IRM Health & Care Special Interest Group

Friday 29 September 2017
10.00am – 3.30pm
Lecture Theatre
Agenda

10:00  Registration and Coffee

Welcome

10:30  Patrick Keady CFIRM

Agenda

10:40  How the Board Assurance Framework helps Boards and NEDs
Sheila Samuels, Non-Executive Director, The Walton Centre NHS Foundation Trust

11:20  Is a Board Assurance Framework more than just a Risk Register?
Julie-Ann Bowden, Associate Director of Compliance and Governance, Lancashire Care NHS Foundation Trust

12:00  How to Produce a BAF : Lessons from NHS and Social Care
Richard Mackie CFIRM, RSM Risk Assurance Services

12:45  Buffet Lunch

13:30  The Independent Support Broker : Living a life we have to value
Taruna Chauhan, T Chauhan Consultancy, Coventry

14:00  Slaying Dragons : You can’t just investigate them to death!
The need to focus more on risk control and risk treatment
Alan J Card, Journal of Healthcare Risk Management, San Diego, United States

15:30  Close
IRM Health & Care Special Interest Group

Welcome & Introductions
Patrick Keady, CFIRM
How the Board Assurance Framework helps Boards and NEDs

Sheila Samuels, Non-Executive Director, The Walton Centre NHS Foundation Trust
Sheila Samuels
Non-Executive Director
NHS Board Responsibilities

- Shaping the strategy, vision and purpose
- Holding the organisation to account for delivery and ensuring value for money
- Assuring that risks to the organisation and the public are managed and mitigated effectively

Source: Cabinet Office, NHS Appointments
Features of NED role

• 3 / 4 days per month
• ? In-depth NHS knowledge
• Reliant upon accurate information
• Decisions and action should be based on facts and reality
• Cannot ignore serious issues
Strategic Objectives

• Sustaining and developing services
• Developing our hospitals
• Improving quality
• Research and innovation for patient care
• Workforce
• Financial health

Source: Trust Strategy, 2015
The BAF

“…the Board Assurance Framework (BAF) brings together in one place all of the relevant information on the risks to the Board’s strategic objectives. It is an essential tool for boards....”

Source: John Coutts, Governance Adviser to NHS Providers.
Working with the BAF

KEY ISSUES
Risk Description

• What is the real issue?

  e.g. Workforce:

  “Inability to maintain required staffing levels due to national shortage of workforce impacting on patient safety and patient experience”
Risk Evaluation

- Initial: Moderate (3) x Likely (4)
- Current (after mitigation): Moderate (3) x Likely (4)
- Target: Moderate (3) x Likely (4)

Likely: “Will probably happen, but is not a persisting issue”

Possible: “Might happen or recur occasionally”
KNOWING WHEN ITS SERIOUS

“Failure to achieve the CIP financial plans in accordance with the Strategic Plan”

Initial: Major (4) x Likely (4)

Current (after mitigation):
  Catastrophic (5) x Likely (4)

Target: Major (4) x Possible (3)
Time

• Often part of a wider agenda
• Sometimes at the meeting end
• Time often spent on document format rather than the risk and mitigation.
Helpful approach

• Link risks to strategic objectives
• Describe risk and impact accurately
• Don’t ‘over-egg the pudding’ for effect
• Undertake actions that provide some mitigation to the risk
• Leave the Board in no doubt as to what the position is and how serious it must be viewed.
• Allow time for discussion
Any questions?
Is a Board Assurance Framework more than just a Risk Register?

Julie-Ann Bowden,
Associate Director of Compliance and Governance,
Lancashire Care NHS Foundation Trust
The Board Assurance Framework: More than just a risk register?
<table>
<thead>
<tr>
<th>What will we cover</th>
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<tbody>
<tr>
<td><strong>Introduction – The Lancashire Care Context</strong></td>
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<td><strong>Closing remarks</strong></td>
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</table>
• We are an established Health and Wellbeing Foundation Trust providing services for a population of around 1.46 million people.

• We employ around 6,700 members of staff and have an annual turnover of over £330 million.

• The main source of income for the Trust is from contracts to provide health and wellbeing services in the community, and acute and specialist inpatient mental health services.

• The service offering is diverse and delivered from over 650 locations across Lancashire in a range of settings.
The external world: where is the NHS?

Finance
Longest, deepest squeeze in NHS history. 2017/18 looks difficult; 2018/19 worse

Performance
Pressures continue to mount wherever you look, from winter pressures to bed occupancy

STPs
It’s good to talk. Should bring increased local system coherence, but early days and many plans are currently over ambitious

New care models
Some good early work being done but at small scale and scope. A 10-year, not 3-year, journey and not a silver bullet on the money

Workforce
Growing consensus that workforce challenge is now as big as the financial challenge
Total systems approach to risk management, governance and assurance

Alignment of governance and risk with the organisation’s strategic objectives

Network and support services objectives aligned to BAF risks to support monitoring of controls/assurances and operational risks

Alignment with key programmes of work eg Quality Plan, Estates Plan

Alignment with provider license conditions

2017/18 risk targets set and 2nd final aspirational risk target
The BAF is designed to provide evidence through the provision of assurance to the Board of Directors in achieving its vision and values. It provides a structure for the evidence to support the Annual Governance Statement and seeks sources of assurance from within the governance framework.

It also serves to inform the Board of Directors on principal strategic risks threatening the delivery of the objectives associated with the 6 strategic priorities.

The framework will also depict the key control measures in place to manage these principal risks and assurances to indicate how effective the control measures identified are.
BAF – More than just a risk register

BOARD ASSURANCE FRAMEWORK

- Strategic Risk Register
- Quality Improvement Framework
- Governance Framework
- Board Effectiveness
- Monitor Compliance
- Operational Risk Register
- CQC Compliance
- Performance Management
- Scheme of Delegation
- Annual Planning Process
- Risk Escalation and De-escalation
- Annual Governance Statement
- Data Quality
- Audit Programmes
- Risk Appetite Statement
- Risk Management Strategy
## Planning the Approach

<table>
<thead>
<tr>
<th>Refresh – Governance Framework Review</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evaluate – effectiveness and efficiency of information flows and assurance</td>
</tr>
<tr>
<td>Map – structure mechanisms that will provide assurance</td>
</tr>
<tr>
<td>Develop – Assurance map of the organisation and its subsidiaries</td>
</tr>
<tr>
<td>Design and Establish – Trust Assurance Directory</td>
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<tr>
<td>Implement – Total System approach to governance, risk and assurance</td>
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</table>

Ensure that Network and Services are managing by risk

Connecting BAF strategic risks to all operational risks scored 15 and above

Line of sight through the governance structure from Board to front-line delivery

Mapping governance structures for all networks and support services

Ensuring agendas are built upon the principle of ‘managing by risk’
Enterprise Risk Management system:
- To address areas of weakness in corporate risk management;
- Compliment the operational risk systems in place;
- Strategic priorities and risks aligned at the highest level;
- Risks reviewed to delivery of organisational objectives as well as operational and clinical delivery built into local and corporate governance meetings;
- Ensured a focus on improving the control environment;
- Risk assessment built into the planning process.
IT risk management system enhanced – functionality to link operational risk to BAF strategic risks:

Strategic and enduring BAF risks supported by dynamic operational risk profiles;

Board reporting enhanced – risk profiling and thematic reviews;

Risk appetite set by Board with differing risk tolerance;

Risk analysis is used to inform the overall audit programmes;

BAF risks aligned to corporate governance meetings for assurance purposes.
Corporate Governance Framework

Corporate Governance Structure
- Parliament
- Trust Board
- Red Rose Corporate Services Academic Health Science Network Trustees Committee
- Council of Governors
- Membership Engagement Committee
- Quality & Assurance Committee
- Governance Working Group
- Quality Group
- Nomination & Remuneration Committee
- Nominations Group

Management Meetings
- Executive Management Team
- Accountable Officer

Audit Committee

Finance & Performance Committee

Nomination & Remuneration Committee

Quality Committee

Council of Governors

Corporate Governance & Compliance Sub-Committee
- Governance structure
- Corporate governance in practice
- Policy framework & compliance
- Code of Governance
- Corporate registers
- Legal framework
- Whistleblowing
- Risk management
- Risk assessments
- Corporate assurance
- Constitution
- Legal & other liabilities
- Monitoring & reviewing
- Monitor the work of the board
- Review the risk profile
- Review the risk management plan
- Review the risk management strategy
- Review the risk management framework
- Review the risk management process
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- Review the risk management framework
- Review the risk management process
The Trust’s Board Assurance Framework provides the organisation with a structured approach to effectively managing the principal risks to achieving its strategic objectives. The Trust promotes an open culture and encourages staff to operate in a transparent manner when identifying, understanding, responding and escalating risks.

The Audit Committee has an overarching responsibility to seek assurance on controls in place within the Trust to manage significant risks. All sub-committees within the corporate governance framework review the relevant BAF risks allocated against their remit as well as the 15 and above risks that have a key interdependency with the BAF risks. Executive Management Team reviews all BAF risks and all 15 and above risks from across the Trust and considers any organisational wide themes on a monthly basis, prior to reporting to Trust Board.

BAF risks are reviewed and refreshed as part of the annual strategic and operational planning process, which generally tends to take place between October and March. The principle should be that this process both aims to mitigate existing high level strategic risks and also identifies risks which have the potential to impact on the Trust’s ability to deliver its strategic objectives.

