

The point on a page – the 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 Assurance Framework 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 an Assurance Framework, not least because it's been proven good practice for many years in both healthcare and a whole range of complicated high-risk organisations. An Assurance Framework 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, it 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 Assurance Framework 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 Assurance Framework is about.

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

- The Assurance Framework 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, Directorate 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

Strategic Priority 1				To deliver the best care							
Lead director:				Executive 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	
To achieve a rating of 'good' from the Inspector of Hospitals	Caring										
	<p>Staff related challenges can impact on delivery of quality care, employee relations and / or have a negative effect on the inspection outcome, including:</p> <ul style="list-style-type: none"> - The Trust has some challenges in successfully recruiting new staff, in some roles and localities - Potential failure to review team staffing requirements and needs, thereby failing to review roles, requirements and missing the opportunity to develop other roles or skill mix within the team - Length of time taken from initiation of recruitment to an offer of the role being made to start date does not support efficient recruitment and may cause increased costs by using temporary and Bank staff to fill gaps. Can also mean lost opportunity costs. - Some staff do may not feel well supported or well managed, which may result in increased sickness absence, low morale and low staff satisfaction, leading to increases in staff turnover, grievances and disciplinary action - Staff may be more likely to leave employment in services in Bristol as a consequence of uncertainty related to tendering and re-procurement of services 	AF1	6	<p>Good practice guide for Recruitment developed and in use with aim to improve the recruitment process and timescale and improve employee engagement.</p> <p>New processes put in place for Occupational Health checks which will help reduce time taken to identify start dates for staff.</p> <p>New policies and processes implemented from 1 April 2014 for appraisal and supervision, to improve staff experience in these areas. Assessment of quality of supervision and appraisal will be available to employees to comment on.</p> <p>Training delivered by HR teams locally on revised HR policies to managers to support effective delivery of these processes. Looking to introduce blended learning for training on HR procedures and best practice.</p> <p>Health and Wellbeing Manager in post, ascertaining staff requirements and sourcing / improving activities available to staff and providing support to improve staff experience at work.</p>	Reduction in average time taken from job offer to start date.		<p>Staff survey results should reflect improvements in staff experience but will depend upon amount of organisational change and political environment.</p> <p>Reduced sickness absence rates.</p> <p>Improved staff survey results.</p>	<p>There is a belief that sickness absence levels are underreported. Allocate will identify underreporting which will increase sickness absence levels.</p>	<p>Review of new rostering system (roll out during spring and summer 2014) will take place to seek further improvements that can be made in relation to quality, costs, controls data capture.</p>	30 September 2014	

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	Effective									
	Ineffective Quality governance systems do not provide the ability to check and test effectiveness of processes in place, or do not capture issues broader than specific compliance criteria, such as clinical environmental issues	AF2	9	<p>Integrated Assurance Framework – the framework through which the Trust maintains oversight at management and Board level of performance across all areas.</p> <p>Use of IQ to record and monitor performance through regular review of data at Quality Huddle, Quality and Standards Committee and Board.</p> <p>2 weekly presentation to Ops SMT of mock CQC inspection outcomes and themes and associate actions developed.</p> <p>A review of the role of Professional Council is underway, with the aim of ensuring the group provides the required support and guidance within the Trust.</p> <p>The revised Supervision Policy supports staff to discuss quality of services delivered with management, supported with mechanisms for future review and feedback.</p>	<p>Positive trends in performance reported through IQ seen during 2013-14,</p> <p>Internal Audit report (Clinical Governance and Compliance) confirming accuracy of data recorded.</p>		<p>Clinical Audit will report on outcomes and issues throughout the year.</p>	<p>Comparison of Trust performance in relation to quality of services reported through IQ is limited in national comparators.</p> <p>IQ reporting requires further development to allow an “override” to apply a broader filter in areas of concern</p> <p>Clearer links to be established for communication between the Academy and localities</p>	<p>An extraordinary huddle is to be held at the end of April 2014 which will review additional data and will consider performance against national trends. This will help the Trust identify areas where it needs to focus on improvements in comparison to other providers.</p>	30 April 2014
	Failure to fully communicate and implement required standards across all teams	AF3	6	<p>A revised Supervision Policy was implemented on 1 April 2014 which was endorsed by the Quality and Standards Committee, and which seeks to improve the process of supervision for staff, strengthening lines of communication.</p>	<p>Mock inspection outcomes</p> <p>Reporting through IQ on supervision rates</p>		<p>The role of the Quality Academy is to provide two key functions – to communicate required standards and to monitor implementation of these.</p> <p>To monitor compliance the Academy oversees a programme of mock CQC inspections, which will report outcomes to Ops SMT.</p>	<p>Limited assurance over communication of standards, and current challenges linked to the structure of the Academy team</p> <p>Currently there is no audit mechanism for confirming quality of supervision provided to staff.</p>	<p>Further work is underway to strengthen the way in which the Quality Academy is working to ensure communication of standards is further reinforced by accessibility to clinicians and staff seeking support to deliver high quality services.</p> <p>Supervision records will be audited to review quality as well as completion of</p>	31 May 2014

