



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

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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 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"

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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"





"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?







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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





Compassion

The Board Assurance Framework: More than just a risk register?

Institute of Risk Management Health and Care Special Interest Group Friday 29 September 2017

Integrity

Teamwork

Supporting Health and Wellbeing

Respect

Excellence

Accountability

Introduction – The Lancashire Care Context
Closing remarks

- 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



Some good early work being done but at small scale and scope. A 10-year, not 3year, 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 objectivdes
- 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

Board Assurance Framework

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.





Planning the Approach

Refresh – Governance Framework Review

Evaluate – effectiveness and efficiency of information flows and assurance

Map – structure mechanisms that will provide assurance

Develop – Assurance map of the organisation and its subsidiaries

Design and Establish – Trust Assurance Directory

Implement – Total System approach to governance, risk and assurance

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

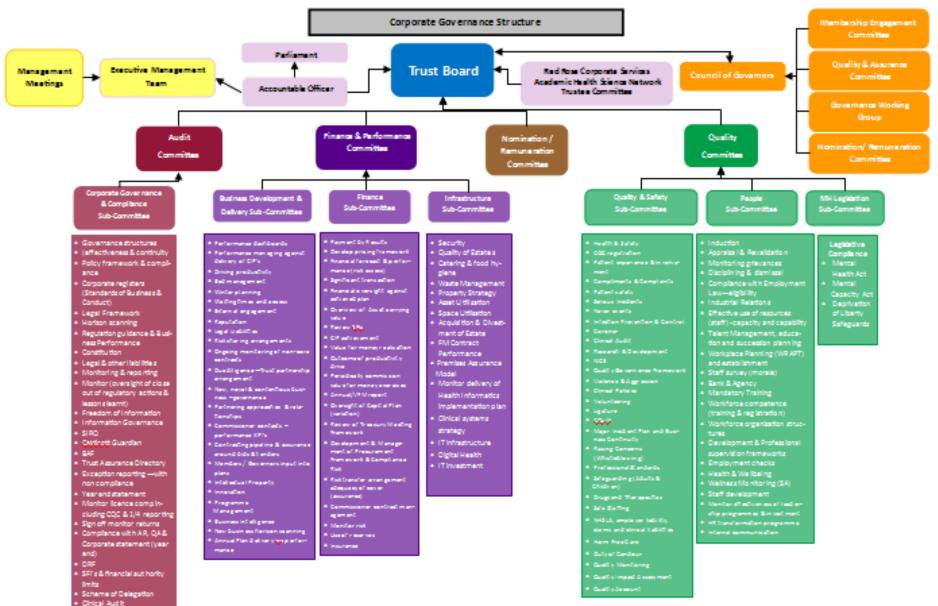
Mapping governance structures for all networks and support services

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.

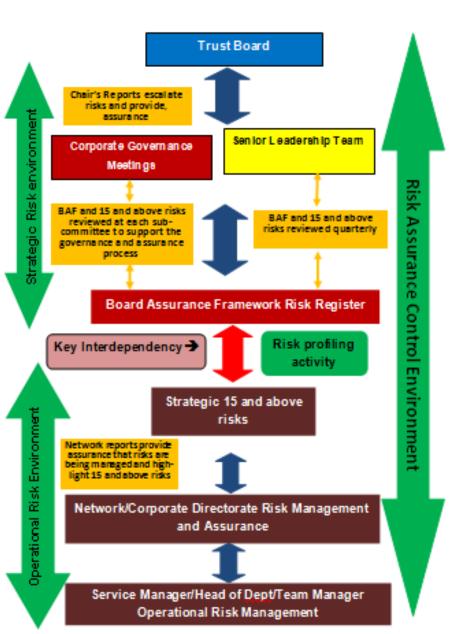
- IT risk management system enhanced functionality to link operational risk to BAF strategic risks:
- Strategic and enduring BAF risks supported by dynamic operational risk profiles;
- Board reporting enhanced risk profiling and thematic reviews;
- Risk appetite set by Board with differing risk tolerance;
- Risk analysis is used to inform the overall audit programmes;
- BAF risks aligned to corporate governance meetings for assurance purposes.

Corporate Governance Framework



- Internal Aud It plan ning and
- process

Risk Assurance Framework



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 delivery 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 Datix. 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.