The Board Assurance Framework risk register has a key interdependency with the organisational operational risks that are rated 15 or above. Just because an operational risk is scored at 15 or above does not necessarily mean that it becomes a BAF risk. The 15 and above operational risks must be linked to a BAF risk through Daxix. The risks at this level have the potential to impact on the relevant BAF risk scoring. The 15 and above operational risks provide a dynamic risk profile across the Trust.
<table>
<thead>
<tr>
<th>Strategic Objective</th>
<th>BAF Risk</th>
<th>Risk Appetite Description</th>
<th>Sub-Committee</th>
<th>Director Lead</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SP1 Quality</strong></td>
<td>1.1 (Datix ID: 8500) If we do not meet regulatory standards for quality and safety we will not be fit for purpose as care provider.</td>
<td>We are willing to take risk in those activities that have been identified to improve quality and clearly impact on motivating, engaging and empowering people who deliver and support delivery of services.</td>
<td>Quality &amp; Safety</td>
<td>Director of Nursing &amp; Quality</td>
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<tr>
<td></td>
<td>1.2 (Datix ID: 8501) If we do not create a culture of learning then we will be unable to provide high quality care.</td>
<td></td>
<td>Quality &amp; Safety</td>
<td>Director of Nursing &amp; Quality</td>
</tr>
<tr>
<td></td>
<td>1.3 (Datix ID: 8502) If we do not provide integrated physical and mental health services we will lose opportunities to improve patient outcomes.</td>
<td></td>
<td>Quality &amp; Safety</td>
<td>Medical Director</td>
</tr>
<tr>
<td><strong>SP2 Sustainable Services</strong></td>
<td>2.1 (Datix ID: 8503) If we do not work collaboratively with partners we will not be able to influence system wide transformation.</td>
<td>We are willing to accept risks that will enable delivering system wide transformation and collaboration with partners. This may include new and novel business both inside and outside the principal footprint of Lancashire and South Cumbria.</td>
<td>Business Development &amp; Delivery</td>
<td>Chief Operating Officer</td>
</tr>
<tr>
<td></td>
<td>2.2 (Datix ID: 8504) If we do not deliver new models of care we will cease to be a creditable lead provider.</td>
<td></td>
<td>Business Development &amp; Delivery</td>
<td>Chief Operating Officer</td>
</tr>
<tr>
<td><strong>SP3 Excellence</strong></td>
<td>3.1 (Datix ID: 8505) If we do not engage with our patients and service users we cannot achieve excellence and quality.</td>
<td>We are willing to accept risks or circumstances where difficult decisions are taken for the right reasons where the benefits clearly outweigh the risks. Risks are actively taken where the benefits of ‘social capital’ demonstrates a significant reward.</td>
<td>Quality &amp; Safety</td>
<td>Director of Nursing and Quality</td>
</tr>
<tr>
<td></td>
<td>3.2 (Datix ID: 8506) If we fail to project our achievements then our reputation will not improve.</td>
<td></td>
<td>Business Development &amp; Delivery</td>
<td>Chief Operating Officer</td>
</tr>
<tr>
<td><strong>SP4 People</strong></td>
<td>4.1 (Datix ID: 8507) If we do not support the health and wellbeing of staff we will struggle to attract, recruit and retain our workforce.</td>
<td>We are willing to take risks in relation to innovative approaches to development of our workforce and are prepared to take risks to ensure that our staff are of the highest quality, supported in their own health and wellbeing and in reaching their full potential.</td>
<td>People</td>
<td>Human Resource Director</td>
</tr>
<tr>
<td></td>
<td>4.2 (Datix ID: 8508) If staff are not provided with extensive education, training and leadership development we will not have an organisational culture that supports high performance.</td>
<td></td>
<td>People</td>
<td>Human Resource Director</td>
</tr>
<tr>
<td><strong>SP5 Money</strong></td>
<td>5.1 (Datix ID: 8509) If we do not meet financial objectives we will not be able to provide sustainable services.</td>
<td>We are willing to take risk that represents a consistent focus on the best possible return for the organisation, local partners and local people.</td>
<td>Finance</td>
<td>Chief Finance Officer</td>
</tr>
<tr>
<td></td>
<td>5.2 (Datix ID: 8510) If we do not work with partners to deliver system wide efficiencies this will undermine our own financial position and that of the STP.</td>
<td></td>
<td>Finance</td>
<td>Chief Finance Officer</td>
</tr>
<tr>
<td><strong>SP6 Innovation</strong></td>
<td>6.1 (Datix ID: 8511) If we do not develop and maintain infrastructure, we will not be able to deliver safe, responsive and efficient care.</td>
<td>We will accept risk where innovations are identified that will enhance patient experience, reduce costs and/or improve quality. We will actively seek higher risk/higher return projects and strive to establish pioneering partnerships that can support execution and exploitation of innovation projects.</td>
<td>Infrastructure</td>
<td>Chief Finance Officer</td>
</tr>
<tr>
<td></td>
<td>6.2 (Datix ID: 8512) If we do not exploit the full capabilities of the new EPR system and wider technology to redesign services we will miss important opportunities to improve care.</td>
<td></td>
<td>Infrastructure</td>
<td>Chief Finance Officer</td>
</tr>
</tbody>
</table>
### BAF Report

**Risk Rating Matrix (Likelihood x Consequence)**

<table>
<thead>
<tr>
<th>Likelihood</th>
<th>Consequence</th>
<th>Insignificant</th>
<th>Minor</th>
<th>Moderate</th>
<th>Major</th>
<th>Catastrophic</th>
</tr>
</thead>
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<tr>
<td>5. Almost Certain</td>
<td>5</td>
<td>Moderate</td>
<td>10</td>
<td>High</td>
<td>15</td>
<td>Significant</td>
</tr>
<tr>
<td>4. Likely</td>
<td>4</td>
<td>Moderate</td>
<td>8</td>
<td>High</td>
<td>12</td>
<td>Significant</td>
</tr>
<tr>
<td>3. Possible</td>
<td>3</td>
<td>Low</td>
<td>6</td>
<td>Moderate</td>
<td>9</td>
<td>High</td>
</tr>
<tr>
<td>2. Unlikely</td>
<td>2</td>
<td>Low</td>
<td>4</td>
<td>Moderate</td>
<td>6</td>
<td>High</td>
</tr>
<tr>
<td>1. Rare</td>
<td>1</td>
<td>Low</td>
<td>2</td>
<td>Low</td>
<td>3</td>
<td>Low</td>
</tr>
</tbody>
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**Trust Board Risk Target Gap**

<table>
<thead>
<tr>
<th>Gap Score</th>
<th>Risk Target Achieved</th>
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<tbody>
<tr>
<td>0 or &lt;0</td>
<td></td>
</tr>
<tr>
<td>1 - 5</td>
<td>Tolerable</td>
</tr>
<tr>
<td>6 - 9</td>
<td>Close Monitoring</td>
</tr>
<tr>
<td>10</td>
<td>Concern</td>
</tr>
<tr>
<td>11+</td>
<td>Significant</td>
</tr>
</tbody>
</table>

### Director Lead:

- CEO: Chief Executive
- COO: Chief Operating Officer
- CFO: Chief Finance Officer
- HRD: Human Resources Director
- DoNQ: Director of Nursing & Quality
- MD: Medical Director

### Board Assurance Framework Legend

<table>
<thead>
<tr>
<th>Strategic Priority:</th>
<th>The 2017/22 strategic priority that the BAF risk has been aligned to.</th>
</tr>
</thead>
<tbody>
<tr>
<td>BAF Risk:</td>
<td>The title of the strategic risk that threatens the achievement of the aligned strategic priority.</td>
</tr>
<tr>
<td>CQC Domain:</td>
<td>Key areas at the heart of the way that CQC regulates organisations.</td>
</tr>
<tr>
<td>2017/18 Shared Objectives:</td>
<td>Provide a shared understanding of what our must dos are for 2017/18. The Trust has 7 shared objectives that are our focus for the next 12 months and each individual team or service business plan will contribute towards achieving them.</td>
</tr>
<tr>
<td>Risk Appetite Rationale:</td>
<td>The statement that outlines the Board’s view on the level of risk willing to be taken against the relevant strategic priority that supports the management and actions taken to mitigate the risk.</td>
</tr>
<tr>
<td>Rationale for Risk:</td>
<td>Further detail of what the BAF risk is taking account of which supports alignment of other elements, such as operational risk and controls/assurances.</td>
</tr>
<tr>
<td>Key Work Programmes:</td>
<td>There are the key programmes that support the delivery of the strategic objectives and support the mitigation of the BAF risks.</td>
</tr>
<tr>
<td>Rationale for Current Risk Score:</td>
<td>This narrative is updated on a quarterly basis and provides a summary of the information that has supported the assessment of the BAF risk.</td>
</tr>
<tr>
<td>Provider Licence Compliance:</td>
<td>NHS Improvement provider licence conditions that align to the BAF risk to provide assurance on compliance.</td>
</tr>
<tr>
<td>Operational Risk Exposure:</td>
<td>The key areas of operational risk scored 15 and above that align with the BAF risk and have the potential to impact on the score.</td>
</tr>
<tr>
<td>Controls:</td>
<td>The measures in place to reduce the risk likelihood or risk consequence and assist secure delivery of the strategic priority.</td>
</tr>
<tr>
<td>Assurances:</td>
<td>The measures in place to provide confirmation that the controls are working effectively in supporting the mitigation of the risk.</td>
</tr>
<tr>
<td>Gaps In Controls:</td>
<td>Areas that require attention to ensure that systems and processes are in place to mitigate the BAF risk.</td>
</tr>
<tr>
<td>Gaps In Assurance:</td>
<td>Areas where there is limited or no assurance that processes and procedures are in place to support the mitigation of the BAF risk.</td>
</tr>
<tr>
<td>Mitigating Actions:</td>
<td>Operational plan objectives aligned to the BAF risks which on completion will provide additional controls to mitigate the BAF risk. These actions are outstanding, they are an important consideration in assessing gaps in controls and assurances.</td>
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### CQC Domains - Five questions asked of all services

- Are they safe? Safe; you are protected from abuse and avoidable harm.
- Are they effective? Effective; your care, treatment, and support achieves good outcomes, helps you to maintain quality of life and is based on the best available evidence.
- Are they caring? Caring; staff involve and treat you with compassion, kindness, dignity and respect.
- Are they responsive to people’s needs? Responsive; services are organised so that they meet your needs.
- Are they well-led? Well-led: the leadership, management and governance of the organisation make sure it’s providing high-quality care that’s based around your individual needs, that it encourages learning and innovation, and that it promotes an open and fair culture.
<table>
<thead>
<tr>
<th>Strategic priority</th>
<th>Strategic Blueprint</th>
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<tbody>
<tr>
<td>Compassity</td>
<td>We will ensure that people who use our services are at the heart of everything we do, and the people who deliver and support delivery of services are motivated, engaged and proud to provide high quality, compassionate, continually improving care. We will empower people to share their stories so that we know how we are doing and we will listen to learn and to improve quality together. We will continue to strive to be the best that we can be by upholding our 8 quality commitments and the ‘I’ statements, empowering everyone to embrace these personal pledges, for example 'I connect to my knowledge, skills and experience to deliver the best quality' 'I have the courage and strength to do the right thing' 'I go the extra mile, whatever the situation, whomever the person'</td>
</tr>
<tr>
<td>Integrity</td>
<td>We will collaborate with partners to deliver system-wide transformation and we will be an active partner in delivering a bespoke offer to a number of Accountable Care Systems by • being the prime provider of specialist, acute and community mental health services, and • a lead provider in delivering new models of integrated physical and mental health out of hospital services, and • realising the benefits of our geographical footprint to deliver system-wide sustainable infrastructure solutions and organisational vehicles for new models of care Whilst our principal footprint for delivery of services is Lancashire and South Cumbria, we will continue to seek opportunities across North West STP footprints.</td>
</tr>
<tr>
<td>Teamwork</td>
<td>Our service users and carers will tell us that our services are of high quality. Our people will recommend us to family and friends. We will be respected by our commissioners and other providers as a co-producing partner in shaping new service models that deliver our aligned strategies with an emphasis on place based care.</td>
</tr>
<tr>
<td>Respect</td>
<td>We will develop an organisational culture and leadership team equipped to meet its strategic intent and the needs of both its workforce and the population it serves; in short, a culture of high performing, continually improving and compassionate care. Staff will be motivated, engaged, high performing and proud of the service they provide. We will proactively support staff to look after their own health and wellbeing and to reach their full potential. We will identify and grow our future leaders. People will want to work here.</td>
</tr>
<tr>
<td>Accountability</td>
<td>We will restore and maintain financial balance and provide services that offer excellent value for money without compromising financial sustainability. We will work with local partners to delivery system-wide efficiency measures. We will actively seek business opportunities that add value for local people.</td>
</tr>
<tr>
<td>Excellence</td>
<td>We will develop and promote digital enabled care and lead research and innovation to enhance patient experience, reduce costs and/or improve quality. We will have a culture where staff are given the time, training and resources to research and innovate. Research will validate innovations and innovations will direct research. Partnerships with third party organisations will enable rapid execution and exploitation of innovation projects.</td>
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<table>
<thead>
<tr>
<th>Strategic Priority</th>
<th>BAF Risk</th>
<th>Sub-committee</th>
<th>Director Lead</th>
<th>Risk Score 01.04.17</th>
<th>Risk Score Q1</th>
<th>Risk Score Q2</th>
<th>Risk Score Q3</th>
<th>Risk Score Q4</th>
<th>2017/18 Risk Target</th>
<th>2017/18 Risk Target Gap</th>
<th>Final Risk Target</th>
<th>Final Risk Target Gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>S.P1 Quality</td>
<td>1.1 If we do not meet regulatory standards for quality and safety we will not be fit for purpose as care provider.</td>
<td>Quality &amp; Safety</td>
<td>DoNQ</td>
<td>12 High</td>
<td>12 High</td>
<td>8 High</td>
<td>4 Tolerable</td>
<td>4 Moderate</td>
<td>8 Close Monitoring</td>
<td>12 Significant</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1.2 If we do not create a culture of learning then we will be unable to provide high quality care.</td>
<td>Quality &amp; Safety</td>
<td>DoNQ</td>
<td>16 Significant</td>
<td>16 Significant</td>
<td>12 High</td>
<td>4 Tolerable</td>
<td>4 Moderate</td>
<td>12 Significant</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1.3 If we do not provide integrated physical and mental health services we will lose opportunities to improve patient outcomes.</td>
<td>Quality &amp; Safety</td>
<td>MD</td>
<td>16 Significant</td>
<td>16 Significant</td>
<td>12 High</td>
<td>4 Tolerable</td>
<td>4 Moderate</td>
<td>12 Significant</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>S.P2 Business &amp; Delivery</td>
<td>2.1 If we do not work collaboratively with partners we will not be able to influence system wide transformation.</td>
<td>Business Dev &amp; Delivery</td>
<td>COO</td>
<td>12 High</td>
<td>12 High</td>
<td>8 High</td>
<td>4 Tolerable</td>
<td>4 Moderate</td>
<td>8 Close Monitoring</td>
<td>12 Significant</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2.2 If we do not deliver new models of care we will cease to be a credible lead provider.</td>
<td>Business Dev &amp; Delivery</td>
<td>COO</td>
<td>12 High</td>
<td>12 High</td>
<td>8 High</td>
<td>4 Tolerable</td>
<td>4 Moderate</td>
<td>8 Close Monitoring</td>
<td>12 Significant</td>
<td></td>
<td></td>
</tr>
<tr>
<td>S.P3 Excellence</td>
<td>3.1 If we do not engage with our patients and service users we cannot achieve excellence and quality.</td>
<td>Quality &amp; Safety</td>
<td>DoNQ</td>
<td>12 High</td>
<td>12 High</td>
<td>8 High</td>
<td>4 Tolerable</td>
<td>4 Moderate</td>
<td>8 Close Monitoring</td>
<td>12 Significant</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3.2 If we fail to project our achievements then our reputation will not improve.</td>
<td>Business Dev &amp; Delivery</td>
<td>COO</td>
<td>16 Significant</td>
<td>16 Significant</td>
<td>12 High</td>
<td>4 Tolerable</td>
<td>4 Moderate</td>
<td>12 Significant</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>S.P4 People</td>
<td>4.1. If we do not support the health and wellbeing of staff we will struggle to attract, recruit and retain our workforce.</td>
<td>People</td>
<td>HRD</td>
<td>20 Significant</td>
<td>20 Significant</td>
<td>10 High</td>
<td>10 Concern</td>
<td>5 Moderate</td>
<td>15 Significant</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>4.2 If staff are not provided with extensive education, training and leadership development we will not have an organisational culture that supports high performance.</td>
<td>People</td>
<td>HRD</td>
<td>9 High</td>
<td>9 High</td>
<td>6 Moderate</td>
<td>3 Tolerable</td>
<td>3 Low</td>
<td>6 Close Monitoring</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>S.P5 Money</td>
<td>5.1 If we do not meet financial objectives we will not be able to provide sustainable services.</td>
<td>Finance</td>
<td>CFO</td>
<td>15 Significant</td>
<td>20 Significant</td>
<td>10 High</td>
<td>5 Tolerable</td>
<td>10 High</td>
<td>5 Tolerable</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>5.2 If we do not work with partners to deliver system wide efficiencies this will undermine our own financial position and that of the STP.</td>
<td>Finance</td>
<td>CFO</td>
<td>15 Significant</td>
<td>15 Significant</td>
<td>10 High</td>
<td>5 Tolerable</td>
<td>5 Moderate</td>
<td>10 Close Monitoring</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>S.P6 Innovation</td>
<td>6.1 If we do not develop and maintain infrastructure, we will not be able to deliver safe, responsive and efficient care.</td>
<td>Infrastructure</td>
<td>CFO</td>
<td>16 Significant</td>
<td>12 High</td>
<td>8 High</td>
<td>4 Tolerable</td>
<td>4 Moderate</td>
<td>8 Close Monitoring</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>6.2 If we do not exploit the full capabilities of the new EPR system and wider technology to redesign services we will miss important opportunities to improve care.</td>
<td>Infrastructure</td>
<td>CFO</td>
<td>16 Significant</td>
<td>16 Significant</td>
<td>8 High</td>
<td>4 Tolerable</td>
<td>4 Moderate</td>
<td>8 Close Monitoring</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
BAF Report – Detailed risk breakdown

