the TWRR.			<p>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>Finance and Planning Committee provide overview of commercial and financial issues and risks</p> <p>Historic Due Diligence 2 review undertaken to support FT journey</p> <p>Cost Improvement programmes risk assessed for achievability and quality impact</p> <p>Training and development in commercial and financial competencies.</p>	<p>FT application process, including NHS TDA and Historic Due Diligence Review</p> <p>Quality and Standards (Q&amp;S) committee risk assess CIP’s</p> <p>KPMG now partner for Bristol tender providing external validation and oversight of process</p> <p>NTDA Oversight meetings and risk rating of 1 given by NTDA</p>			<p>some localities.</p> <p>Cash position not adequately showing risk to Trust in mitigating its overspend in year.</p>	and plan to recover to LTFM plan.	

Business work stream:				Trust-wide – Enabling strategy (IBP 1.13 and 3.7.2)						
Trust-wide enabling strategy:				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 Business Development						
Objective	Associated risks (and reference to risk registers)	Risk Ref	Current risk score (highest scoring risk)	Key controls in place to manage this risk	Positive assurances on controls	RAG status of assurance	Probable assurances on controls	Gaps in controls and/or assurance	Actions identified to close gaps	Completion date of actions
Rationalise our estate, control our future capital spend and retain the proceeds of land and property sales to improve our future cash position (liquidity).	Failure to provide a reduced, more flexible estate, based on a hub-and-spoke model of service provision.  (TWRR, December 2013)	IBP 12	4	Business Planning processes (Trust wide and Locality) including the IBP Trust Estates Strategy Programme Management Office (PMO) managing important projects that impact on the estate e.g. Bristol tender Business planning policies and procedures, including business cases going to the Trusts monthly Investment Planning Group Monthly monitoring of estates key performance indicators (KPI’s) Monthly monitoring of the Trust PFI contract	Finance and Planning Committee provide overview of commercial and financial issues and risks PLACE assessments provide feedback on the condition and use of the Trust estate from Service Users The IQ system provides feedback on the use and condition of the estate through the CQC domain Trust Board member Quality Improvement visits and “back to the floor” experiences provide first hand feedback on the condition and use of the estate			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. The PMO is not yet fully 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	An external review of the Trusts estate strategy and associated operational issues is to be scoped and need considered by ET. PMO will continue to establish itself during quarter 3 and 4 as a core function of the Trust’s business services and take ownership to manage projects Trust-wide.	28 February 2014

Business work stream:				Trust-wide – Enabling strategy (IBP 1.13 and 3.7.3)						
Trust-wide enabling strategy:				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:				HR Director						
Objective	Associated risks (and reference to risk registers)	Risk Ref	Current risk score (highest scoring risk)	Key controls in place to manage this risk	Positive assurances on controls	RAG status of assurance	Probable assurances on controls	Gaps in controls and/or assurance	Actions identified to close gaps	Completion date of actions
Ensure that each member of staff is: (a) committed to the delivery of excellence within available resources; (b) understands the	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	IBP 09	12	Recruitment Appraisal and Supervision Effective Management Learning and Development	Adherence to NHS standard checks (references, DBS, professional registration, medically fit for role, right to work, Identity check and qualification		Appointment roles in the new HR structure which will enable key contacts to be assigned to each locality and to become integrated into the respective	Competency based recruitment processes are being developed which directly relate to job requirements to ensure the right people are recruited to roles.	Working with the locality teams to support, coach and develop recruiting managers into improved recruitment and	Ongoing

<b>Business work stream:</b>				<b>Trust-wide – Enabling strategy (IBP 1.13 and 3.7.3)</b>						
<b>Trust-wide enabling strategy:</b>				<b>People strategy</b> – 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.						
<b>Lead director:</b>				<b>HR Director</b>						
Objective	Associated risks (and reference to risk registers)	Risk Ref	Current risk score (highest scoring risk)	Key controls in place to manage this risk	Positive assurances on controls	RAG status of assurance	Probable assurances on controls	Gaps in controls and/or assurance	Actions identified to close gaps	Completion date of actions
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.	commissioners and future NHS efficiency targets by changing the workforce through normal turnover.  The inability to recruit to key roles will impact on teams and Trust performance.  (TWRR, December 2013)			Workforce planning	check), and compliance with payment to staff audit Ability to recruit the right person at the right time in the role. Oversight of appraisal and supervision information through IQ system reporting. Provision of advice, guidance and support on people-related issues and ensure adherence to legislation. Provision of learning and development to support employees perform in their roles and to ensure that all statutory and mandatory requirements are met.		management teams. The key contacts will have a thorough understanding of the team issues and provide relevant support, advice and guidance. Requests by other organisations for learning and development involvement. Other organisations requesting advice and guidance from the Trust.	Current ability to assess care and compassion when recruiting to roles.  Appraisal and supervision of staff is key in ensuring that staff receive regular feedback, support and encouragement to deliver excellence. we are targeting the right learning and development at individuals and teams and ensure their performance is line managed effectively  Poor staff survey results denoting chronic underlying issues in staff management	management techniques.  Use of technology to capture supervision and appraisal activity.  Ensuring delivery of statutory and mandatory training in a cost and time efficient method. Additional learning and development activities planned and delivered appropriately.  Development and delivery of wellbeing strategy.	

<b>Business work stream:</b>				<b>Trust-wide – Enabling strategy (IBP 1.13 and 3.7.4)</b>						
<b>Trust-wide enabling strategy:</b>				<b>Information technology strategy</b> – 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.						
<b>Lead director:</b>				<b>Director of Business Development</b>						
Objective	Associated risks (and reference to risk registers)	Risk Ref	Current risk score (highest scoring risk)	Key controls in place to manage this risk	Positive assurances on controls	RAG status of assurance	Probable assurances on controls	Gaps in controls and/or assurance	Actions identified to close gaps	Completion date of actions
Be courageous and innovative in our use of information systems and technology (e.g. mobile/remote working).	There are risks around the strategic and operational management and use of information technology and these are	IBP 05, IBP 08 and IBP 09.	12	Business Planning processes (Trust wide and Locality) including the IBP.  Trust Information	External Audit review outcomes Internal Audit review outcomes. Feedback from			External benchmarks and learning from “best in field” around what is possible. Information Governance Toolkit	Consider external support either through consultancy advice or benchmarking	

Business work stream:				Trust-wide – Enabling strategy (IBP 1.13 and 3.7.4)						
Trust-wide enabling strategy:				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 Business Development						
Objective	Associated risks (and reference to risk registers)	Risk Ref	Current risk score (highest scoring risk)	Key controls in place to manage this risk	Positive assurances on controls	RAG status of assurance	Probable assurances on controls	Gaps in controls and/or assurance	Actions identified to close gaps	Completion date of actions
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. Invest in IT core infrastructure to ensure its performance maximises the full use of available systems and technology.	embedded within risks, IBP05, IBP08, and IBP09 on the TWRR.			Technology Strategy. 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. Finance and Planning Committee. oversight	Locality Clinical Directors around “pace of change”.			assessment outcome highlights not satisfactory achievement of requirements	with other organisations. Actions identified and implementation underway to improve achievement of requirements.	
Ensure the whole workforce is capable and comfortable with the use of technology and information in their role in the workplace.	See above.		12	Business Planning processes (Trust wide and Locality) including the IBP. Trust Information Technology Strategy. 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. Finance and Planning Committee oversight.	External Audit review outcomes. Internal Audit review outcomes Feedback from Locality Clinical Directors around “pace of change”			External benchmarks and learning from “best in field” around what is possible. Information Governance Toolkit assessment outcome highlights not satisfactory achievement of requirements	Consider external support either through consultancy advice or benchmarking with other organisations. Actions identified and implementation underway to improve achievement of requirements.	