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									supervision.	
	Responsive									
	Engagement with stakeholders, particularly service users and carers, is , impacting on opinions of the Trust fed back to inspectors	AF4	6	<p>Engagement and Involvement Strategy, guiding principles for local and Trust-wide engagement activity. Engagement mechanisms are being considered as part of the review of the Quality Academy current underway, led by the Acting Director of Nursing.</p> <p>Locality Involvement Workers manage involvement activity in their area, led by the Involvement Manager.</p> <p>Friends and Family test, monitoring external opinion of quality of services.</p> <p>Development of the role of the Peer Support worker across localities.</p>	<p>Positive perception of services seen through Friends and Family test responses.</p> <p>Carers Charter has been developed through Carer groups and agreed at Trust Board.</p>		<p>Trust-wide Engagement Group is currently redefining its objectives to further strengthen processes and develop the structure of engagement activity.</p> <p>Clinical Audit review of Engagement and Responsiveness</p>	Reporting against achievement of objectives defined in the Engagement and Involvement Strategy has not yet been undertaken.	Complete review of Trust-wide Engagement Group objectives and approve revised Terms of Reference for the group. Trust Board to maintain oversight of the activity of this group.	31 May 2014
	Employee relations are not well managed at a national and / or local level, resulting in dissatisfaction of unions and risk of industrial action.	AF5	6	<p>Adherence to national terms and conditions.</p> <p>HR, the Executive Team and Operational management continue to work with staff side to ensure policies are fit for purpose, comply with Agenda for Change terms and conditions, and services are of high quality. Regular formal meetings occur through:</p> <ul style="list-style-type: none"> - Trust Consultative Group - General Negotiating Group - Joint Union Council - Local Negotiating Groups 	<p>No threat of industrial action at the current time.</p> <p>Formal and informal meetings continue, allowing the Trust to reach workable agreements to areas of dispute.</p> <p>Staff side representatives are included in project groups, organisation change and policy reviews across all localities.</p>			None identified.		
	Safe									
	Outstanding CQC inspection actions at team level will have a negative impact on the overall assessment of the Trust through this inspection	AF6	9	A CQC project group is meeting weekly in the lead up to the Inspector's visit to sign off incomplete actions.			Sign off of actions as complete ahead of inspection.		Visits are scheduled for mock inspections to be undertaken for those teams with outstanding actions.	31 May 2014
							Positive outcomes of mock inspections,			