BOARD ASSURANCE FRAMEWORK 2017/18

STRATEGIC PRIORITY: To provide high quality services.

BAF RISK: 1.1 If we do not meet regulatory standards for quality and safety we will not be fit for purpose as care provider.

CGC DOMAIN: Safe / Effective / Caring / Responsive / Well-led

2017/18 SHARED OBJECTIVE: To deliver Year 2 of our Quality Plan ensuring that quality remains our number one focus so that we keep people safe and give them the best possible experience and outcomes.

RISK APPETITE RATIONALE: We are willing to take risk in those activities that have been identified to improve quality and clearly impact on motivating, engaging and empowering people who deliver and support delivery of services. (There is an averse appetite in relation to any impact on non-compliance with regulatory standards.)

RATIONALE FOR RISK: This risk reflects the Trust’s position not to tolerate failure in basic standards of compliance which could compromise care quality, statutory requirements and licence conditions. This risk takes into account all issues that may prevent compliance with regulatory standards and includes issues relating to the delivery of a safe environment which may affect the quality of services. The key challenges relating to this risk include safe staffing and the use of bank and agency which impact on the quality and safety of services. The reduction of violence and the improvements in harm free care remain priorities. Working hard to ensure that patients receive high quality care, in the right place, at the right time, every time is a key focus of this risk.

RISK APPETITE RATIONALE: We are willing to take risk in those activities that have been identified to improve quality and clearly impact on motivating, engaging and empowering people who deliver and support delivery of services. (There is an averse appetite in relation to any impact on non-compliance with regulatory standards.)

RATIONALE FOR RISK: This risk reflects the Trust’s position not to tolerate failure in basic standards of compliance which could compromise care quality, statutory requirements and licence conditions. This risk takes into account all issues that may prevent compliance with regulatory standards and includes issues relating to the delivery of a safe environment which may affect the quality of services. The key challenges relating to this risk include safe staffing and the use of bank and agency which impact on the quality and safety of services. The reduction of violence and the improvements in harm free care remain priorities. Working hard to ensure that patients receive high quality care, in the right place, at the right time, every time is a key focus of this risk.

KEY WORK PROGRAMMES:

• Quality led Strategy and Quality Plan
• CQC Clinical pathway (DTB)
• Transforming Care in Learning Disabilities (DTB)
• Medicines Optimisation
• Improving Access to APT (DTB)
• Urgent Pathway
• Incident Reconfiguration
• Prime Provider/Contractor model (DTB)

QUALITY PRIORITIES:

• 4. Application of Mental Health Law
• 5. Clinical Risk in Mental Health
• 7. Standards of Record Keeping
• 8. Staffing for Quality and Safety
• 9. Inclusion
• 10. End of Life Care
• 11. Pressure Ulcers
• 12. Medication Safety
• 15. Physical Healthcare in Mental Health

RISK RATING:

<table>
<thead>
<tr>
<th>Original Score</th>
<th>Score at Q1</th>
<th>Score at Q2</th>
<th>Score at Q3</th>
<th>Score at Q4</th>
<th>2017/18 Risk Target</th>
<th>Final Risk Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>12</td>
<td>12</td>
<td>3x4</td>
<td>3x4</td>
<td>2x4</td>
<td>0</td>
<td>4</td>
</tr>
</tbody>
</table>

RATIONALE FOR CURRENT RISK SCORE: The CQC Re-Inspection in September 2016 rated the Trust as Good with an acknowledgement that there are some areas for improvement. CQC inspection of offender healthcare services at HMP Liverpool have also identified areas for improvement. Governance and risk management processes have been strengthened and there is ongoing delivery of our Quality Strategy.

OPERATIONAL RISK EXPOSURE SUMMARY:

Physical violence to staff patients and other persons and patient harm due to NPS type substance, age and insufficient staff numbers. There are also key risks to embedding IG, compliance with new DPA regulations and service provided at HMP Liverpool.

CONTROL:

1. Strong support from Quality Improvement function and Quality Governance function to clinical services
2. Strengthened professional leadership within the new Network structures
3. Ongoing delivery of the Quality Plan, People, Health Informatics Plan and Estates Plan
4. Patient safety initiatives - Harm Free Care, Reducing Restrictive Practices, Physical Health in Mental Health, Sign up to Safety
5. Systems to support and demonstrate compliance with CQC and NPS improvement quality governance requirements - Quality Surveillance and Assurance Visits, etc
6. Staffing for Quality and Safety Improvement work
7. Improvement plans following inspections and audits (internal and external)
8. Use and development of quality governance systems (i.e. Detox, Friends and Family)
9. Strong engagement with commissioners
10. Delivery of the Capital Programme - impacting positively on the estate and patient environment
11. Opening of new and expanded services to improve access, capacity and flow
12. Electronic Prescribing and Medicines Administration (EPMA)

GAP 8 IN CONTROLS:

1. Challenges with achieving safe staffing levels across professions
2. Suitability of some parts of the estate (including community premises)
3. Increased acuity and demand in Mental Health Network
4. Health economy wide systemic resilience pressures

GAP 8 IN A9urance 8:

1. Differing systems to record and capture data

ASSURANCE 8:

1. CQC Re-Inspection Report – Rating Good
2. Quality and Performance Reports tracking key indicators on a monthly basis
3. Trust and Network Quality and Safety Surveillance Reports
4. Clinical Director Reports
5. Quarterly Serious Incident Report
6. Quarterly Hearing Feedback Report
7. Monthly Safety Thermometer Reporting
8. Quality Assurance Visits - LCOFT and Commissioner
9. Staffing for Quality and Safety Reports
11. Clinical Audit Programme, Internal Audit Programme and ad-hoc Compliance Audits
12. CQC Mental Health Act Monitor Visits
13. Capacity and flow management processes
14. Real time quality surveillance systems and dashboards

ASSURANCE 8:

1. Failing to record and capture data
<table>
<thead>
<tr>
<th>NETWORK/SUPPORT SERVICE</th>
<th>OBJECTIVE</th>
<th>OUTCOME MEASURE</th>
<th>DEADLINE</th>
<th>Q1 POSITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Directorate</td>
<td>4. Align involvement in the benchmarking, national audit and accreditation programmes to achieve consistent completion and demonstrable improvements</td>
<td>Improvement in performance against benchmarking, national audit and accreditation projects</td>
<td>Q4</td>
<td></td>
</tr>
<tr>
<td></td>
<td>15. Robust management of risk within the Medical Directorate</td>
<td>All risks reviewed within appropriate timescales and evidenced by Medical Director’s GMP</td>
<td>Q2</td>
<td></td>
</tr>
<tr>
<td>Health Informatics</td>
<td>5. Continue to implement Information Governance Improvement Action Plan</td>
<td>Identification of trained asset owners and administrators across the trust</td>
<td>Q4</td>
<td></td>
</tr>
<tr>
<td></td>
<td>8. Improve Health Records Management</td>
<td>Improved capability to store, track, scan and retrieve health records</td>
<td>Q4</td>
<td></td>
</tr>
<tr>
<td>Pharmacy</td>
<td>1. To prepare a business case for EPMA in the community teams and subject to successful funding roll out in line with the project plan</td>
<td>EPMA will be implemented across all community teams in line with the agreed project plan and the identified benefits will be quantified and achieved</td>
<td>Q4</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3. To develop the role of the Community Clinical Pharmacy Technician across all community mental health teams for all ages to support adoption of the Five Year Forward View for mental health in delivering the physical health care agenda and good medicines optimisation</td>
<td>Our patients will have improved physical health monitoring and prescribing will be rationalised to deliver optimised outcomes</td>
<td>Q4</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4. To scope and develop outcome measures for effective medicines optimisation in order to support the Five Year Forward View for mental health</td>
<td>Prescribing for our patients will be optimised and will be measurable in terms of defined outcomes</td>
<td>Q4</td>
<td></td>
</tr>
<tr>
<td></td>
<td>7. To ensure that patients prescribed clozapine are monitored according to the requirements laid down in the BPG and that the prescribing risks are minimised with improved outcomes for patients</td>
<td>Patients prescribed clozapine will be managed within the requirements of the produce specification and licensing requirements for clozapine and the risks will be minimised</td>
<td>Q3</td>
<td></td>
</tr>
<tr>
<td>Nursing &amp; Quality</td>
<td>1. To provide Safe Services: People who use our services will receive high quality care from the right number of appropriately qualified and trained staff</td>
<td>Reporting against Quality Plan metrics</td>
<td>Q3</td>
<td></td>
</tr>
<tr>
<td>Directorate</td>
<td>4. Demonstrate effective safeguarding practice &amp; evidence that care is better and safer to safeguard people who use our services</td>
<td>Continued improvement in safeguarding standards and practice can be evidenced to show that care is better and safer</td>
<td>Q4</td>
<td></td>
</tr>
<tr>
<td></td>
<td>10. To provide safe services</td>
<td>Reporting against Quality Plan metrics as detailed in the Quality and Safety Surveillance Report</td>
<td>Q4</td>
<td></td>
</tr>
<tr>
<td></td>
<td>11. To provide effective quality governance</td>
<td>Reporting against Quality Plan metrics as detailed in the Quality and Safety Surveillance Report</td>
<td>Q4</td>
<td></td>
</tr>
<tr>
<td>Property Services</td>
<td>10. Support Secure Services (Guild Lodge) with increased and more effective dietary support in liaison with catering services</td>
<td>Service users receiving the correct nutrition for their condition and reduced consumption of takeaway food</td>
<td>Q4</td>
<td></td>
</tr>
<tr>
<td>Governance &amp; Compliance</td>
<td>1. Continue to embed a culture of good governance throughout LCFT in particular the design and implementation of formal network governance arrangements following the network redesign</td>
<td>Well-evidenced Annual Governance Statement. Robust flow of assurance through organisation’s governance structure.</td>
<td>Q4</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2. Continue to embed the Corporate Governance framework in supporting the key policy and procedures within the Corporate Governance and Compliance remit</td>
<td>Relevant policies refreshed in line with the Corporate Policy Handbook and evidence available in relation to the Trust’s compliance with the Standards of Business Conduct requirements</td>
<td>Q4</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3. Support the Trust Chair and Governors in the appraisal of Non-Executive Directors and ensure compliance with well defined remit</td>
<td>Appraisals undertaken and compliance with well-defined framework</td>
<td>Q4</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4. Support the Council of Governors to ensure effective discharge of their statutory responsibilities</td>
<td>Clearly defined information flows and training which support the Governors in discharging their statutory responsibilities</td>
<td>Q4</td>
<td></td>
</tr>
<tr>
<td></td>
<td>5. Deliver the Trust Annual Report and all governance related year-end reporting requirements</td>
<td>Compliance with the Annual Reporting Manual and reporting requirements of the Trust’s Provider Licence</td>
<td>Q4</td>
<td></td>
</tr>
<tr>
<td></td>
<td>7. Continue to deliver a comprehensive risk and assurance programme for the Trust</td>
<td>Fully systemised tool for reporting transparent, evidence based assurance supporting compliance</td>
<td>Q4</td>
<td></td>
</tr>
<tr>
<td></td>
<td>9. Embed Risk Appetite within the organisation to support the risk assurance processes and decision making</td>
<td>Improved articulation and assurance of risk based decisions within the context of the Trust’s Risk Appetite</td>
<td>Q4</td>
<td></td>
</tr>
<tr>
<td></td>
<td>10. Embed the process for internal audit across the Trust</td>
<td>Systematic internal audit process that adds value and provides an independent and objective opinion to the Accountable Officer to support the completion of the Annual Governance Statement</td>
<td>Q4</td>
<td></td>
</tr>
<tr>
<td>BAF No</td>
<td>Linked Risks (15&amp;+)</td>
<td>Network</td>
<td>Linked Risk Description (Taken from Datix)</td>
<td>Initial Risk Rating</td>
</tr>
<tr>
<td>--------</td>
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<td>--------------------------------</td>
<td>--------------------------------------------------------------------------------</td>
<td>---------------------</td>
</tr>
<tr>
<td>1.1</td>
<td>4517</td>
<td>Support Services</td>
<td>Non-compliant on completed complaints within policy timeframes.</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>5298</td>
<td>Mental Health Services</td>
<td>Non-compliance with CQC &amp; IG standards relating to robust storage of clinical data in relation to the use of seclusion.</td>
<td>16</td>
</tr>
<tr>
<td></td>
<td>5924</td>
<td>Mental Health Services</td>
<td>Inability to deliver clinical interventions due to HMP Liverpool prison staff not facilitating patient appointments.</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>6369</td>
<td>Community &amp; Wellbeing Services</td>
<td>Harm caused to patients due to avoidable pressure ulcers attributable to our care.</td>
<td>25</td>
</tr>
<tr>
<td></td>
<td>6557</td>
<td>Support Services</td>
<td>Physical violence to staff.</td>
<td>16</td>
</tr>
<tr>
<td></td>
<td>6627</td>
<td>Support Services</td>
<td>Information Governance is not fully embedded across the Trust.</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>6656</td>
<td>Support Services</td>
<td>Lack of a formal IAO structure leads to ineffective management and responsibility of IG within networks.</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>6746</td>
<td>Community &amp; Wellbeing Services</td>
<td>Sickness levels across the network exceeds the Trust target creating quality, operational and financial risks.</td>
<td>16</td>
</tr>
<tr>
<td></td>
<td>7131</td>
<td>Mental Health Services</td>
<td>Use of NPS type substance within prisons is impacting on patient harm.</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>7430</td>
<td>Support Services</td>
<td>Patients of child bearing age being prescribed valproate with the associated risk of foetal abnormalities.</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>7578</td>
<td>Mental Health Services</td>
<td>Inaccurate System One records due to incorrect use of read codes across HMP Liverpool prison.</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>8022</td>
<td>Mental Health Services</td>
<td>Inability of eCR system to support the methodology required in the care Act impacting on non-compliance with regulatory standard.</td>
<td>16</td>
</tr>
<tr>
<td></td>
<td>8086</td>
<td>Children &amp; Young Persons Wellbeing</td>
<td>CAMHS Inability to provide safe &amp; effective psychiatry cover due to recruitment &amp; retention issues, resulting in increased risks.</td>
<td>16</td>
</tr>
<tr>
<td></td>
<td>8100</td>
<td>Mental Health Services</td>
<td>Lack of consistent re-assessment process for patient admitted to 136 suites.</td>
<td>16</td>
</tr>
</tbody>
</table>
Risk Heat Maps

Original Risk Score April 2016

Risk Score at Q1

Risk Score at Q2

Risk Score at Q3

Risk Score at Q4 – End of Year 16/17

Risk Target
• An ‘Adventurous’ risk appetite has been set against all strategic priorities

• An individual risk appetite narrative has been aligned to each strategic priority to describe what adventurous means for that area

• Risk Appetite toward compliance with legislation - Averse in relation to risks that could result in the Trust being non-compliant with legislation, or any of the applicable frameworks within which we operate.
## Risk Appetite

<table>
<thead>
<tr>
<th>Strategic Priority</th>
<th>Strategic Blueprint</th>
<th>Risk Appetite Description</th>
<th>Strategic Risks</th>
</tr>
</thead>
</table>
| **Compassion**                             | To provide high quality services                                                     | We are willing to take risk in those activities that have been identified to improve quality and clearly impact on motivating, enabling, and empowering people who deliver and support delivery of services. | 1.1. If we do not meet regulatory standards for quality and safety we will not be fit for purpose as care provider.  
1.2. If we do not create a culture of learning then we will be unable to provide high quality care.  
1.3. If we do not provide integrated physical and mental health services we will lose opportunities to improve patient outcomes. |
| **Integrity**                              | To deliver sustainable services that meet the needs of local people                  | We will collaborate with partners to deliver system wide transformation and we will be an active partner in delivering a bespoke offer to a number of Accountable Care Systems by  
- being the prime provider of specialist, acute and community mental health services, and  
- a lead provider in delivering new models of integrated physical and mental health out of hospital services, and  
- realising the benefits of our geographical footprint to deliver system wide sustainable infrastructure solutions and organisational vehicles for new models of care.  
Whilst our principal footprint for delivery of services is Lancashire and South Cumbria, we will continue to seek opportunities across North West STP footprints. | 2.1. If we do not work collaboratively with partners we will not be able to influence system wide transformation.  
2.2. If we do not deliver new models of care we will cease to be a credible lead provider. |
| **Teamwork**                               | To become recognised for excellence                                                  | We are willing to accept risks or circumstances where difficult decisions are taken for the right reasons where the benefits clearly outweigh the risks. Risks are actively taken where the benefits of 'social capital' demonstrates a significant reward. | 3.1. If we do not engage with our patients and service users we cannot achieve excellence and quality.  
3.2. If we fail to project our achievements then our reputation will not improve. |
| **Respect**                                | To employ the best people                                                            | We will develop an organisational culture and leadership team equipped to meet its strategic intent and the needs of both its workforce and the population it serves; in short, a culture of high performing, continually improving and compassionate care. Staff will be motivated, engaged, high performing and proud of the service they provide. We will proactively support staff to look after their own health and wellbeing and to reach their full potential. We will identify and grow our future leaders. People will want to work here. | 4.1. If we do not support the health and wellbeing of staff we will struggle to attract, recruit and retain our workforce.  
4.2. If staff are not provided with extensive education, training and leadership development we will not have an organisational culture that supports high performance. |
| **Accountability**                         | To provide financially sustainable services                                         | We are willing to take risk that represents a consistent focus on the best possible return for the organisation, local partners and local people. | 5.1. If we do not meet financial objectives we will not be able to provide sustainable services.  
5.2. If we do not work with partners to deliver system wide efficiencies this will undermine our own financial position and that of the STP. |
| **Excellence**                             | To innovate and exploit technology to transform care                               | We will accept risk where innovations are identified that will enhance patient experience, reduce costs and/or improve quality. We will actively seek and explore opportunities that drive sponsor execution and exploitation of innovation projects. | 6.1. If we do not develop and maintain infrastructure, we will not be able to deliver safe, responsive and efficient care.  
6.2. If we do not exploit the full capabilities of the new EPR system and wider technology to redesign services we will miss important opportunities to improve care. |
Risk Appetite approach

- An ‘Adventurous’ risk appetite has been set against all strategic priorities.
- An individual risk appetite narrative has been aligned to each strategic priority to describe what adventurous means for that area.

Risk Appetite toward compliance with legislation - Averse in relation to risks that could result in the Trust being non-compliant with legislation, or any of the applicable frameworks within which we operate.
Application of risk appetite

- Decisions relating to bids and tenders that require a decision from SLT or Board are required to demonstrate how risk appetite has been incorporated into decision making.

- If proposals do not align with the relevant risk appetite then an explanation of why an exemption is required should be provided (ie comply or explain).

- To achieve this the due diligence process undertaken when assessing bids and tender should consider risk appetite.