Business work stream:				Trust-wide – Enabling strategy (IBP 1.13 and 3.7.5)						
Trust-wide enabling strategy:				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 Business Development						
Objective	Associated risks (and reference to risk registers)	Risk Ref	Current risk score (highest scoring risk)	Key controls in place to manage this risk	Positive assurances on controls	RAG status of assurance	Probable assurances on controls	Gaps in controls and/or assurance	Actions identified to close gaps	Completion date of actions
Base services in appropriate buildings close to our communities. Maintain the buildings to a high standard. Provide a mix of properties owned, leased and shared with other agencies to ensure the services are accessible to the local community	Failure to provide a reduced, more flexible estate, based on a hub-and-spoke model of service provision.  (TWRR, December 2013)	IBP 12	4	Business Planning processes (Trust wide and Locality) including the IBP Trust Estates Strategy Finance and Planning Committee oversight Programme Management Office (PMO) managing important projects that impact on the estate e.g. Bristol tender Business planning policies and procedures, including business cases going to the Trusts monthly Investment Planning Group Monthly monitoring of estates key performance indicators (KPI's) Monthly monitoring of the Trust PFI contract	Finance and Planning Committee provide overview of commercial and financial issues and risks PLACE assessments provide feedback on the condition and use of the Trust estate The Information Quality (IQ) system provides feedback on the use and condition of the estate through the CQC domain Trust Board member Quality Improvement visits and “back to the floor” experiences provide first hand feedback on the condition and use of the estate			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.	An external review of the Trusts estate strategy and associated operational issues is to be scoped and need considered by ET.	28 February 2014

Business work stream:				Trust-wide – Enabling strategy (IBP 1.13 and 3.7.5)						
Trust-wide enabling strategy:				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:				Director of Corporate Affairs and Company Secretary						
Objective	Associated risks (and reference to risk registers)	Risk Ref	Current risk score (highest scoring risk)	Key controls in place to manage this risk	Positive assurances on controls	RAG status of assurance	Probable assurances on controls	Gaps in controls and/or assurance	Actions identified to close gaps	Completion date of actions
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	6	Engagement Strategy sets out a framework for discussion and dialogue with partners. Monthly review of risk	Regular review of Engagement Strategy, and feedback from partners. Oversight of Executive			No process in place for partner identification of risk to feed into risk reporting.	Risk processes to be developed alongside business planning process to fit	Review at 31 January 2014

Business work stream:				Trust-wide – Enabling strategy (IBP 1.13 and 3.7.5)						
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Lead director:				Director of Corporate Affairs and Company Secretary						
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	(TWRR, December 2013)			by Executive Team and senior managers to capture risk as and when it is identified.	risk registers by SMT				planning cycle	
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.  (TWRR, December 2013)	IBP08	6	Board Assurance Framework (BAF), aligned to IBP and supported by risk registers, also aligned to strategic objectives.  Risk register and BAF now related to Trust purpose and priorities.	Monthly review of BAF and risk register by responsible Executives and SMT, supported by Corporate Governance and Risk Manager  Review of BAF and risk register by Audit and Risk Committee			None identified at this time.		
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.  (TWRR, December 2013)	IBP13	12	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  Trust-wide Engagement Group meeting monthly with representation from Service Users and staff	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			None identified at this time.		
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.  (TWRR, December 2013)	IBP17	4	CPA/Risk Management processes and procedures  Training programme for all clinical staff  Ligature-free	Records Management Audit in IQ system  Q+S committee review of practice issues on work plan  CQC inspection reports			Review of Quality of Care Plans/Risk Assessments	IQ Records Management to focus on quality of Care Plans – end of Q3	31 January 2014

Business work stream:				Trust-wide – Enabling strategy (IBP 1.13 and 3.7.5)						
Trust-wide enabling strategy:				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:				Director of Corporate Affairs and Company Secretary						
Objective	Associated risks (and reference to risk registers)	Risk Ref	Current risk score (highest scoring risk)	Key controls in place to manage this risk	Positive assurances on controls	RAG status of assurance	Probable assurances on controls	Gaps in controls and/or assurance	Actions identified to close gaps	Completion date of actions
				environments Appropriate physical security measures Clinical Toolkit	AIMS accreditation on some inpatient wards PLACE reviews on environment Progress against Suicide Prevention Strategy and Action Plan					
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.	No relevant risk identified on TWRR.	N/A	N/A	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 still becoming embedded in day-to-day business	New training approach to be developed with L&D	31 March 2014
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.	N/A	N/A	Regular review and update of local and directorate risk registers identifying emerging risks across the organisation, feeding into the Trust-wide risk register Governance framework supporting escalation of issues and risk from team to Board level	Escalation/de-escalation of risks on TWRR decided upon by SMT on a monthly basis Review of risk register by Audit and Risk Committee and Board at each meeting, ensuring reflection on identified risk by Executives and NEDs Annual review of risk management approach and			Current system for managing risk registers is Excel based, limiting ability to interrogate and report on risks in detail. 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	Implementation of Ulysses system by end of March 2013 Mechanism for identifying emerging risk areas to be discussed and potential gaps in Trust ability to identify these to be assessed by end of December 2013 as part of	31 March 2014

<b>Business work stream:</b>				<b>Trust-wide – Enabling strategy (IBP 1.13 and 3.7.5)</b>						
<b>Trust-wide enabling strategy:</b>				<b>Risk strategy</b> – our strategic approach enables the proactive management of risk, acknowledging that there are inherent risks involved in the provision of mental health care.						
<b>Lead director:</b>				<b>Director of Corporate Affairs and Company Secretary</b>						
Objective	Associated risks (and reference to risk registers)	Risk Ref	Current risk score (highest scoring risk)	Key controls in place to manage this risk	Positive assurances on controls	RAG status of assurance	Probable assurances on controls	Gaps in controls and/or assurance	Actions identified to close gaps	Completion date of actions
					supporting procedures by Audit and Risk Committee and approval by Trust Board			in their areas. Following redesign of risk processes the Trust has not redefined its risk appetite.	next steps for risk Risk appetite statement to be approved by Audit and Risk Committee in February 2014.	
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.  TWRR, December 2013)	IBP16	6	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 identified at this time.		

<b>Business work stream:</b>				<b>Trust-wide – Enabling strategy (IBP 3.7.7)</b>						
<b>Trust-wide enabling strategy:</b>				<b>Engagement and Involvement strategy</b> – 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).						
<b>Lead director:</b>				<b>Director of Nursing</b>						
Objective	Associated risks (and reference to risk registers)	Risk Ref	Current risk score	Key controls in place to manage this risk	Positive assurances on controls	RAG status of assurance	Probable assurances on controls	Gaps in controls and/or assurance	Actions identified to close gaps	Completion date of actions
As a Trust Board, engage with service user and carer members on the Trust's priorities and strategic direction. Within local areas, work with communities,	No relevant risk identified on TWRR.	N/A	N/A	Engagement and Involvement Strategy Engagement Steering Group Quality Improvement Visits by Executives and NEDs	Review of action plans to implement Engagement and Involvement Strategy by Steering Group and report to Board Outcomes of Quality			None identified at this time.		