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							reported through Quality and Standards Committee			
Well-led										
	HR policies have not been prepared with a commercial focus, resulting in unnecessary cost pressures on the Trust in order to comply with its policies.	AF7	6	Back to the Floor initiative Greater visibility of triumvirate locally and acknowledged by teams Greater Executive visibility			Simpler policies and procedures to be developed. Policies incorporating nationally agreed terms whilst meeting Trust objectives. Management conference Trust-wide Manager forums Quality Improvement visits led by Executive and Non-Executive Directors		All HR policies will be reviewed taking into consideration the viability of current policies and to update them in the interests of the Trust and the services it provides. Staff side will be engaged with throughout this process.	30 September 2014
	Management information provided by HR through the ESR system cannot be relied upon to be reported by line managers, provided in a timely manner and accuracy can be inconsistent.	AF8	9	Ensuring manager responsibility for completing appropriate returns to allow update of ESR. HR is working with localities and Finance to ensure teams have the right establishment in both financial and skill mix terms, so that HR management information can be relied upon at all levels. Director of Resources and Operations have now agreed a simplified ESR hierarchy for the Trust with the software provider				Gap between finance and ESR reporting identified and being resolved. Ability to implement self-service is currently limited but investigating how / where this will be possible. ESR fixes applied by the system hosts are not consistent and some issues are being experienced with fixes being effectively implemented.	A review of data held within ESR is regularly undertaken and aligned to other Trust reporting systems. Consideration of introduction of self-service for staff and managers to check data held. System hosts to regularly review system to check for faults and implement fixes.	30 September 2014
	Failure to maintain a total level of income which enables the Trust to sustain its delivery of a full range of	IBP03	6	Viability Review Fully participating in national commissioning in specialist	Reporting on financial position to Finance and Planning Committee and Board		Evidence delivery of good quality care from AWP to reduce the desire to re-commission from	Improving relationships with commissioners to understand their needs and	To understand our costs of delivering services, which appear currently	30 June 2014

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	services and skills.			commissioning Cost Improvement Plans Development of Business Development function within Resources Directorate	on a monthly basis. Improved Commissioner relationships		another provider	procurement intentions at the earliest opportunity	high.	
	Failure to plan and systematically deliver Cost Improvement Plans (CIPs) across localities.	IBP09	12	Leadership development programme in place for new Clinical Directors to enable them to support change and new working practice IQ System provides an accessible focus on quality and drives continuous improvement Weekly CIP assurance process in place Business Planning process in place Recruitment panel in place CIPs defined for current year, and coordinating CIP development process for 15/16 with detailed PIDs, QIAs and defined delivery plans & leads. CIP programmes developed throughout localities	Reporting on delivery to Finance and Planning Committee and Board on a monthly basis. Quarterly triumvirate performance reporting		Monthly monitoring via PMO & Ops of CIP delivery against budgets.	None identified.		

Strategic Priority 2				To support our staff						
Lead director:				Rachel Clark, Programme Director – 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 implement Friends and Family for staff	Delay in implementation as a result of ineffective coordination and planning	AF9	6	Identified owner for data and management of reporting Management training Monitoring of CQUIN via Performance and Contracts Management Group (PaCMAN)			Successful implementation of test across the Trust, measured through response rates Monitoring and reporting will not be seen until process is in place	Implementation plan with clear responsibilities Communications plan (learning from Friends and Family for patients, engage localities in promoting Friends and Family locally)	Implementation and communication plans under development currently Addition of data to IQ will provide quarterly management reporting. Further monitoring will take place during the Quality Huddle, performance reviews and by the Employee Strategy and Engagement Committee	31 May 2014
	Lack of staff engagement	AF10	6							
	Lack of monitoring of response rates	AF11	6							
	Poor communication of actions taken in response to feedback	AF12	6							
	Failure to deliver CQUIN target	AF29	6							
To enable every team to receive Team Development in the coming two years	Lack of ownership of Team Development by localities	AF13	9				Delivery against implementation plan cannot be seen yet but will be over time Stage gate reviews will take place throughout pilot and wider implementation, which will be reported on to ESEC	Implementation Plan will take account of LDU service development plans Pilot approach with 2/3 localities to test logistical plans	Implementation Plan to be developed	31 May 2014
	Logistical challenges of releasing staff, especially in inpatient services	AF14	9							
	Failure to relieve work related stress resulting from workload	AF15	6							
	Insufficient resources to support of Team Development (LDUs and central resource)	AF16	9							
To see 10% of questions on the annual staff survey improve on 2013 results	Failure to visibly respond to issues highlighted through 2013 staff survey	AF17	4	Targeted programmes addressing issues highlighted in 2013 survey, e.g. bullying and harassment, health and wellbeing and appraisals Staff Engagement Strategy Workforce Planning and capacity management Enabling Excellence Programme				Learning and Development programme was reduced to only statutory and mandatory training in Q4 of 2013/14, and is now under review in its entirety. There is currently no mechanism for reporting on	Reinstate Learning and Development programme Monitoring of progress will be , which will be put in place through a Staff Engagement Dashboard, to be scrutinised by ESEC.	31 May 2014
	Continued low morale and lack of engagement across staff groups due to ongoing redesign and skill mix reviews, large scale change projects Trust-wide and work pressures.	AF18	6							
	Training provision not reinstated	AF19	4							