Support Requested: Ensure that reports to SLT or Board include rationale as to how their proposals align to the risk appetite.
## Application of risk appetite

### Business Case Risk Appetite Due Diligence Template

<table>
<thead>
<tr>
<th>Strategic Priority</th>
<th>Risk Appetite Description</th>
<th>BAF Strategic Risks</th>
<th>Strategic Priorities aligned to Business Case (please select all that are appropriate)</th>
<th>Explanation of how risk appetite has been taken into account</th>
</tr>
</thead>
<tbody>
<tr>
<td>To provide high quality services</td>
<td>We are willing to take risk in those activities that have been identified to improve quality and clearly impact on motivating, engaging and empowering people who deliver and support delivery of services.</td>
<td>1.1 1.2 1.3</td>
<td></td>
<td>(please enter text here)</td>
</tr>
<tr>
<td>To deliver sustainable services that meet the needs of local people</td>
<td>We are willing to accept risks that will enable delivering system wide transformation and collaboration with partners. This may include new and novel business both inside and outside the principal footprint of Lancashire and South Cumbria.</td>
<td>2.1 2.2</td>
<td></td>
<td>(please enter text here)</td>
</tr>
<tr>
<td>To become recognised for excellence</td>
<td>We are willing to accept risks or circumstances where difficult decisions are taken for the right reasons where the benefits clearly outweigh the risks. Risks are actively taken where the benefits of 'social capital' demonstrates a significant reward.</td>
<td>3.1 3.2</td>
<td></td>
<td>(please enter text here)</td>
</tr>
<tr>
<td>To employ the best people</td>
<td>We are willing to take risks in relation to innovative approaches to development of our workforce and are prepared to take risks to ensure that our staff are of the highest quality, supported in their own health and wellbeing and in reaching their full potential.</td>
<td>4.1 4.2</td>
<td></td>
<td>(please enter text here)</td>
</tr>
<tr>
<td>To provide financially sustainable services</td>
<td>We are willing to take risk that represents a consistent focus on the best possible return for the organisation, local partners and local people.</td>
<td>5.1 5.2</td>
<td></td>
<td>(please enter text here)</td>
</tr>
<tr>
<td>To innovate and exploit technology to transform care</td>
<td>We will accept risk where innovations are identified that will enhance patient experience, reduce costs and/or improve quality. We will actively seek higher risk/higher return projects and strive to establish pioneering partnerships that can support execution and exploitation of innovation projects.</td>
<td>6.1 6.2</td>
<td></td>
<td>(please enter text here)</td>
</tr>
</tbody>
</table>

### Compliance with Regulatory Standards

In terms of meeting regulatory standards, the Board’s risk appetite is averse. This is in relation to actions that could result in the Trust being non-compliant with legislation, or any of the applicable regulatory frameworks in which we operate. Please provide details of how the due diligence process has taken compliance with regulatory standards into consideration and outline any mitigating controls put in place to manage this.

(please enter text here)
1. Managers making decisions have an understanding of risk appetite and how it applies to decision making.

2. Deciding which strategic priority proposals relate to – may be more than one

3. Applying and documenting how risk appetite forms part of the due diligence process when assessing bids and tenders.

4. Ensuring that reports to SLT and Board include statement of how the proposal complies with or is exempt from risk appetite.
<table>
<thead>
<tr>
<th>Our approach to assurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Utilising the refreshed governance framework to enhance assurance reporting</td>
</tr>
<tr>
<td>Refresh of Board risk appetite highlighting different tolerance to risk areas</td>
</tr>
<tr>
<td>Support provided to the Networks and Support Functions to embed risk assurance processes</td>
</tr>
<tr>
<td>Development of evidence based process to support the Annual Governance Statement</td>
</tr>
<tr>
<td>Alignment of the Board Risk Appetite with the BAF risks for 2017/18</td>
</tr>
<tr>
<td>Alignment of risk assurance to the development of operational plan objectives</td>
</tr>
<tr>
<td>Reporting to governance sub-committees of assurance against operational plan objectives</td>
</tr>
<tr>
<td>Review of Internal Audit processes supporting the provision of 3rd line assurance</td>
</tr>
<tr>
<td>Assurance ratings assessment introduced to corporate governance reporting</td>
</tr>
</tbody>
</table>
• Risk drives the Internal Audit programme.
• Use risk management to expand the internal audit focus.
• Annual audit plan formulated from risk register analysis
Lancashire Care’s Definition

The ability to have confidence through the consistent provision of evidence that the Trust is compliant with the law, operating effectively, achieving desired outcomes and delivering on the strategic vision.

- How do we know what we know?
- How do we know what we don’t know
- How can we prove what we are saying is happening?
- Can be both positive and negative

Principles of Assurance

- Believable
- Certainty
- Evidence
- Reliable
- Trust
- Current
- Accurate
- Compliance
- Confidence
- Declaration
- Reasonable
- Guarantee
- Clarity
# Assurance Mapping – high level

## F&P (Finance and Performance)
- **F&P 1: Financial Resilience and Sustainability**
  - F&P 1.1: Financial Resilience and Sustainability
  - F&P 1.2: Financial Planning and Business Continuity

## Q&S (Quality and Safety)
- **Q&S 1: Quality Service**
  - Q&S 1.1: People and their Environment
  - Q&S 1.2: Financial Planning and Business Continuity

## P&L (People and Leadership)
- **P&L 1: Workplace Allegiance and Discipline**
  - P&L 1.1: Workplace Allegiance and Discipline

## GCA (Governance, Compliance and Assurance)
- **GCA 1: Corporate Governance**
  - GCA 1.1: Corporate Governance
  - GCA 1.2: Information Governance

---

---
### Assurance Mapping – dynamic

<table>
<thead>
<tr>
<th><strong>Strategic Priority</strong></th>
<th><strong>BAF Ref</strong></th>
<th><strong>BAF Risk</strong></th>
<th><strong>Positive Assurance</strong></th>
<th><strong>Source of Assurance</strong></th>
<th><strong>Meeting</strong></th>
<th><strong>Report</strong></th>
<th><strong>Date</strong></th>
<th><strong>Negative/Caps in Assurance</strong></th>
<th><strong>Source of Assurance</strong></th>
<th><strong>Meeting</strong></th>
<th><strong>Report</strong></th>
<th><strong>Date</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1.1</strong></td>
<td></td>
<td></td>
<td>Safeguarding annual report providing assurance</td>
<td>Q&amp;S sub-committee</td>
<td>Q&amp;S sub-committee</td>
<td>Safeguarding Group</td>
<td>29.07.17</td>
<td>Deterioration in the number of asylum children being placed in M14</td>
<td>Q&amp;S sub-committee</td>
<td>Safeguarding Group</td>
<td>29.07.17</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Comprehensive and exemplar pharmacy continuity plan in place</td>
<td>Q&amp;S sub-committee</td>
<td>Q&amp;S sub-committee</td>
<td>Q Gov Group</td>
<td>29.07.17</td>
<td>Improvement of Staff Sides in the opening of buildings from a H&amp;L perspective</td>
<td>Q&amp;S sub-committee</td>
<td>Q Gov Group</td>
<td>29.07.17</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Violence reduction work as part of the Quality Plan - most significant staff safety priority</td>
<td>Q&amp;S sub-committee</td>
<td>Q&amp;S sub-committee</td>
<td>Q Gov Group</td>
<td>29.07.17</td>
<td>Level of compliance with medical devices in MH11 NW</td>
<td>Q&amp;S sub-committee</td>
<td>Q Gov Group</td>
<td>29.07.17</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>100% compliance with dental resuscitation requirements.</td>
<td>Q&amp;S sub-committee</td>
<td>Q&amp;S sub-committee</td>
<td>CSW CD</td>
<td>29.07.17</td>
<td>Lack of national standards on violence reduction</td>
<td>Q&amp;S sub-committee</td>
<td>Q Gov Group</td>
<td>29.07.17</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Level of grip in CSWD NW</td>
<td>Q&amp;S sub-committee</td>
<td>Q&amp;S sub-committee</td>
<td>CSW CD</td>
<td>29.07.17</td>
<td>Requirement and provision of psychological trauma support in the event of major events. Water proof of work needed across NHS - system wide. Lack of cross-disciplinary co-ordination approach</td>
<td>Q&amp;S sub-committee</td>
<td>Q Gov Group</td>
<td>29.07.17</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Domestic abuse audit in MH11 NW</td>
<td>Q&amp;S sub-committee</td>
<td>Q&amp;S sub-committee</td>
<td>Q Gov Group</td>
<td>29.07.17</td>
<td>Domestic abuse audit in MH11 NW</td>
<td>Q&amp;S sub-committee</td>
<td>Q Gov Group</td>
<td>29.07.17</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Avoidable pressure ulcer (grade 3 and 4) incidence has fallen in MH following the increase seen in Q4.</td>
<td>BOD sub-committee</td>
<td>BOD sub-committee</td>
<td>QPR</td>
<td>22.08.17</td>
<td>Restraint increased particularly on older adult wards.</td>
<td>Q&amp;S sub-committee</td>
<td>CSW CD</td>
<td>29.07.17</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>There has been an increase in compliance with 93% of patients having a CSW/3 rights form in place at the beginning of the month.</td>
<td>MHL sub-committee</td>
<td>MHL sub-committee</td>
<td>Surveillance Report</td>
<td>12.09.17</td>
<td>Change in compliance with 93% of patients having a CSW/3 rights form in place at the beginning of the month.</td>
<td>MHL sub-committee</td>
<td>Surveillance Report</td>
<td>12.09.17</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>If we do not make regulatory standards for quality and safety we will not be fit for purpose as care providers.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Access to health care</td>
<td>Q&amp;S sub-committee</td>
<td>CSW CD</td>
<td>29.07.17</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>If we do not create a culture of learning then we will be unable to provide high quality care.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Feedback received through the Friends and Family test continues to be positive at 87% in M4</td>
<td>BOD sub-committee</td>
<td>QPR</td>
<td>22.08.17</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>The number of complaints has decreased to 156 in M4 compared to 157 in M3, this improvement has brought the number nearer to the average of 124 per month.</td>
<td>BOD sub-committee</td>
<td>BOD sub-committee</td>
<td>QPR</td>
<td>22.08.17</td>
<td>The number of complaints has decreased to 156 in M4 compared to 157 in M3, this improvement has brought the number nearer to the average of 124 per month.</td>
<td>BOD sub-committee</td>
<td>QPR</td>
<td>22.08.17</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>The number of upheld complaints is below the average of 25, with 21 upheld complaints (which is a slight increase on M3 position).</td>
<td>BOD sub-committee</td>
<td>BOD sub-committee</td>
<td>QPR</td>
<td>22.08.17</td>
<td>The number of upheld complaints is below the average of 25, with 21 upheld complaints (which is a slight increase on M3 position).</td>
<td>BOD sub-committee</td>
<td>QPR</td>
<td>22.08.17</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>If we do not provide integrated physical and mental health services we will lose opportunities to improve patient outcomes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Feedback received through the Friends and Family test continues to be positive at 87% in M4</td>
<td>BOD sub-committee</td>
<td>QPR</td>
<td>22.08.17</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>There has been an increase in compliance with 93% of patients having a CSW/3 rights form in place at the beginning of the month.</td>
<td>MHL sub-committee</td>
<td>MHL sub-committee</td>
<td>Surveillance Report</td>
<td>12.09.17</td>
<td>Compliance with 97% continues to be an issue raised by CGC during recent MHL inspections</td>
<td>MHL sub-committee</td>
<td>Surveillance Report</td>
<td>12.09.17</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Physical Health Harm Free Care 85% for M4</td>
<td>BOD sub-committee</td>
<td>BOD sub-committee</td>
<td>QPR</td>
<td>22.08.17</td>
<td>Physical Health Harm Free Care 85% for M4</td>
<td>MHL sub-committee</td>
<td>Surveillance Report</td>
<td>12.09.17</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Mental Health Harm Free Care 85% for M4</td>
<td>BOD sub-committee</td>
<td>BOD sub-committee</td>
<td>QPR</td>
<td>22.08.17</td>
<td>Mental Health Harm Free Care 85% for M4</td>
<td>MHL sub-committee</td>
<td>Surveillance Report</td>
<td>12.09.17</td>
<td></td>
</tr>
</tbody>
</table>
The assurance matrix works by assigning an ‘assurance rating’ to the assurances provided at governance meetings. There are two elements to the assessment of assurance which consists of the following:

- Does this report provide assurance for systems and controls?
- Does this report provide assurance for compliance?

Report authors are required to allocate an assurance rating to both of these elements that signifies the level of confidence that is placed upon the information being provided.
Assurance Toolkit

What it is:

• Brings all assurance guidance together in one place;
• Aimed at all staff across the Trust to enhance understanding of what assurance is and why it is important;
• Uses various media to engage staff;
• Toolkit will continue to develop through the year.