Business work stream:				Trust-wide – Enabling strategy (IBP 3.7.7)						
Trust-wide enabling strategy:				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						
Objective	Associated risks (and reference to risk registers)	Risk Ref	Current risk score	Key controls in place to manage this risk	Positive assurances on controls	RAG status of assurance	Probable assurances on controls	Gaps in controls and/or assurance	Actions identified to close gaps	Completion date of actions
service users and carers to develop appropriate and meaningful services. At a team and ward level, work to understand and respond to the experiences of people and their carers using our services.				Clinical and complaints presentations at Board Locality presentations to Quality and Standards Committee including Service User stories TW Engagement Steering Group, supported by TW Service User Group, Carers Forum and Health Watch Group	Improvement Visits reported to Q&S					
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.	N/A	N/A	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 (IBP 3.7.8)						
Trust-wide enabling strategy:				Membership strategy – maintaining membership of approximately 16,000 members.						
Lead director:				Director of Corporate Affairs and Company Secretary						
Objective	Associated risks (and reference to risk registers)	Risk Ref	Current risk score	Key controls in place to manage this risk	Positive assurances on controls	RAG status of assurance	Probable assurances on controls	Gaps in controls and/or assurance	Actions identified to close gaps	Completion date of actions
Ensure the breakdown of membership is broadly consistent with the population the Trust serves.	No relevant risk identified on TWRR.	N/A	N/A	Membership Strategy Membership Plan	Board and Board Committee oversight of the Membership Strategy			None identified at this time.		
Encourage older people into membership by, for example, working closely with our voluntary sector partners such as Age Concern and through	No relevant risk identified on TWRR.	N/A	N/A	Membership Strategy Membership engagement planned work	Board and Board Committee oversight of the Membership Strategy			None identified at this time.		

<b>Business work stream:</b>				<b>Trust-wide – Enabling strategy (IBP 3.7.8)</b>						
<b>Trust-wide enabling strategy:</b>				<b>Membership strategy</b> – maintaining membership of approximately 16,000 members.						
<b>Lead director:</b>				<b>Director of Corporate Affairs and Company Secretary</b>						
Objective	Associated risks (and reference to risk registers)	Risk Ref	Current risk score	Key controls in place to manage this risk	Positive assurances on controls	RAG status of assurance	Probable assurances on controls	Gaps in controls and/or assurance	Actions identified to close gaps	Completion date of actions
targeted membership recruitment of patients and service users who come into contact with our older-people services (e.g. for dementia).										
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.	Failure to create and maintain relationships with partners which leads to poor reputation.  (IBP16, TWRR, December 2013)	IBP16	6	Membership Strategy Membership Plan Membership Managers Network Company Secretaries Network	Board and Board Committee oversight of the Membership Strategy  Report to Board on membership activity and number of new members engaged with			None identified at this time.		

<b>Business work stream:</b>				<b>Trust-wide – Enabling strategy (IBP 3.7.9)</b>						
<b>Trust-wide enabling strategy:</b>				<b>Clinician engagement strategy</b> – 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'.						
<b>Lead director:</b>				<b>Medical Director</b>						
Objective	Associated risks (and reference to risk registers)	Risk Ref	Current risk score	Key controls in place to manage this risk	Positive assurances on controls	RAG status of assurance	Probable assurances on controls	Gaps in controls and/or assurance	Actions identified to close gaps	Completion date of actions
Develop governance and decision-making structures that enable the involvement of health and social care professionals in strategic and operational decision-making. Ensure a system-wide approach to the engagement of health and social care professionals in strategic and operational development. Develop and support	Failure to develop a corporate and locality infrastructure that enables the Trust to respond quickly, appropriately and effectively to changing market requirements.  (TWRR, December 2013)	IBP08	6	Involvement of Nursing and Medical directors in decision-making at Board level. Clinical Executive meeting includes deputies and line reports. Senior management team attended by Clinical Directors. Local and specialist delivery units led by Clinical Director supported by clinically qualified HOPP, and sub-structures include clinical and medical	ET & SMT agendas including standing items. Professional Council meeting minutes. Minutes of locality governance meetings. Staff feedback through Staff Surveys, reviewed by Q&S Listening into Action			None identified at this time.		

<b>Business work stream:</b>				<b>Trust-wide – Enabling strategy (IBP 3.7.9)</b>						
<b>Trust-wide enabling strategy:</b>				<b>Clinician engagement strategy</b> – 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'.						
<b>Lead director:</b>				<b>Medical Director</b>						
Objective	Associated risks (and reference to risk registers)	Risk Ref	Current risk score	Key controls in place to manage this risk	Positive assurances on controls	RAG status of assurance	Probable assurances on controls	Gaps in controls and/or assurance	Actions identified to close gaps	Completion date of actions
health and social care professionals in engaging in strategic and operational decision-making.				leads. Locality governance meetings report through management groups. Professional Council offers multi-professional advice to SMT. Wider clinical staff involvement through networks and interest groups.eg TMAG, TNAG, unregistered staff forum. Back to the Floor and Shadowing initiatives aim to close the gap in understanding between corporate and front line staff. Leadership development programmes underway with focus on succession planning.						

Business work stream:				Trust-wide – Enabling strategy (IBP 1.13 and 3.7.10)						
Trust-wide enabling strategy:				<b>Business development strategy</b> - 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"> <li>• The retention of services that are being re-tendered, where they meet our quality standards and make commercial sense to us to retain.</li> <li>• '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.</li> <li>• Provide tools and support for all Directorates/localities that will deliver enhanced bids/tenders</li> </ul>						
Lead director:				Director of Business Development						
Objective	Associated risks (and reference to risk registers)	Risk Ref	Current risk score	Key controls in place to manage this risk	Positive assurances on controls	RAG status of assurance	Probable assurances on controls	Gaps in controls and/or assurance	Actions identified to close gaps	Completion date of actions
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	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.  (TWRR, December 2013)	IBP04	6	Development of a Business Development team to support localities in their relationships and understanding of their business and opportunities. Ensure services and managers are aware of cost drivers and how to deliver improved quality for less money. Ensure relationships with commissioners are two way. We are hearing and communicating. Business Planning Framework Tender Decision Framework	Commissioners' re-commission rather than tender services. Commissioners convergence to our IBP is received. Track record in successfully winning new business.			None identified at this time.		
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.  (TWRR, December 2013)	IBP15	9	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. PACMAN Business Planning Framework	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. Commissioners intentions response			None identified at this time.		
To become a specialist provider and expand into core/new markets To become a specialist	Failure to create and maintain a commercial culture, literacy and infrastructure within the	IBP04	6	Reference cost data will demonstrate which services are costly and which aren't.	Reduction on reference costs annually and increase. Winning new business			None identified at this time.		

<b>Business work stream:</b>				<b>Trust-wide – Enabling strategy (IBP 1.13 and 3.7.10)</b>						
<b>Trust-wide enabling strategy:</b>				<b>Business development strategy</b> - 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"> <li>• The retention of services that are being re-tendered, where they meet our quality standards and make commercial sense to us to retain.</li> <li>• ‘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.</li> <li>• Provide tools and support for all Directorates/localities that will deliver enhanced bids/tenders</li> </ul>						
<b>Lead director:</b>				<b>Director of Business Development</b>						
Objective	Associated risks (and reference to risk registers)	Risk Ref	Current risk score	Key controls in place to manage this risk	Positive assurances on controls	RAG status of assurance	Probable assurances on controls	Gaps in controls and/or assurance	Actions identified to close gaps	Completion date of actions
provider Develop Private Patient Opportunities. Research & Development Expand Core Markets Develop a franchise model Maintain strong governance	Trust that ensures the Trust is fully aware of the short-term, medium-term and long-term commercial risks of all tenders and contracts.  (TWRR, December 2013)			Business Planning Process supporting localities to identify potential for new services.  Refresh of market analysis will confirm that the trust is still on track to support its IBP.  Business Development Framework  Organisational Development plan, supported by change management training and Board Development Plan.	and retaining current services.					