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	Negative impact resulting from national changes to NHS pay terms and conditions	AF20	4	Re-focus on Equality and Diversity across staff base Appraisal system gives staff an additional facility to feedback and encourages engagement and responsiveness				progress in this area.		

Strategic Priority 3				To continually improve what we do						
Lead director:				Alan Metherall, Acting 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
To fully establish the Quality Academy	Insufficient resources, both in staff and in funding, resulting in the inability to establish the quality academy as intended	AF21	6	Ongoing liaison with Academic Health Science Network to identify a potential cost reduction for a shared post in the Academy team	CIPs defined for current year and agreed by Trust Board			The Academy needs to be established in a structure which will allow it to achieve its purpose, ahead of reporting which will provide assurance.	Review of the quality academy to take place in April/May 2014	30 June 2014
	There is a deficit in the skills required to fully deliver the role of the Academy	AF22	6	All Nursing directorate CIP plans impact assessed to determine adequacy of service redesign for delivery of services	Business plans signed off by Trust Board and submitted to TDA on 2 April 2014				Work to be undertaken with teams to release staff to posts within the Academy.	
	Required resources to fully establish the Academy are not available due to failure to deliver savings plans, resulting in inadequate structures across services	AF23	6	Weekly CIP assurance process in place Business Planning process in place Recruitment panel in place CIPs defined for current year, and coordinating CIP development process for 15/16 with detailed PIDs, QIAs and defined delivery plans & leads.						
To achieve a 20% reduction in the use of restrictive practices	<i>This is an objective the Trust is committed to achieving, but it is currently awaiting the release of new guidance by the Royal College of Nursing on restrictive practices. Once released the Trust will ensure its strategy for achieving this objective is led by this guidance.</i>									

Strategic Priority 4				Use our resources wisely						
Lead director:				Sue Hall, Director of Resources						
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 establish the Resources Directorate	Failure to adequately define the support required to meet the needs of the LDUs as a result of insufficient engagement with operational staff and leaders, and therefore failure to provide the required resources and corporate support to enable LDUs to deliver services effectively	AF24	6	Ongoing consultation with LDUs on what they need from the directorate and how LDUs see this being achieved Identification of staff requirements to deliver what is required. Enabling Excellence programme, supporting cultural change and embedding Trust intentions, priorities and goals	Performance reported in relation to localities through IQ, as evidence of strong leadership through triumvirate management structure		Feedback will be gathered via the Staff Survey during the year A successful continuation of the FT journey tests the effectiveness of our support services as well as our care services, therefore this will be an assurance that the directorate is operating effectively	As the directorate is developed assurances will be seen, however at this stage this is inevitably limited.		
	Failure to reduce costs of delivering corporate services, resulting in financial pressures across the Trust	AF25	6							
	Failure to accurately assess and identify the required skill mix to effectively support LDUs	AF26	6							
	Cultural change is not fully effected and is therefore not embedded across the Trust, therefore failing to correct historic cultural beliefs in relation to corporate services, which will impact on the ability of the Resources directorate to provide a holistic support service to LDUs	AF27	6							
	Failure to develop a corporate and locality infrastructure that enables the Trust to respond quickly, appropriately and effectively to changing market requirements.	IBP08		Locality Delivery Unit Management Teams (LMTs) now set up, coordinated by the Executive Director of Operations and proving effective New infrastructure has been established for corporate departments and local delivery units. Effectiveness of arrangements is being managed by relevant Executive Directors Effectiveness of LDU Management Teams is being monitored by the Director of						