- Risk Appetite guidance
- Assurance animation
- High Reliability Organisations
- Internal Audit

- What does good risk assurance look like
- What is evidence based assurance
- Risk assurance in corporate governance meetings
- Principles of assurance levels
## Benefits realisation of a mature assurance system

<table>
<thead>
<tr>
<th>Aim</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>To add value across the Trust</td>
<td>Transparency of gaps in assurance evidence</td>
</tr>
<tr>
<td>Support the application of risk visibility</td>
<td>Clarity of expectation</td>
</tr>
<tr>
<td>Support the identification of assurance around any threat</td>
<td>Auditable evidence based</td>
</tr>
<tr>
<td>Meet regulator expectations</td>
<td>Systemic process supporting good governance</td>
</tr>
<tr>
<td>Provide a sustainable approach to future proofing</td>
<td>Strengthened system of internal control</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Benefit to you</th>
<th>Benefits to organisation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduce duplication of data requests</td>
<td>Confidence that we have control at local level</td>
</tr>
<tr>
<td>Confidence in delivery of key requirements including compliance</td>
<td>Flexible and principle based</td>
</tr>
<tr>
<td>Engagement at local level with the need for compliance clarity</td>
<td>Adaptable as we change</td>
</tr>
<tr>
<td>Free up time</td>
<td>Certainty at all levels</td>
</tr>
<tr>
<td>Empower professionals at delivery interface</td>
<td>Supports Good Governance</td>
</tr>
<tr>
<td>More able to plan/less reactive</td>
<td>No surprises</td>
</tr>
<tr>
<td></td>
<td>Sustainability</td>
</tr>
</tbody>
</table>
## Joining up the dots

<table>
<thead>
<tr>
<th>Strategic priority</th>
<th>Strategic Blueprint</th>
<th>Strategic Risks</th>
<th>Board Balanced Scorecard</th>
<th>Objectives &amp; Key Programmes</th>
<th>Governance</th>
</tr>
</thead>
<tbody>
<tr>
<td>To provide high quality services</td>
<td>We will ensure that all our services are of high quality and that our people are equipped with the necessary skills to deliver them.</td>
<td>If we do not meet regulatory standards, we will not be able to provide high quality services.</td>
<td>Quality and Safety domain: Mental Health, Community Survey, Learning League, National audits and Accreditation schemes, Harm Free Care, Research studies, Violence reduction, Serious incidents, Friends and Family test</td>
<td>To deliver Year 2 of our Quality Plan ensuring that quality remains our number one focus so that we keep people safe and give them improved experiences and outcomes.</td>
<td>Trust Board: Quality Committee, Quality &amp; Safety Sub-Committee, MH Law Sub-Committee, Corporate Governance and Compliance Sub-Committee</td>
</tr>
<tr>
<td>To deliver sustainable services that meet the needs of local people</td>
<td>We will collaborate with partners to deliver system-wide transformation and ensure active participation in delivering services aimed at meeting the needs of our communities.</td>
<td>If we do not work collaboratively with partners, we will not be able to influence system-wide transformation.</td>
<td>Service delivery: Business plan - Business case, CCG outstanding actions, Out of Area treatments, Early intervention in Psychosis, Contract performance, Data Quality, NHS Improvement compliance</td>
<td>To transform our services with partners, to meet the health and wellbeing needs of our local communities, as close to their homes as possible so that they get the right support at the right time.</td>
<td>Trust Board: Finance &amp; Performance Committee, Business Development &amp; Delivery Subcommittee</td>
</tr>
<tr>
<td>To become recognised for excellence</td>
<td>Our service users and carers tell us that our services are of high quality. Our people will reflect on the quality of service provided. We will be respected by our commissioners and other providers as a co-producing partner in shaping new service models that deliver our aligned strategies with a focus on place-based care.</td>
<td>If we do not engage with our patients and service users in developing services that are aligned with our strategies, then our reputation will not improve.</td>
<td>Indicators reflected in Quality and Safety domain</td>
<td>To achieve recognition for excellence and seek opportunities to lead whole system solutions.</td>
<td>Trust Board: Quality Committee, Quality &amp; Safety Sub-Committee, Finance &amp; Performance Committee, Business Development &amp; Delivery Subcommittee</td>
</tr>
<tr>
<td>To employ the best people</td>
<td>We will develop and promote an organisational culture and leadership team that is equipped to meet strategic intent and the needs of both the workforce and the population it serves. We will prioritize the skills of our staff and ensure that they are engaged, high performing and proud of the service they provide.</td>
<td>If we do not support the health and wellbeing of our staff, we will struggle to attract, recruit and retain our workforce.</td>
<td>People and Leadership domain: Staff survey, Staff friend and Family Test, Staff absence, Induction attendance, Recruitment, Induction attendance,</td>
<td>To deliver Year 1 of the People Plan so that we all play a part in making Lancashire Care a great place to work by living our values, supporting each other, being clear about what we need to do and ensuring we have the right skills to do so.</td>
<td>Trust Board: Quality Committee, People Sub-Committee</td>
</tr>
<tr>
<td>To provide financially sustainable services</td>
<td>We will restore and maintain financial balance and provide a service that offers value for money without compromising financial sustainability. We will work with local partners to deliver water-efficient measures. We will actively seek business opportunities that add value for local people.</td>
<td>If we do not meet financial objectives, we will be unable to provide high quality services.</td>
<td>Finance domain: Financial Sustainability Risk Rating, Revenue Control Total, Cost Improvement Programme, Capital Total, Liquidity</td>
<td>To do things better and more efficiently so that we deliver the savings that the Trust needs to make and contribute to the overall saving needed in Lancashire and South Cumbria.</td>
<td>Trust Board: Finance &amp; Performance Committee, Business Development &amp; Delivery Sub-Committee, Finance Sub-Committee, Infrastructure Sub-Committee</td>
</tr>
<tr>
<td>To innovate and exploit technology to transform care</td>
<td>We will develop and promote digital enabled care and lead research and innovation to enhance patient experience, reduce costs and provide high quality. We will have a culture where staff are given the time, training and resources to research and innovate. Research will validate innovations and innovations will direct research. Partnerships with third-party organizations will enable rapid execution and exploitation of innovation projects.</td>
<td>If we do not develop and maintain infrastructure, we will not be able to deliver safe, responsive and efficient care.</td>
<td>Indicators reflected in Quality and Safety domain</td>
<td>To roll out the Electronic Patient Record and other new technology deployments so that we can do our jobs better and think of new ideas to give the public using our services a positive experience.</td>
<td>Trust Board: Finance &amp; Performance Committee, Business Development &amp; Delivery Sub-Committee, Infrastructure Sub-Committee</td>
</tr>
</tbody>
</table>
Outcome of our approach

- Assurance levels are robust at corporate governance level (Integrated Governance Internal Audit Sep 16)
- Chair’s reports provide a clearly defined mechanism for effective escalation of issues and assurances within the Trust (Integrated Governance Internal Audit Sep 16)
- Board Committees are effective in their assurance function and the Sub-committee structure is well defined (Well Led Review)
- A robust risk assurance framework which drives a ‘managing by risk’ culture, with good links to risks which may affect the strategy objectives of the Trust (Well Led Review)
- The board is a positive outlier in its approach to risk and has ensured appropriate focus on risk assurance processes
- Joined up approach to Clinical and Internal Audit in line with good practice, with annual planning informed by both and audits mapped to the BAF and aligned with identified risks and/or gaps in assurance (Well Led Review)
- Evidence Based Annual Governance Statement – process is thorough, robust and can be considered best practice (External Audit)
- Risk Appetite approach promoted by MIAA with other organisations as best practice.
Contact details

Julie-Ann Bowden
Associate Director of Risk & Assurance
07796 951618

julie-ann.bowden@lancashirecare.nhs.uk
Presentation 3

How to Produce a BAF: Lessons from NHS and Social Care

Richard Mackie CFIRM, RSM Risk Assurance Services
BOARD ASSURANCE FRAMEWORK

The importance of the BAF
1 RSM

1 NAME
1 NETWORK
110 COUNTRIES
730 OFFICES
37,500 PEOPLE
Richard Mackie

- Associate Director
- Certified Fellow of Institute of Risk Management
- Chair IRM Scotland RIG
- Multi “not for profit sector” award winner
- Client portfolio includes:
  - Social Housing
  - Healthcare
  - International Criminal Courts
  - Charities Sector
Have we identified the right risk?

Tiger escapes from cage

Cause 1
Gate not strong enough

Cause 2
Gate left open

Risk

Effect 1
Mauls / kills member of public

Effect 2
Loss of tiger
What’s our tiger?

Preventive controls

**Cause 1**
Gate not strong enough

- Control 1: Gate designed and built to international standards
- Control 2: Regular gate inspection and maintenance

**Cause 2**
Gate left open

- Control 3: Gate self closing
- Control 4: Gate alarm

May reduce likelihood

Tiger escapes from the cage
What’s our tiger?

Risk: Tiger escapes from the cage

Mitigating controls:
- Control 1: Search plan
- Control 2: Dart gun
- Control 3: Insurance

Effect:
- Effect 1: Kills / mauls member of public
- Effect 2: Loss of tiger

May reduce impact
Three Lines of Assurance

Trust Board, Executive Team, Patient Safety & Quality Group, Audit Committee, other sub-committees

Care Group-level (operational):
Community area x,y,z, Mental Health, Learning Disabilities Social Care

Corporate support functions:
Finance, Workforce, Infection Control, Clinical Governance and Corporate Governance

Independent assurance:
Internal Audit, External Audit, CQC, Monitor and other independent assurance providers

‘First line’
Service delivery and day to day management of risk and control

‘Second line’
Specialist support, policy and procedure setting, oversight responsibility

‘Third line’
Independent challenge on levels of assurance, risk and control

RISK & CONTROL ENVIRONMENT
Patients and/or service users are not given the high quality care we expect

<table>
<thead>
<tr>
<th>Risk Control</th>
<th>Assurance Given</th>
<th>Assurance Date</th>
<th>Assurance Level</th>
<th>Assurance Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>A1) Revalidation process for all medical staff is implemented by competent, trained appraisers.</td>
<td>Yes</td>
<td>20/03/2017</td>
<td>Substantial</td>
<td>Independent (Audit / 3rd party)</td>
</tr>
<tr>
<td>A2) Revalidation process for all nursing staff is implemented by competent, trained appraisers.</td>
<td>Yes</td>
<td>21/03/2017</td>
<td>Adequate</td>
<td>Independent (Audit / 3rd party)</td>
</tr>
<tr>
<td>A3) Supervision and mentoring provided for all clinical and non-clinical staff.</td>
<td>Yes</td>
<td>21/03/2017</td>
<td>Substantial</td>
<td>Management</td>
</tr>
<tr>
<td>A4) Divisional awareness of new / emerging / current issues or changes in the way the Trust delivers care to ensure all are aware and a consistent approach is adopted and delivered.</td>
<td>Yes</td>
<td>21/03/2017</td>
<td>Substantial</td>
<td>Management</td>
</tr>
<tr>
<td>B1) Governance structure in place to focus on clinical leadership and quality improvement.</td>
<td>Yes</td>
<td>21/03/2017</td>
<td>Adequate</td>
<td>Management</td>
</tr>
<tr>
<td>B2) Clinical governance procedures (Serious Incidents (SI), complaints, incidents, patient experience, safety alerts, clinical audit and related data is available</td>
<td>Yes</td>
<td>21/03/2017</td>
<td>Substantial</td>
<td>Independent (Audit / 3rd party)</td>
</tr>
<tr>
<td>B3) Raising concerns (Whistleblowing) policy &amp; procedures in place</td>
<td>Yes</td>
<td>21/03/2017</td>
<td>Substantial</td>
<td>Management</td>
</tr>
<tr>
<td>B4) Quality governance structures at Board Sub-Committee level, and legacy governance arrangements within Locality teams are in place.</td>
<td>Yes</td>
<td>21/03/2017</td>
<td>Substantial</td>
<td>Independent (Audit / 3rd party)</td>
</tr>
<tr>
<td>B5) Band 8A Clinical Governance Leads are being appointed to support each division and have one point of contact to support and guide.</td>
<td>Yes</td>
<td>21/03/2017</td>
<td>Adequate</td>
<td>Management</td>
</tr>
<tr>
<td>B6) SI process in place.</td>
<td>Yes</td>
<td>21/03/2017</td>
<td>Substantial</td>
<td>Independent (Audit / 3rd party)</td>
</tr>
<tr>
<td>B7) Clinical Audit programme in place.</td>
<td>Yes</td>
<td>21/03/2017</td>
<td>Adequate</td>
<td>Independent (Audit / 3rd party)</td>
</tr>
</tbody>
</table>
Patients and/or service users are not given the high quality care we expect

Risk Control: A1)
Revalidation process for all medical staff is implemented by competent, trained appraisers.