<b>Business work stream:</b>				<b>Delivery unit priority (IBP 3.6 and 3.6.8)</b>						
<b>Trust-wide enabling strategy:</b>				<ul style="list-style-type: none"> <li>• Develop business to support the development of localities.</li> <li>• Further expand non-PbR business to enhance overall AWP business portfolio.</li> <li>• Integrate and embed innovation across the organisation.</li> <li>• Support AWP’s ability to deliver PbR, through provision of finance and associated services across organisation.</li> <li>• Develop research portfolio across AWP.</li> </ul>						
<b>Lead director:</b>				<b>Director of Operations</b>						
Objective	Associated risks (and reference to risk registers)	Risk Ref	Current risk score	Key controls in place to manage this risk	Positive assurances on controls	RAG status of assurance	Probable assurances on controls	Gaps in controls and/or assurance	Actions identified to close gaps	Completion date of actions
Provide customer-focused support to service delivery units to meet patient and carer needs.	Failure to deliver services to the requirements of commissioners.  (Operations Risk Register, December 2013)	OPS21	16	Friends and Family test.  Real time surveys.  Service User Involvement Workers	All posts recruited to and supervision/ appraisal processes in place.			None identified at this time.		
Enable continuous	Failure to adopt new	IBP09	12	IQ system.	Visible variances seen			Variances currently	Provide additional	

Business work stream:				Delivery unit priority (IBP 3.6 and 3.6.8)						
Trust-wide enabling strategy:				<ul style="list-style-type: none"> <li>Develop business to support the development of localities.</li> <li>Further expand non-PbR business to enhance overall AWP business portfolio.</li> <li>Integrate and embed innovation across the organisation.</li> <li>Support AWP's ability to deliver PbR, through provision of finance and associated services across organisation.</li> <li>Develop research portfolio across AWP.</li> </ul>						
Lead director:				Director of Operations						
Objective	Associated risks (and reference to risk registers)	Risk Ref	Current risk score	Key controls in place to manage this risk	Positive assurances on controls	RAG status of assurance	Probable assurances on controls	Gaps in controls and/or assurance	Actions identified to close gaps	Completion date of actions
quality improvement through the Quality Academy.	working practices both for front-line clinical and non-clinical support services, to meet future NHS efficiency targets.  (TWRR, December 2013)			PMO. Business Planning process. Quality Improvement Plan.	in IQ. Reporting by PMO. Quarterly review of delivery against business plan objectives			seen in information from IQ	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.  (TWRR, December 2013)	IBP09	12	Delivery against contract requirements. Business Planning process.	Service quality and reputation. Quarterly review of delivery against business plan objectives.			Level of market intelligence current available	Development of the Business directorate	
Develop businesses to meet patient and carer needs.	Failure to develop a corporate and locality infrastructure that enables the Trust to respond quickly, appropriately and effectively to changing market requirements.  (TWRR, December 2013)	IBP08	6	Friends and Family test. IQ system. Service User feedback through experience based design programme, peer mentors and Service User involvement work. Involvement Workers in each locality.	Experience based design programme. Peer support feedback.			Not yet fully embedded across SBU as processes are new. Involvement Team does not have a single work plan	Work is ongoing to embed practice. Development and communication of a work plan for the team across the Trust area	

Local Objectives and Assurances

Business work stream:				Delivery unit priority (IBP 3.6 and 3.6.4)						
Local Delivery Unit:				Bath & North East Somerset (B&NES) LDU						
Trust-wide enabling strategy:				<ul style="list-style-type: none"> <li>Consolidate integration with local authority care services.</li> <li>Develop partnerships with other mental health providers in the locality.</li> <li>Review the provision of inpatient services in the locality.</li> <li>Collaborate with other providers to develop innovative services.</li> <li>Improve service user and carer engagement in the development of our services.</li> </ul>						
Lead director:				Director of Operations / Locality Management Team						
Objective	Associated risks (and reference to risk registers)	Risk Ref	Current risk score	Key controls in place to manage this risk	Positive assurances on controls	RAG status of assurance	Probable assurances on controls	Gaps in controls and/or assurance	Actions identified to close gaps	Completion date of actions
Ensure improved and coherent patient pathways across services and providers.	Reputational risk to AWP as a result of a) not having the capacity to fulfil the expectations of partner organisations b) lack of clarity regarding the relationship between LDU and central Safeguarding team  (Bath and North East Somerset RR, December 2013)	B&NES 2	12	On-going contract negotiations with commissioner to agree contract terms  project in place to amalgamate LIFT with PCLS within the locality Project Manager from CCG is supporting the transition of the service  Monthly performance meetings held to review contract delivery TUPE of all staff now complete, service is being delivered. Interviews for the Management post will be interviewed for mid January. Scoping exercise of Space Utilisation within the locality to co locate the PCLS and LIFT within the locality	Minutes of meetings – reviewed internally  Development days				In consultation with staff to amalgamate service	
Deliver ongoing improved outcomes for individuals with a range of mental health needs.	No relevant risk identified on locality RR.	N/A	N/A	Use of IQ to monitor performance  Monthly management meetings	Regular review of IQ system information at monthly management meeting			None identified at this time.		
Improve patient care across services.	No relevant risk identified on locality RR.	N/A	N/A	Monthly locality Q&S meetings  Use of IQ to monitor performance	Regular review of IQ system information at monthly management meeting			None identified at this time.		

<b>Business work stream:</b>				<b>Delivery unit priority (IBP 3.6 and 3.6.4)</b>						
<b>Local Delivery Unit:</b>				<b>Bath &amp; North East Somerset (B&amp;NES) LDU</b>						
<b>Trust-wide enabling strategy:</b>				<ul style="list-style-type: none"> <li>• Consolidate integration with local authority care services.</li> <li>• Develop partnerships with other mental health providers in the locality.</li> <li>• Review the provision of inpatient services in the locality.</li> <li>• Collaborate with other providers to develop innovative services.</li> <li>• Improve service user and carer engagement in the development of our services.</li> </ul>						
<b>Lead director:</b>				<b>Director of Operations / Locality Management Team</b>						
Objective	Associated risks (and reference to risk registers)	Risk Ref	Current risk score	Key controls in place to manage this risk	Positive assurances on controls	RAG status of assurance	Probable assurances on controls	Gaps in controls and/or assurance	Actions identified to close gaps	Completion date of actions
				CQC self-assessment						
Provide robust service models which can deliver flexible, patient-centred care.	<p>Reputational risk to AWP as a result of</p> <p>a) not having the capacity to fulfil the expectations of partner organisations</p> <p>b) lack of clarity regarding the relationship between LDU and central Safeguarding team</p> <p>(Bath and North East Somerset RR, December 2013)</p>	B&NES 2	12	<p>On-going contract negotiations with commissioner to agree contract terms</p> <p>project in place to amalgamate LIFT with PCLS within the locality</p> <p>Project Manager from CCG is supporting the transition of the service</p> <p>Monthly performance meetings held to review contract delivery</p> <p>TUPE of all staff now complete, service is being delivered.</p> <p>Interviews for the Management post will be interviewed for mid January. Scoping exercise of Space Utilisation within the locality to co locate the PCLS and LIFT within the locality</p>	Positive Service User feedback				In consultation with staff to amalgamate service	
Improve pathway for individuals requiring transfer between services, e.g. LIFT.	<p>Staff that have transferred to AWP from Sirona may have difficulty in adapting to the new model of service jeopardising delivery of the service specification.</p> <p>(Bath and North East</p>	B&NES 1	12	<p>Regular meetings with LIFT and Sirona held</p> <p>Core pathway meetings held with CCG</p>	Minutes of meetings			None identified at this time.		