Strategic Priority 4				Use our resources wisely						
Lead director:				Sue Hall, Director of Resources						
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				<p>Operations</p> <p>Effective service delivery is being monitored through the Integrated Assurance Framework</p> <p>Local performance meetings with commissioners in place to improve relationships and knowledge of the health system in the local areas</p>						
To achieve our CIP Programme	Failure to plan and systematically deliver Cost Improvement Plans (CIPs) across localities.	IBP09		<p>Leadership development programme in place for new Clinical Directors to enable them to support change and new working practice</p> <p>IQ System provides an accessible focus on quality and drives continuous improvement</p> <p>Weekly CIP assurance process in place</p> <p>Business Planning process in place</p> <p>Recruitment panel in place</p> <p>CIPs defined for current year, and coordinating CIP development process for 15/16 with detailed PIDs, QIAs and defined delivery plans & leads.</p>	Reporting on delivery to Finance and Planning Committee and Board on a monthly basis.		<p>Monthly monitoring via PMO & Ops of CIP delivery against budgets.</p> <p>Internal and External Audit reviews of financial management and controls</p> <p>IQ development to include financial performance.</p>	None identified.		

Strategic Priority 5				Be future focused						
Lead director:				Trust Board						
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 authorised as a Foundation Trust	Failure to demonstrate that the Trust meets the requirements of the TDA Accountability Framework and Monitor Risk Assessment Framework	AF28	4	<p>Monthly meeting of the FT Steering Group, with membership comprised of the Executive Team and Chair of the Trust Board</p> <p>FT Delivery Group comprised of operational leads meeting regularly to progress work required</p> <p>Project Manager coordinating all contact with TDA and CQC, leading provision of evidence and communicating with Trust Board regularly</p>	<p>Monthly report to Trust Board on progress in the FT journey</p> <p>Update to the Trust Board at each Board seminar and development session</p>			None identified.		
To win the Bristol Tender and provide Mental Health Services as part of Mental Health Bristol	Failure to establish effective and responsive working relationships with CCGs to understand their commissioning intentions and timeframes.	IBP02	9	The key control is to inspire confidence in AWP as the existing contract holder, by ensuring that our services are responsive, locally-focussed, effective, and demonstrate value for money, and so establishing AWP as a provider that CCGs need to engage with.	Effective service delivery is being monitored through the Integrated Assurance Framework			There is a lack of resource to support the project in Bristol currently.	Resourcing of delivery to be considered.	30 June 2014
	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.	IBP04	6	<p>Controls already in place to meet those objectives include:</p> <ul style="list-style-type: none"> - AWP's revised management structure prioritises clinical leadership - Locality structure enables services to be matched to local priorities, to experiment and innovate, and to respond quickly to changing needs 	The Trust has progressed to the next stage for Lots 1 & 2 in the tender for Bristol services			The capacity of the Trust for cultural change may still limit the progression of the Trust's bid as historic issues could still be affecting current delivery of services.	Work is ongoing to positively shape culture within the Trust, as described at Strategic Priority 2 above.	
	Failure to develop a corporate and locality infrastructure that enables the Trust to respond quickly, appropriately and effectively to changing market requirements.	IBP08	6	<ul style="list-style-type: none"> - An open and transparent culture encourages dialogue with CCGs and between AWP staff - The "Back to the Floor" 						

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Lead director:				Trust Board						
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	Failure to create and maintain relationships with partners which leads to poor reputation.	IBP16	9	<p>programme and Quality Improvement Visits allow Executive Directors to be aware of issues and opportunities apparent at localities.</p> <ul style="list-style-type: none"> - Sharing of IQ information with commissioners - Service User and Carer involvement at all levels of the organisation <p>Greater transparency of financial positions and costs.</p> <p>Developing of the Integrated Business Plan for 2014/15</p> <p>Organisational Development programme to address the gaps in staff skills to ensure the Trust is fit for purpose</p>						
	A lack of effective and credible plans to support the Trust in transition of services			<p>Clinical Engagement being harnessed through Professional Council and development of Health Partnerships</p> <p>Creation of Business Development function to support localities</p> <p>Learning from tender experience in other areas</p> <p>Skilled and experienced programme management</p>						