Control Owner: Richard Mackie [Details]

Control Status: Existing

Assurances & Attachments

Assurance Source: Other Area / Team / Committee
- Medical Director reports to TEC on revalidation on a quarterly basis.
- Annual report to Trust Board (appraisal compliance and revalidation).
- Regular 1:1 meetings between AMD (responsible officer) and Medical Director.

Assurance Gap: - 1:1 meetings between AMD and Medical Director - Meetings are confirmed as occurring, but are not formally recorded.

Control Last Updated: 21/03/2017 12:19
## My Controls

Below is a list of controls for which you are selected as the "Control Owner"

<table>
<thead>
<tr>
<th>Risk Ref</th>
<th>Risk Control</th>
<th>Assurance Given</th>
<th>Date Assurance Given</th>
<th>Assurance Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>HRBSO 2</td>
<td>Colleague Engagement - Colleagues are asked for input into the the organisation vision and journey - Group Scoop - Annual Colleague Satisfaction Survey - Colleague Consultation Group - Annual colleague conference working group - BLT feedback monthly from director - Regular team meeting</td>
<td>Yes</td>
<td>18/10/2016</td>
<td>Substantial</td>
</tr>
<tr>
<td>HRBSO 2</td>
<td>Internal communication - Group Scoop - Regular Team meetings - Monthly BLT Director update</td>
<td>Yes</td>
<td>12/10/2016</td>
<td>Adequate</td>
</tr>
<tr>
<td>HRBSO 2</td>
<td>Recognition - Monthly one to ones - Weekly &quot;Group Scoop&quot; - Informal praise from Team - Annual appraisal includes exceptional / expectation</td>
<td>Yes</td>
<td>18/10/2016</td>
<td>Substantial</td>
</tr>
<tr>
<td>HRBSO 2</td>
<td>Recruitment Practice - HR take control of recruitment to ensure standardised approach across organisation</td>
<td>Yes</td>
<td>21/10/2016</td>
<td>Limited</td>
</tr>
<tr>
<td>HRBSO 2</td>
<td>Risk Assessments - DSE Assessment forms available and done annually - Pregnant mothers assessment as and when required - Documented OT referrals and recommendations</td>
<td>Yes</td>
<td>18/10/2016</td>
<td>Substantial</td>
</tr>
<tr>
<td>HRBSO 2</td>
<td>Training Opportunities - Annual Training budgets set - Training plan agreed as part of objective setting - HR manage central training needs - Knowledge and assessment sheet (Colleague and coach sign off task competency sheet) - Colleagues can request training if relevant to role (PDP &amp; Role specific) - Champions identified within Team</td>
<td>Yes</td>
<td>12/10/2016</td>
<td>Limited</td>
</tr>
<tr>
<td>SRR</td>
<td>RECRUITMENT &amp; RETENTION - Fail to Recruit &amp; Retain the right people, including Committee members</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>----</td>
<td>------------------------------------------------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Risk Ref</td>
<td>SRR 1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Risk Title</td>
<td>RECRUITMENT &amp; RETENTION - Fail to Recruit &amp; Retain the right people, including Committee members</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cause</td>
<td>Culture does not promote or nurture talent (TO4)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Organisation cannot compete financially or offer similar benefits compared to other employers</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Unforeseen personal crisis</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Accusations of corruption or fraud (R16)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Family commitments</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Sudden death</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>An action taken by a manager / director or failure in governance (OP3)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Fail to comply with employment legislation &amp; procedures (CP4)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Effect</td>
<td>Loss of knowledge</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Key relationships are lost</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Loss of potential future leaders</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Financial costs of recruitment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Reputational damage</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Local media interest</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Damage to organisation morale</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Additional pressure on other resources</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Unable to meet operational and strategic objectives</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inherent Risk Rating</td>
<td>I = 5 L = 5 25</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Risk Control</td>
<td>FINANCIAL CONTROLS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cause</td>
<td>Financial regulation and procedures</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Internal and External Audits</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Monthly budget reports produced</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Control Owner</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1st Line</td>
<td>Monthly reconciliations - covering Bank (incl cash) rest, loan, suspense account in line with monthly checklist</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2nd Line</td>
<td>Monthly budget analysis to management team, this includes overheads and maintenance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3rd Line</td>
<td>Internal audit completed in February 2016 - substantial rating</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assurance Level</td>
<td>Substantial</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Residual Risk Rating</td>
<td>I = 4 L = 3 18</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Action Required</td>
<td>Review salary and pay scales in line with EVH standards</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Person Responsible</td>
<td>To be implemented by: 28 Oct 2016</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Progress Notes</td>
<td>02 Jun 2016</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Please amend person responsible for review of salary &amp; pay scales</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Create a staff questionnaire</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Person Responsible:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>To be implemented by: 01 Sep 2016</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Board Assurance Summary Report

BAF Summary Report
Strategic Risks November 2016

Key matters arising:
- Clinical Services Strategy — A number of risks cite the Clinical Services Strategy as a key control and also key line of assurance. As yet the strategy has not been drafted so cannot be used as a control or in the context of assurance. In addition to this, the Communications Strategy and Engagement Strategy will need to be updated to reflect the content of the Clinical Services Strategy.
- People and Culture Committee — The committee is relied upon for a number of entries as a key line of assurance. However the committee has met only once to date, where the terms of reference for ongoing meetings was drafted. As a source of assurance this cannot be depended upon and will show as a Neutral assurance until fully operational.

Summary overview:
The first BAF document to be created has been introduced during a period of change within the Trust. This is reflected by the significant difference in the quantity of assurances between risk A patient safety & quality and the other entries. Risk A has one third of the entire assurance environment which is reflective of the ongoing work in this area.

The BAF process has identified that the Trust places great reliance on second lines of assurance which are the corporate support functions that have responsibility for policy and procedure setting and oversight. The third line that provides the independent checks on levels of assurance, risk and control was found to be the lightest. The first line service delivery and day to day management, although comparatively robust, still number less than 50% of the second line assurances.

Risk D, Partnerships, currently has no linked corporate/operational risks. This identifies that currently there is a weakness in partnership operational risk identification.

Strategic risks:
- A. Patients and/or service users are not given the high quality care we expect.
- B. We are incapable of achieving the cultural change needed to deliver high quality care for all patients and service users.
- C. Inability to design and implement efficient infrastructure strategies.
- D. Failure of Partnerships to effectively deliver quality & cost improvements to transform services.
- E. Leadership, workforce capability and capacity unable to deliver improvements.
- F. Unable to deliver immediate cost savings and longer-term sustainability with delivering high quality care.
- G. Inability to identify, assess appropriately and maximise opportunities.
BAF Summary Report
Strategic Risks September 2017

Key matters arising:

- **Clinical Service Strategy** – A number of risks cite the Clinical Service Strategy as a key control and also key line of assurance. As yet the strategy has not been drafted so cannot be used as a control or in the context of assurance. In addition to this, the Communications Strategy and Engagement Strategy will need to be updated to reflect the content of the Clinical Service Strategy.
- **People and Culture Committee** – The committee is relied upon for a number of entries as a key line of assurance. However the committee has met only once to date, where the terms of reference for ongoing meetings was drafted. As a source of assurance this cannot be depended upon and will show as a Neutral assurance until fully operational.

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The BAF process has identified that the Trust places great reliance on second lines of assurance which is the corporate support functions that have responsibility for policy and procedure setting and oversight. The third line that provides the independent challenge on levels of assurance, risk and control was found to be the lightest. The first line service delivery and day to day management, although comparatively robust, still number less than 50% of the second line assurances.

Risk D, Partnerships, currently has no linked corporate/operational risks. This identifies that currently there is a weakness in partnership operational risk identification.

---

**Strategic risks**

| A. | Patients and/or service users are not given the high quality care we expect |
| B. | We are incapable of achieving the cultural change needed to deliver high quality care for all patients and service users |
| C. | Inability to design and implement efficient infrastructure strategies |
| D. | Failure of Partnerships to effectively deliver quality & cost improvements to transform services |
| E. | Leadership, workforce capability and capacity unable to deliver improvements |
| F. | Unable to deliver immediate cost savings and longer term sustainability with delivering high quality care |
| G. | Inability to identify, react appropriately and maximise opportunities |
### BAF analysis

#### Breakdown of current strategic risks, assurances and action plans

<table>
<thead>
<tr>
<th>Strategic risks</th>
<th>Residual risk rating</th>
<th>Line of assurance</th>
<th>Assurance strength</th>
<th>Current action plans</th>
</tr>
</thead>
</table>
| A. Patients and/or service users are not given the high quality care we expect  | 17                   | 28+ 56+ 15+       | MEDIUM            | • Further two interviews for clinical governance leads scheduled and new clinical governance lead to start in August.  
• Information Core Team in place that receives all data and then issue reports across divisions. Rolling out service line reporting over the next 6 months.  
• Introduce the System Cost Reduction Board.  
• Development and approval of Clinical Service Strategy.  
• Review Current Health and Safety arrangements including documentation compliance and potential training.  
• Training needs analysis to identify level 1, 2, 3 compliance with Working Together 2018 |
| B. We are incapable of achieving the cultural change needed to deliver high quality care for all patients and service users | 18                   | 8+ 13+ 2+         | HIGH              | • Develop and approve the Trust’s 5 yrs. plan.  
• Stakeholder survey planned for this year.  
• Redevelopment of Trust website.                                                                                                                         |
| C. Inability to design and implement efficient infrastructure strategies        | 13                   | 8+ 8+ 5+          | MEDIUM            | • Board approval of IT strategy.  
• Review Estate Strategy  
• Establish connection between committees and infrastructure strategies  
• Stakeholder survey planned for 2017  
• Establishment of Corporate Performance Review Meetings.  
• Redevelopment of Trust website.  
• Develop central list of IT contracts.  
• An external partner will review the Trust’s IT strategy.  
• Audit of desktop and SAN storage solutions.  
• Development and approval of Clinical Service Strategy.  
• Implement key recommendations arising from YGI report.  
• Implement monthly corporate review of operational performance.                                                                                           |
## BAF analysis

**Breakdown of current strategic risks, assurances and action plans**

<table>
<thead>
<tr>
<th>Strategic risks</th>
<th>Residual risk rating</th>
<th>Line of assurance</th>
<th>Assurance strength</th>
<th>Current action plans</th>
</tr>
</thead>
</table>
| G. Inability to identify, react appropriately and maximise opportunities | 17 | 5+ 12+ 5+ | LOW | • Stakeholder survey planned for this year.  
  • Redevelopment of Trust website.  
  • Development and approval of Clinical Service Strategy.  
  • Hold opportunity workshop involving clinicians.  
  • Implement monthly corporate review of operational plans.  
  • Implement the thirty five "must do's".  
  • Provide quarterly reports to Board on agreed metrics.  
  • Launch business planning process. |

| Total lines of assurance | 65+ 126+ 61+ | 20 31 8 | 13 - 12- 3- |

**Analysis:** High reliance on second lines of assurance. Greater focus required to identify first and third lines to greater balance the assurance environment.
Risk Radar
Proximity of strategic risk impact with assurance strengths