<b>Business work stream:</b>				<b>Delivery unit priority (IBP 3.6 and 3.6.4)</b>						
<b>Local Delivery Unit:</b>				<b>Bath &amp; North East Somerset (B&amp;NES) LDU</b>						
<b>Trust-wide enabling strategy:</b>				<ul style="list-style-type: none"> <li>• Consolidate integration with local authority care services.</li> <li>• Develop partnerships with other mental health providers in the locality.</li> <li>• Review the provision of inpatient services in the locality.</li> <li>• Collaborate with other providers to develop innovative services.</li> <li>• Improve service user and carer engagement in the development of our services.</li> </ul>						
<b>Lead director:</b>				<b>Director of Operations / Locality Management Team</b>						
Objective	Associated risks (and reference to risk registers)	Risk Ref	Current risk score	Key controls in place to manage this risk	Positive assurances on controls	RAG status of assurance	Probable assurances on controls	Gaps in controls and/or assurance	Actions identified to close gaps	Completion date of actions
	Somerset RR, October 2013)									

<b>Business work stream:</b>				<b>Delivery unit priority (IBP 3.6 and 3.6.1)</b>						
<b>Local Delivery Unit:</b>				<b>Bristol LDU</b>						
<b>Trust-wide enabling strategy:</b>				<ul style="list-style-type: none"> <li>• Place service users and carers from Bristol's many communities at the heart of all delivery and care</li> <li>• Strengthen the psychological emphasis of clinical service delivery across the city.</li> <li>• Implement the commissioning priorities from Modernising Mental Health Services in Bristol, IAPT AQP and the Mental Health Liaison Strategy.</li> <li>• Develop and sustain external partnerships with local agencies to support delivery of commissioner specifications.</li> <li>• Develop and sustain strong community relationships, particularly in relation to the inner city and black and minority ethnic communities</li> <li>• Strengthen the Trust's contribution to the life of the community, particularly in relation to community safety, diversity and ambition for change.</li> </ul>						
<b>Lead director:</b>				<b>Director of Operations / Locality Management Team</b>						
Objective	Associated risks (and reference to risk registers)	Risk Ref	Current risk score	Key controls in place to manage this risk	Positive assurances on controls	RAG status of assurance	Probable assurances on controls	Gaps in controls and/or assurance	Actions identified to close gaps	Completion date of actions
Place service users and carers from Bristol's many communities at the heart of all delivery and planning of care	Service Users involved in Tender evaluation may rate the Trust's bid poorly.  (BR09, Bristol RR, January 2013)	BR09	9	Service User Involvement role Carers Leads in each team Local Involvement Strategy up to October 2014 monitored through CCG Performance Meeting Locality Quality, Operational & Team Meetings User focused Complaints management approach User & Carer involvement in Tender Project process R&D CORE Study on Peer Support Workers	Supervision and appraisal of Involvement Worker & Carers Leads Agreed Involvement Priorities Papers for and Minutes of Performance Meeting Minutes of Meetings Complaints records Tender Meetings, Minutes and Outputs New Peer Support Worker posts in Intensive Team EBD Outputs Joint launch of Recovery College with Second Step		Developing examples of active user & carer involvement such as Ujima Radio Shows, Young Carers Website, User produced Street Art, Mental Health Boxing Project Collaborative user involvement work with Bid Partner Agencies, and emerging Tender User Reference Group Revised approach to In-Patient peer involvement	Longer Term Bristol Involvement Strategy	Regular discussions with CCG in Performance Meeting and Tender / In-Patient Re-commissioning processes – awaiting Tender outcome	June 2014

Business work stream:				Delivery unit priority (IBP 3.6 and 3.6.1)						
Local Delivery Unit:				Bristol LDU						
Trust-wide enabling strategy:				<ul style="list-style-type: none"> <li>Place service users and carers from Bristol's many communities at the heart of all delivery and care</li> <li>Strengthen the psychological emphasis of clinical service delivery across the city.</li> <li>Implement the commissioning priorities from Modernising Mental Health Services in Bristol, IAPT AQP and the Mental Health Liaison Strategy.</li> <li>Develop and sustain external partnerships with local agencies to support delivery of commissioner specifications.</li> <li>Develop and sustain strong community relationships, particularly in relation to the inner city and black and minority ethnic communities</li> <li>Strengthen the Trust's contribution to the life of the community, particularly in relation to community safety, diversity and ambition for change.</li> </ul>						
Lead director:				Director of Operations / Locality Management Team						
Objective	Associated risks (and reference to risk registers)	Risk Ref	Current risk score	Key controls in place to manage this risk	Positive assurances on controls	RAG status of assurance	Probable assurances on controls	Gaps in controls and/or assurance	Actions identified to close gaps	Completion date of actions
				Experience based design (EBD) service planning Recovery College						
Strengthen the psychological emphasis of clinical service delivery across the city.	No relevant risk identified on TWRR		N/A	New Bristol Clinical Change Forum Partnerships with Second Step, Missing Link and Off the Record to promote a more psychologically informed environment Tender bids for each Lot Complex Psychological Therapies Bid within Lot 1 Integration of LIFT Bristol into Locality structures	Meetings and records of Clinical Change Forum Tender planning, outputs and final submissions Identification of Clinical Lead for Psychological Therapies within Bristol SMT Development of new Primary Care Psychotherapy Service supported by CCG			Final local management structure for LIFT	Interim structure to be put in place in January and final structure for April	April 2014
Implement the commissioning priorities from Modernising Mental Health Services in Bristol, IAPT AQP and the Mental Health Liaison Strategy	The potential inability for the Trust to make rapid enough service change ahead of the Tender.  (Bristol RR January 2013)	BR13	12	Tender and Re-commissioning planning processes Bristol SMT Series of short term service change projects CCG Performance Meeting agrees any in year changes Development of specific new services, such as S 136 Suite, Street Triage,	Tender planning output and final submissions Minutes and notes of meetings		Development of new Primary Care Psychotherapy Service	Lack of clarity in development of Liaison Psychiatrist roles at NBT Final Tender decision not known	Clarification to be sought from CCGs re funding Highest quality bid with strong local and system leadership partnerships	April 2014  June 2014
Develop and sustain strong community	No relevant risk identified on TWRR	BR13		New role of Inner City Mental Health Worker Active Engagement	Voluntary Sector Consortium decision to approach AWP for Bid		Planned commencement of regular service user show on Ujima Radio	None identified at this time		

Business work stream:				Delivery unit priority (IBP 3.6 and 3.6.1)						
Local Delivery Unit:				Bristol LDU						
Trust-wide enabling strategy:				<ul style="list-style-type: none"> <li>Place service users and carers from Bristol's many communities at the heart of all delivery and care</li> <li>Strengthen the psychological emphasis of clinical service delivery across the city.</li> <li>Implement the commissioning priorities from Modernising Mental Health Services in Bristol, IAPT AQP and the Mental Health Liaison Strategy.</li> <li>Develop and sustain external partnerships with local agencies to support delivery of commissioner specifications.</li> <li>Develop and sustain strong community relationships, particularly in relation to the inner city and black and minority ethnic communities</li> <li>Strengthen the Trust's contribution to the life of the community, particularly in relation to community safety, diversity and ambition for change.</li> </ul>						
Lead director:				Director of Operations / Locality Management Team						
Objective	Associated risks (and reference to risk registers)	Risk Ref	Current risk score	Key controls in place to manage this risk	Positive assurances on controls	RAG status of assurance	Probable assurances on controls	Gaps in controls and/or assurance	Actions identified to close gaps	Completion date of actions
relationships, particularly in relation to the inner city and black and minority ethnic communities				with Neighbourhood, Locality and City Wide Networks Engagement in No Health Without Mental Health	Partnership RECC+ Course Completion for Senior Leadership Team New Contractual relationships with Nilaari and with SARI					
Strengthen the Trust's contribution to the life of the city, particularly in relation to community safety, diversity and ambition for change	The potential inability for the Trust to make rapid enough service change ahead of the Tender.  (Bristol RR January 2013)	BR13	12	New role of Head of Partnerships and Systems Active Engagement with Neighbourhood, Locality and City Wide Networks Engagement in No Health Without Mental Health Police-Mental Health Practitioners Forum Section 136 Super Suite development	Outputs of city wide No Health Without Mental Health work Outputs of Police-Mental Health Practitioners Group including training plans for 136, Street Triage Proposal to CCG Planning processes and minutes for 136 development		Opening of S136 Suite Piloting of Street Triage	None identified at this time		
Develop and sustain external partnerships with local agencies to support delivery of commissioner specifications	The Bristol CCG Tender Submission - is weakened by insufficient partnership collaboration.  (BR03, Bristol RR, January 2013)	BR03	8	Tender Project Board and supporting infrastructure Formal consortium partnership supporting Tender Partnership Board Active User and Carer engagement at all levels of Tender co-production System Leadership planning	Records of Meetings Tender outputs up to and including final submissions			None identified at this time.		

Business work stream:				Delivery unit priority (IBP 3.6 and 3.6.2)						
Local Delivery Unit:				North Somerset LDU						
Trust-wide enabling strategy:				<ul style="list-style-type: none"> <li>Build on our relationship with our patients and carers and seek out further opportunities for meaningful and ongoing engagement.</li> <li>Work in collaborative partnership within the North Somerset 'Integration project' to improve care for individuals with severe and complex mental health problems, including dementia.</li> <li>Identify service gaps and develop additional high quality specialist mental health services.</li> <li>Strive for service excellence, ensuring we can deliver robust and high quality mental health services.</li> </ul>						
Lead director:				Director of Operations / Locality Management Team						
Objective	Associated risks (and reference to risk registers)	Risk Ref	Current risk score	Key controls in place to manage this risk	Positive assurances on controls	RAG status of assurance	Probable assurances on controls	Gaps in controls and/or assurance	Actions identified to close gaps	Completion date of actions
Build on our relationship with our patients and carers and seek out further opportunities for meaningful and ongoing engagement  Identify service gaps and develop additional high quality specialist mental health services  Strive for service excellence; ensure we can deliver robust and high quality mental health services	Lack of Consultant Psychiatry input to Early Intervention team, reducing easy access to medical input and expertise.  (North Somerset RR, December 2013)	NS1	12	Access to medical input is available from Recovery Team medics.	Patients who need input receive appropriate medical care as evidenced in the EI Team Managers supervision.		Since November 2013 we have a nurse prescriber in the EI Team.  We will review the cover arrangements from the Recovery consultant on an on-going basis		Recovery Service Manager will meet with EI Team Manager in Jan/Feb 2014 to review that adequate medical input is given	
Work in collaborative partnership within the North Somerset 'Integration Project' to improve care for individuals with severe and complex mental health problems, including dementia	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.  (North Somerset RR, December 2013)	NS2	8	Relationship and agreement with CRH ECT Team. CD implementing ECT support plan. North Somerset Integration Board. Dementia Strategy Group. Performance meetings with Commissioners. Development of PTS strategy in North Somerset including PD Group.	CD working with MD of WGH/AWP to address deficits Commissioners support of the plan. Waiting list initiative monies have been awarded by CCG to progress work on waiting list back log. Delivery plan for PTS interventions underway.			Local consultants have been identified to support the ECT service in Bristol. Funding for scans need to be clarified.	Further meetings with WGH have been arranged to agree a pathway for service users with a local ECT need. In addition we are reviewing our SLA with WGH.  Review progress of waiting list initiative in Feb 2014.	
Build on our relationship with our patients and carers and seek out further opportunities for meaningful and ongoing engagement  Identify service gaps and develop additional high quality specialist mental health services	Failure to meet standards regarding delivery of recommended effective treatment.  (North Somerset RR, December 2013)	NS8	9	PD Interest Group  Development and implementation of Recovery Intervention Programme	Recovery Team staff delivering psychological interventions in conjunction with/under supervision of PTS staff		Recruitment complete.		Delivery of interventions by Recovery Team also now underway. On-going improvement.  Trustwide review of PTS services being undertaken.	

<b>Business work stream:</b>				<b>Delivery unit priority (IBP 3.6 and 3.6.2)</b>						
<b>Local Delivery Unit:</b>				<b>North Somerset LDU</b>						
<b>Trust-wide enabling strategy:</b>				<ul style="list-style-type: none"> <li>• Build on our relationship with our patients and carers and seek out further opportunities for meaningful and ongoing engagement.</li> <li>• Work in collaborative partnership within the North Somerset 'Integration project' to improve care for individuals with severe and complex mental health problems, including dementia.</li> <li>• Identify service gaps and develop additional high quality specialist mental health services.</li> <li>• Strive for service excellence, ensuring we can deliver robust and high quality mental health services.</li> </ul>						
<b>Lead director:</b>				<b>Director of Operations / Locality Management Team</b>						
<b>Objective</b>	<b>Associated risks (and reference to risk registers)</b>	<b>Risk Ref</b>	<b>Current risk score</b>	<b>Key controls in place to manage this risk</b>	<b>Positive assurances on controls</b>	<b>RAG status of assurance</b>	<b>Probable assurances on controls</b>	<b>Gaps in controls and/or assurance</b>	<b>Actions identified to close gaps</b>	<b>Completion date of actions</b>
Strive for service excellence; ensure we can deliver robust and high quality mental health services										

Business work stream:				Delivery unit priority (IBP 3.6 and 3.6.3)						
Local Delivery Unit:				South Gloucestershire LDU						
Trust-wide enabling strategy:				<ul style="list-style-type: none"> <li>Seek opportunities for meaningful and ongoing engagement with our service users and carers.</li> <li>Work in partnership across organisations (including stakeholders, healthcare partners, etc) to improve care for individuals with severe and complex mental health problems, including dementia.</li> <li>Identify service gaps and develop additional high quality specialist mental health services.</li> <li>Ensure that the locality can deliver robust and high quality mental health services.</li> </ul>						
Lead director:				Director of Operations / Locality Management Team						
Objective	Associated risks (and reference to risk registers)	Risk Ref	Current risk score	Key controls in place to manage this risk	Positive assurances on controls	RAG status of assurance	Probable assurances on controls	Gaps in controls and/or assurance	Actions identified to close gaps	Completion date of actions
Seek opportunities for meaningful and ongoing engagement with our service users and carers	No relevant risk identified on locality RR.	N/A	N/A	Involvement Worker in each locality Care Forum/Service User feedback	Minutes of meeting Positive feedback			None identified at this time.		
Work in partnership across organisations (including stakeholders, healthcare partners, etc.) to improve care for individuals with severe and complex mental health problems, including dementia	No relevant risk identified on locality RR.	N/A	N/A	Discussed at Mental Health Partnership meetings Performance meetings and work plans developed Discussed with CCG partnership to identify any gaps. Review of performance at monthly Q&S meetings	Minutes of meetings Feedback from partnership meetings			None identified at this time.		
Striving for excellence across all services 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	The LIFT service has been transferred into the Locality and senior managers responsible for the management of these services are completing their secondments and returning to their substantive posts without the Triumvirate fully understanding the model or delivery of this service	SG10	16	1) Analysis of service being undertaken by newly appointed service manager and team manager together with outgoing manager to ascertain issues/service delivery problems 2) Options being considered to replace senior clinical expertise 3) Current vacancies being reviewed 4) Estates involvement to consider other venue options at more cost effective prices	None currently as risk identified 08.01.2014		Awaiting outcome of key controls	None identified at this time.	n/a	28.01.14 as meeting with commissioners to discuss contract 23.01.