THE EXAMPLE
NHS Trust

A) Quality, safety, outcome & experience
B) Cultural change
C) IT, Infrastructure and estates strategy
D) Partnerships
E) Leadership and workforce capacity and capability
F) Balance financial sustainability with quality & safety
G) Define and capitalise on opportunities

Key:
- High assurance strength
- Medium assurance strength
- Low assurance strength

Now – 12 months
12 – 24 months
24 – 36 months

Risk Radar
Proximity of strategic risk impact with assurance strengths
### Correlation map

#### Strategic objectives vs. 2016/17 strategic risks

<table>
<thead>
<tr>
<th>Strategic risks with assurance</th>
<th>Delivery high quality care</th>
<th>Running our hospitals efficiently</th>
<th>Becoming an employer of choice</th>
<th>Managing our finances</th>
<th>Working in Partnership</th>
</tr>
</thead>
<tbody>
<tr>
<td>A) Quality, safety, outcome &amp; experience</td>
<td>5</td>
<td>5</td>
<td>4</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>B) Cultural change</td>
<td>5</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>C) IMT engagement and estates strategy</td>
<td>2</td>
<td>5</td>
<td>3</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>D) Transformation of Services</td>
<td>4</td>
<td>3</td>
<td>5</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>E) Sustainable local health economy with partners</td>
<td>5</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>F) Leadership and workforce capacity and capability</td>
<td>4</td>
<td>5</td>
<td>5</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>G) Define and capitalise on our USPs</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
</tbody>
</table>

The correlation map demonstrates the linkage and strength of the relationship between each risk and each strategic objective. This is demonstrated on a 1-5 scale, with 1 indicating a weaker relationship with the strategic objective in question and 5 indicating a stronger relationship.
## Appendix

### Risk grading matrix and assurance descriptions

<table>
<thead>
<tr>
<th>RISK</th>
<th>Likelihood</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Rare</td>
</tr>
<tr>
<td>Impact</td>
<td>1</td>
</tr>
<tr>
<td>5 Major</td>
<td>15</td>
</tr>
<tr>
<td>4 Significant</td>
<td>10</td>
</tr>
<tr>
<td>3 Moderate</td>
<td>6</td>
</tr>
<tr>
<td>2 Minor</td>
<td>3</td>
</tr>
<tr>
<td>1 Negligible</td>
<td>1</td>
</tr>
</tbody>
</table>

### Lines of Assurance

- **Trust Board, Executive Team**
- **Patient Safety & Quality Group, Audit Committee, other sub-committees**

### Assurance Levels

<table>
<thead>
<tr>
<th>Level</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strong</td>
<td>Taking account of the issues identified, the Board can take reasonable assurance that the controls upon which the organisation relies to manage this risk are suitably designed, consistently applied and effective</td>
</tr>
<tr>
<td>High</td>
<td>Taking account of the issues identified, the Board can take reasonable assurance that the controls upon which the organisation relies to manage this risk are suitably designed, consistently applied and effective. However, we have identified issues that, if not addressed, increase the likelihood of the risk materialising</td>
</tr>
<tr>
<td>Medium</td>
<td>Taking account of the issues identified, whilst the Board can take some assurance that the controls upon which the organisation relies to manage this risk are suitably designed, consistently applied and effective, action needs to be taken to ensure this risk is managed</td>
</tr>
<tr>
<td>Low</td>
<td>Taking account of the Issues Identified, the Board cannot take assurance that the controls upon which the organisation relies to manage this risk are suitably designed, consistently applied or effective. Action needs to be taken to ensure this risk is managed</td>
</tr>
</tbody>
</table>
QUESTIONS AND ANSWERS
Richard Mackie
Associate Director

Richard.mackie@rsmuk.com

RSM UK Consulting LLP
First Floor, Quay 2, 139 Fountainbridge, Edinburgh, EH3 9QG
T: +44 (0)131 659 8300 | DL: +44 (0)7918033957 | W: www.rsmuk.com
The Independent Support Broker: Living a life we have to value

Taruna Chauhan, T Chauhan Consultancy, Coventry
living a life we have to value.

The Independent Support Broker

Taruna Chauhan
T Chauhan Consultancy
Member of the Institute of Risk Management

Helping you to implement a continuous improvement strategy by assessing Quality, risk management, governance.

Governance lead on Public Health
Coventry HIV Lay testing project

Sit on Coventry Healthwatch Steering Board: gives me insight into locality issues and wins.
Traditional local authority model has the following steps:

1. Needs Analyses undertaken
2. Goes to Commissioning and Contracting
3. Individual assessment undertaken
4. Match Individual with services that are available
5. Provide the services and monitor them.
Care Act 2014

• A change to the way in which local authorities *complete assessments with those in need of support* - people in need of support will be encouraged to think about what outcomes they want to achieve in their lives - these outcomes can be anything, big or small, which will enable them to feel a greater sense of physical or emotional well-being

• New rights for *carers* which put them on the same footing as the people they care for. All carers are entitled to an assessment. If a carer is eligible for support for particular needs, they have a legal right to receive support for those needs, just like the
• A greater emphasis on local authorities providing clear information and advice which will help the public to make informed choices on their support arrangements, and enable them to stay in control of their lives
• A greater emphasis on existing Personal Budgets which give people the power to spend allocated money on tailored care that suits their individual needs as part of their support plan
What Is brokerage?

Support brokerage originated in North America in the late 1970's and has been developing in the UK since 1996 with the introduction of the Direct Payments Act and more recently, the introduction of Individual and Personal Budgets.

Support Brokerage in the UK is a diverse movement and Brokers range from being truly independent to being employed by a local authority.

The National Brokerage Networks definition is; “Support Brokerage involves the assistance that people need to work out what their choices will be, and the support required to make it happen.”
Why choose a Broker?

A broker looks at the outcomes a person wants
Support a person who has a Individual Service Fund

Personalisation means just that – people are different and require different things and different levels of input. One size will never fit all.

The person can take the lead in deciding what they want, self-directed support can mean that social care budgets can be used more effectively whilst individuals get better lives.

Brokers work directly for the person or their family, making sure they stay in control and get the most out of their lives,
INDEPENDENT BROKER IS NOT ALLIED TO ANY ORGANISATION
Support brokers are your independent guides to make sure you can live the life of your choice if you are living with disability.
The Role of the Broker?

• The scope of the Broker’s role includes helping people to identify the changes they want to make to their lives;

• find support services and community opportunities that the person requires;

• negotiate with providers and prepare community resources as necessary;

• cost and write a support plan;

• identify and obtain funding (including securing agreement on social services funding by whatever procedures are required within the IF system);

• and initiate implementation of the plan.
The TLAP guide identifies the importance of support solutions getting beyond just paid service provision.

A Human rights approach to healthcare are based on FRED'A;
Move away from a services model to an outcomes model

It’s about having conversations with the service user

It’s about co-production, by doing this services can work together for the benefit of the person,

Make services think about how they can make service users lives better.

Flexible support

“Building on people’s existing capabilities: altering the delivery model of public services from a deficit approach to one that provides opportunities to recognise and grow people’s capabilities and actively support them to put them to use at an individual and community level.”

(source coproduction network)
Support plans need to meet 7 criteria

What is important to the person
What the person wants to change or achieve?
How will the person be supported (including risk)
How will the person use their Individual Budget?
How will the person's support be managed?
How will the person stay in control of their life?
What is the person going to do to make this plan happen?
Tools used

What's working and what's not working

Decision making matrix (who makes decisions)

Good Day Bad Day.

Relationship circle who are the important people in this person life.

Communication chart

One page profiles A great way to get a snap shot of a person
Providing one page profiles for individuals makes it easy to see what the person wants.
• Relationship Map who is in my life
• Dreams what do I want to do in the future
• Matching people who are the best people to work with me

• Communication chart what am I saying with my behaviour
• Decision Making agreement

• Doughnut
• Staff responsibility
<table>
<thead>
<tr>
<th>What people appreciate about me</th>
<th>What is important to me</th>
<th>How to support me</th>
</tr>
</thead>
<tbody>
<tr>
<td>A wonderfully loving personality</td>
<td>Her Roman Catholic faith. Winifred must say her prayers each morning and evening. Kisses and cuddles – Winifred is very tactile and loves a hug. A big smile will draw her to you.</td>
<td>Be aware that Winifred is afraid of water – she does not/must not shower or bathe but thoroughly strip washes herself each day with a supporter nearby. Winifred will eat a light breakfast mid morning and loves to sit and chat as she eats.</td>
</tr>
<tr>
<td>Her beautiful nature and generosity of spirit</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Planning the support

Action plan
• Will have realistic achievable targets:
• Who will do what?
• By when?
• What will be the first steps
• Risk plan if required

Support plan
Who am I
What I want to achieve
How will I be supported
<table>
<thead>
<tr>
<th>Day</th>
<th>Morning</th>
<th>Afternoon</th>
<th>Evening</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td>Go to Bowls 10 to 12 get Ring and Ride</td>
<td>Lunch at home from leftovers of Sunday lunch</td>
<td>Caremark to cook evening meal and clear up</td>
</tr>
<tr>
<td></td>
<td>Support hours</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Tuesday</td>
<td>Interview with Thanks for the memories consultant</td>
<td>Lunch prep and clear Caremark</td>
<td>Bowls for social eat their use Ring and Ride</td>
</tr>
<tr>
<td></td>
<td>Support Hours</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Wednesday</td>
<td>Helping hands Age UK ironing</td>
<td>Lunch prep and clear Caremark</td>
<td>Go to the local pub for a meal with neighbour John</td>
</tr>
<tr>
<td></td>
<td>Support hours</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Thursday</td>
<td>Neighbour takes to University of 3rd age</td>
<td>Neighbour also takes him for weekly shop</td>
<td>Caremark meal prep and clear up</td>
</tr>
<tr>
<td></td>
<td>Support hours</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Friday</td>
<td></td>
<td>Gilbert Richards centre to learn how to use ipad</td>
<td>Caremark evening meal and clear up</td>
</tr>
<tr>
<td></td>
<td>Support hours</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Saturday</td>
<td>James nearby neighbour who goes to Park Run</td>
<td>Helping hands gardener for 1 hr to tidy up,</td>
<td>Caremark evening meal and clear up</td>
</tr>
<tr>
<td></td>
<td>to take him for a Park Run/Walk</td>
<td>caremark prepare meal and clear up</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Support hrs</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Sunday</td>
<td></td>
<td>Daughter or son for Sunday lunch will get</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>dropped off after evening meal</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Support hrs</td>
<td></td>
<td>9</td>
</tr>
</tbody>
</table>
Quality measures

- Support plan written using SMART.
- Quality matrix

<table>
<thead>
<tr>
<th>For Tom 14/6/17</th>
<th>Getting Worse</th>
<th>Getting better</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not getting out much</td>
<td>1 2 3 4 5 6 7</td>
<td>Going shopping, pub, Bowls</td>
</tr>
<tr>
<td>Not in the garden</td>
<td>1 2 3 4 5 6 7</td>
<td>In the garden more with support from gardener</td>
</tr>
<tr>
<td>Not being able to use the computer</td>
<td>1 2 3 4 5 6 7</td>
<td>Being able to use compute to communicate with talk radio communities.</td>
</tr>
</tbody>
</table>
Some of the ways to use a broker?

In acute trusts can use them in discharge planning, would help with bed blocking.

Gp Surgeries. People with Long term Conditions would probably benefit from someone looking at their support and seeing if it can be improved.

Community groups
Slaying Dragons: You can’t just investigate them to death!

The need to focus more on risk control and risk treatment

Alan J Card, Journal of Healthcare Risk Management, San Diego, United States
IRM Health & Care Special Interest Group

Thank You for attending today’s Seminar