Business work stream:				Delivery unit priority (IBP 3.6 and 3.6.5)						
Local Delivery Unit:				Swindon LDU						
Trust-wide enabling strategy:				<ul style="list-style-type: none"> <li>Develop and sustain external business relationships across all stakeholders and healthcare partnerships.</li> <li>Develop dementia services to meet the needs of Swindon locally.</li> <li>Develop hospital liaison/hospital-at-home and care home services.</li> <li>Develop inpatient services (across all areas) to enable flexible model of care.</li> <li>Ensure all Swindon service models are sustainable.</li> </ul>						
Lead director:				Director of Operations / Locality Management Team						
Objective	Associated risks (and reference to risk registers)	Risk Ref	Current risk score	Key controls in place to manage this risk	Positive assurances on controls	RAG status of assurance	Probable assurances on controls	Gaps in controls and/or assurance	Actions identified to close gaps	Completion date of actions
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	The team appear not to have a clear identity of the function and purpose of an Intensive Service and how to deliver this consistently at a quality standard.  (Swindon locality RR, December 2013)	SW05	12	Revised care pathway meeting twice weekly chaired by the HOPP. Specific complex cases lead identified for 6 month project to support work. HOPP leading a simulation care pathway event to enable problem solving. HOPP specifically leading on care pathway work over the next six months. Out of area bed management authorisation delegated to MD and HOPP for verification.	Weekly meeting with triumvirate to coordinate work stream. Recording and review of all out of area bed usage. Review of all out of area bed usage. work stream fed into contracts and performance meeting with the CCG.			Structures have only been in place for a short time, and these are still embedding	Expect to see improved care pathway within 3 months	
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	Lack of commissioned capacity - large waiting list  (Swindon locality RR, December 2013)	SW02	8	Development of these services is ongoing and overseen by local management meetings. Meetings with the CCG dementia lead to articulate memory service model. Paper written to outline issues, waiting times and associated service model issues, with alternative models reflected.	Minutes of management meetings. To be reflected in the CCG strategy document. To be reported in performance and contract meetings with the CCG.			GPs currently reticent to engage in discussions around alternative shared care and primary care models		
Ability to ensure that the LIFT services in	No relevant risk identified on current	N/A	N/A	Meetings with LIFT and triumvirate	Minutes of all mentioned meetings			Currently LIFT are managed via	To be determined	31 October 2013

<b>Business work stream:</b>				<b>Delivery unit priority (IBP 3.6 and 3.6.5)</b>						
<b>Local Delivery Unit:</b>				<b>Swindon LDU</b>						
<b>Trust-wide enabling strategy:</b>				<ul style="list-style-type: none"> <li>• Develop and sustain external business relationships across all stakeholders and healthcare partnerships.</li> <li>• Develop dementia services to meet the needs of Swindon locally.</li> <li>• Develop hospital liaison/hospital-at-home and care home services.</li> <li>• Develop inpatient services (across all areas) to enable flexible model of care.</li> <li>• Ensure all Swindon service models are sustainable.</li> </ul>						
<b>Lead director:</b>				<b>Director of Operations / Locality Management Team</b>						
<b>Objective</b>	<b>Associated risks (and reference to risk registers)</b>	<b>Risk Ref</b>	<b>Current risk score</b>	<b>Key controls in place to manage this risk</b>	<b>Positive assurances on controls</b>	<b>RAG status of assurance</b>	<b>Probable assurances on controls</b>	<b>Gaps in controls and/or assurance</b>	<b>Actions identified to close gaps</b>	<b>Completion date of actions</b>
Swindon are integrated with clear care pathways with our remaining AWP locality services	risk registers.			management within the Swindon locality  Attendance from LIFT at the Swindon governance and finance performance meeting  Attendance from Lift at the Swindon contract meeting  Meetings with LIFT and other Swindon AWP primary and secondary care services regarding care pathways	to be available			Specialised and Secure delivery unit	following ops consultation in October	

Business work stream:				Delivery unit priority (IBP 3.6 and 3.6.6)						
Local Delivery Unit:				Wiltshire LDU						
Trust-wide enabling strategy:				<ul style="list-style-type: none"> <li>Develop and sustain external business relationships across all stakeholders, healthcare partners and other community partnerships.</li> <li>Develop hospital liaison/hospital-at-home and care home liaison.</li> <li>Develop services for complex needs, physical care, CAMHS, LD, dual diagnosis and Personality Disorder.</li> <li>Ensure the delivery of financially sustainable, safe and high quality services across the locality.</li> <li>Develop a pathway which provides integrated, needs-led services.</li> <li>Develop new models of partnership working with service users, carers and the wider community.</li> <li>Contribute to the development of an integrated dementia pathway to create a dementia-friendly society.</li> </ul>						
Lead director:				Director of Operations / Locality Management Team						
Objective	Associated risks (and reference to risk registers)	Risk Ref	Current risk score	Key controls in place to manage this risk	Positive assurances on controls	RAG status of assurance	Probable assurances on controls	Gaps in controls and/or assurance	Actions identified to close gaps	Completion date of actions
Provide services which meet the needs of patients and are in line with commissioner intention.	South Recovery Team's ability to identify and respond to priority clinical risk and complete organisational priority tasks.  (Wiltshire RR, December 2013)	WILTS4	12	1. South Recovery Team being supported with direct Service Manager input.  2. HoPP profiling clinical caseloads to feed into day to day management and supervision.  3. Forensic cases being managed away from team.  4. Depot clinics being managed by bank and ward staff.  5. Weekly project type meeting with senior management team and Team Manager.	1. HOPP reporting to Triumvirate management meetings.  2. Review of actions taken against plans regularly.  3. Minutes of Project meeting in South Recovery Team.			High number of SUIs.	Learning lessons work re: high number of SUI.	28/2/14
Provide services which meet the needs of patients and are in line with commissioner intention.	1. CQC Improvement Plan for Safeguard Children arrangements: AWP need to demonstrate compliance to avoid CQC enforcement action and significant reputational damage.  2. Increased risk to service users.  3. All relevant staff not currently trained.  (Wiltshire RR,	WILTS1	12	1. The Section 136 suite at Fountain Way has been made available for under 16s under care of Oxford CAMHS from January 2014.  2. A half-day workshop (Embedding Safeguarding into Team Practice) for Wiltshire Team Managers took place on 5 December 2013.	1. The attendance of staff on Safeguarding Training is being actively tracked.  2. Wiltshire CCG has asked AWP to develop a revised action plan based on the CQC report and recommendations further to their review in December 2013. The draft plan is to be submitted by 20 January 2014.					28/2/14

Business work stream:				Delivery unit priority (IBP 3.6 and 3.6.6)						
Local Delivery Unit:				Wiltshire LDU						
Trust-wide enabling strategy:				<ul style="list-style-type: none"> <li>Develop and sustain external business relationships across all stakeholders, healthcare partners and other community partnerships.</li> <li>Develop hospital liaison/hospital-at-home and care home liaison.</li> <li>Develop services for complex needs, physical care, CAMHS, LD, dual diagnosis and Personality Disorder.</li> <li>Ensure the delivery of financially sustainable, safe and high quality services across the locality.</li> <li>Develop a pathway which provides integrated, needs-led services.</li> <li>Develop new models of partnership working with service users, carers and the wider community.</li> <li>Contribute to the development of an integrated dementia pathway to create a dementia-friendly society.</li> </ul>						
Lead director:				Director of Operations / Locality Management Team						
Objective	Associated risks (and reference to risk registers)	Risk Ref	Current risk score	Key controls in place to manage this risk	Positive assurances on controls	RAG status of assurance	Probable assurances on controls	Gaps in controls and/or assurance	Actions identified to close gaps	Completion date of actions
	December 2013)									
Meet the needs of individuals, whilst avoiding the need for admission.	No relevant risk identified on current risk registers.	N/A	N/A	1. Liaison service development underway.  2. User Survey.  3. Reviews of admission notes.  4. IQ performance data.	1. 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.	South Recovery Team's ability to identify and respond to priority clinical risk and complete organisational priority tasks. (Wiltshire RR, December 2013)	WILTS4	9	1. Review of capacity and demand undertaken.  2. On-going case management and budget management.  3. Development of a Wiltshire bed management strategy,	1. Review of budgets regularly.			None identified at this time.		
Develop robust service models which can deliver needs-led, flexible, patient-centred care.	No relevant risk identified on current risk registers.	N/A	N/A	1. Review of care pathways.  2. Monitoring of complaints.  3. Attendance at Wiltshire Care Forum meetings.  4. Monitoring of Friends and Family Test results.	1. Monitoring and follow up of complaints.  2. Risk and Complaints meeting minutes.  3. Wiltshire Care Forum minutes.			None identified at this time.		

<b>Business work stream:</b>			<b>Delivery unit priority (IBP 3.6 and 3.6.6)</b>							
<b>Local Delivery Unit:</b>			<b>Wiltshire LDU</b>							
<b>Trust-wide enabling strategy:</b>			<ul style="list-style-type: none"> <li>• Develop and sustain external business relationships across all stakeholders, healthcare partners and other community partnerships.</li> <li>• Develop hospital liaison/hospital-at-home and care home liaison.</li> <li>• Develop services for complex needs, physical care, CAMHS, LD, dual diagnosis and Personality Disorder.</li> <li>• Ensure the delivery of financially sustainable, safe and high quality services across the locality.</li> <li>• Develop a pathway which provides integrated, needs-led services.</li> <li>• Develop new models of partnership working with service users, carers and the wider community.</li> <li>• Contribute to the development of an integrated dementia pathway to create a dementia-friendly society.</li> </ul>							
<b>Lead director:</b>			<b>Director of Operations / Locality Management Team</b>							
Objective	Associated risks (and reference to risk registers)	Risk Ref	Current risk score	Key controls in place to manage this risk	Positive assurances on controls	RAG status of assurance	Probable assurances on controls	Gaps in controls and/or assurance	Actions identified to close gaps	Completion date of actions
Improve outcomes for individuals, whilst providing an efficient service model.	Ability to meet savings target while maintaining quality of service.  (Wiltshire RR, December 2013)	WILTS5	12	1. All bank and agency requests are made with rationale for that request. 2. Ward calculators on inpatient units to calculate staff numbers required. 3. Considering new rostering program (Allocate). 4. Caseload profiling for all community teams. 5. Skill mix and team review. 6. Supervision template roll-out to all recovery teams to aid continuous profiling.	1. Re-admission rates. 2. Length of stay data for inpatient and community.			1. All bank and agency requests are made with rationale for that request: outcome of this not finalised. 2. Alternatives to Agency medical staff need to be adopted while providing a safe clinical service.		

<b>Business work stream:</b>				<b>Delivery unit priority (IBP 3.6 and 3.6.7)</b>						
<b>Local Delivery Unit:</b>				<b>Specialist Mental Health Services –Specialised Services</b>						
<b>Trust-wide enabling strategy:</b>				<ul style="list-style-type: none"> <li>• Deliver safe, innovative and high quality services.</li> <li>• Develop services in line with commissioner intentions and market opportunities.</li> <li>• Further develop and deliver innovative specialist mental health services.</li> <li>• Enhance overall business through maximising growth opportunities, including tender opportunities and growth outside of AWP geography.</li> <li>• Ensure business models are sustainable and efficient.</li> <li>• Further develop our relationships with patients, service users and carers to seek out further opportunities for meaningful and ongoing engagement.</li> </ul>						
<b>Lead director:</b>				<b>Director of Operations / Locality Management Team</b>						
<b>Objective</b>	<b>Associated risks (and reference to risk registers)</b>	<b>Risk Ref</b>	<b>Current risk score</b>	<b>Key controls in place to manage this risk</b>	<b>Positive assurances on controls</b>	<b>RAG status of assurance</b>	<b>Probable assurances on controls</b>	<b>Gaps in controls and/or assurance</b>	<b>Actions identified to close gaps</b>	<b>Completion date of actions</b>
Deliver consistent, high quality patient care across every service.	Poor standards of compliance with policy, performance and quality.  (Secure RR, December 2013)	S&SS32	4	Revised governance structures now in place. Regular supervision and appraisal undertaken, monitored through IQ.	Review of IQ data through local management meetings.			None identified at this time.		
Ensure continued business growth in line with population need and strategic developments.	No relevant risk identified on current risk registers.	N/A	N/A	Strategy in place for new business opportunities.	Progress against strategy monitored.			None identified at this time.		
Lead co-produced service development to improve service user outcomes.	No relevant risk identified on current risk registers.	N/A	N/A	Implementation of experience-based design for services.	Discussion at local management meetings.			None identified at this time.		
Deliver business models fit for PbR and competitive tendering.	No relevant risk identified on current risk registers.	N/A	N/A	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 identified at this time.		

<b>Business work stream:</b>				<b>Delivery unit priority (IBP 3.6 and 3.6.7):</b>						
<b>Local Delivery Unit:</b>				<b>Specialist Mental Health Services – Secure Services</b>						
<b>Trust-wide enabling strategy:</b>				<ul style="list-style-type: none"> <li>• Deliver safe, innovative and high quality services.</li> <li>• Develop services in line with commissioner intentions and market opportunities.</li> <li>• Further develop and deliver innovative specialist mental health services.</li> <li>• Enhance overall business through maximising growth opportunities, including tender opportunities and growth outside of AWP geography.</li> <li>• Ensure business models are sustainable and efficient.</li> </ul> <p>Further develop our relationships with patients, service users and carers to seek out further opportunities for meaningful and ongoing engagement.</p>						
<b>Lead director:</b>				<b>Director of Operations / Locality Management Team</b>						
Objective	Associated risks (and reference to risk registers)	Risk Ref	Current risk score	Key controls in place to manage this risk	Positive assurances on controls	RAG status of assurance	Probable assurances on controls	Gaps in controls and/or assurance	Actions identified to close gaps	Completion date of actions
Deliver consistent, high quality patient care across every service.	No relevant risk identified on current risk registers.	N/A	N/A	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 identified at this time.		
Ensure continued business growth in line with population need and strategic developments.	No relevant risk identified on current risk registers.	N/A	N/A	Management scoping business opportunities	Management oversight			None identified at this time.		
Lead co-produced service development to improve service user outcomes.	No relevant risk identified on current risk registers.	N/A	N/A	Experience based design implemented	Review of performance in these areas at management meeting			None identified at this time.		
Deliver business models fit for PbR and competitive tendering.	No relevant risk identified on current risk registers.	N/A	N/A	Performance reporting  Review of effectiveness with audits  Review of efficiencies and economy	Oversight by local management team			None identified at this time.		