Version 8-07.09.17

BOARD ASSURANCE FRAMEWORK 2017/18

Strategic Objective	BAF Risk	Risk Appetite Description	Sub-Committee	Director Lead					
	 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. 	We are willing to take risk in those activities	Quality & Safety	Director of Nursing & Quality					
SP1 Quality	1.2 (Datix ID: 8501) If we do not create a culture of learning then we will be unable to provide high quality care.	that have been identified to improve quality and clearly impact on motivating, engaging and empowering people who deliver and	Quality & Safety	Director of Nursing & Quality					
	 1.3 (Datix ID: 8502) If we do not provide integrated physical and mental health services we will lose opportunities to improve patient outcomes. 	support delivery of services.	Quality & Safety	Medical Director					
SP2 Sustainable Services	2.1 (Datix ID: 8503) If we do not work collaboratively with partners we will not be able to influence system wide transformation.	We are willing to accept risks that will enable delivering system wide transformation and collaboration with partners. This may include	Business Development & Delivery	Chief Operating Officer					
Services	2.2 (Datix ID: 8504) If we do not deliver new models of care we will cease to be a creditable lead provider.	new and novel business both inside and outside the principal footprint of Lancashire and South Cumbria	Business Development & Delivery	Chief Operating Officer					
	3.1 (Datix ID: 8505) If we do not engage with our patients and service users we cannot achieve excellence and quality. We are willing to accept risks or circumsta where difficult decisions are taken for the reasons where the benefits clearly outy		Quality & Safety	Director of Nursing and Quality					
SP3 Excellence	3.2 (Datix ID: 8506) If we fail to project our achievements then our reputation will not improve.	the risks. Risks are actively taken where the benefits of 'social capital' demonstrates a significant reward.	Business Development & Delivery	Chief Operating Officer					
	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.	We are willing to take risks in relation to innovative approaches to development of our workforce and are prepared to take risks to	People	Human Resource Director					
SP4 People	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.	ensure that our staff are of the highest quality, supported in their own health and wellbeing and in reaching their full potential.	People	Human Resource Director					
	5.1 (Datix ID: 8509) If we do not meet financial objectives we will not be able to provide sustainable services.	We are willing to take risk that represents a consistent focus on the best possible return for	Finance	Chief Finance Officer					
SP5 Money	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.	the organisation, local partners and local people.	Finance	Chief Finance Officer					
cne	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.	We will accept risk where innovations are identified that will enhance patient experience, reduce costs and/or improve	Infrastructure	Chief Finance Officer					
SP6 Innovation	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.	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.	Infrastructure	Chief Finance Officer					

BAF Report

	Risk Rating Matrix (Likelihood x Consequence)									
Likeliheed	Consequence 🗲									
Likelihood	Insignificant	Minor	Moderate	Major	Catastrophic					
	1	2	3	4	5					
5. Almost	5	10	15	20	25					
Certain	Moderate	High	Significant	Significant	Significant					
4. Likely	4	8	12	16	20					
	Moderate	High	High	Significant	Significant					
3. Possible	3	6	9	12	15					
	Low	Moderate	High	High	Significant					
2. Unlikely	2	4	6	8	10					
	Low	Moderate	Moderate	High	High					
1. Rare	1	2	3	4	5					
	Low	Low	Low	Moderate	Moderate					

Trust Board Risk Target Gap					
Gap Score: 0 or <0	Risk Target Achieved				
Gap Score: 1 - 5	Tolerable				
Gap Score: 6 - 9	Close Monitoring				
Gap Score: 10	Concern				
Gap Score: 11>	Significant				

	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					
Strategic Priority:	The 2017/22 strategic priority that the BAF risk has been aligned to.				
BAF Risk:	The title of the strategic risk that threatens the achievement of the aligned strategic priority.				
CQC Domain:	Key areas at the heart of the way that CQC regulates organisations.				
2017/18 Shared Objectives:	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.				
Risk Appetite Rationale:	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.				
Rationale for Risk:	Further detail of what the BAF risk is taking account of which supports alignment of other elements, such as operational risk and controls/assurances.				
Key Work Programmes:	There are the key programmes that support the delivery of the strategic objectives and support the mitigation of the BAF risks.				
Rationale for Current Risk Score:	This narrative is updated on a quarterly basis and provides a summary of the information that has supported the assessment of the BAF risk.				
Provider Licence Compliance:	NHS improvement provider licence conditions that align to the BAF risk to provide assurance on compliance.				
Operational Risk Exposure:	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.				
Controls:	The measures in place to reduce the risk likelihood or risk consequence and assist secure delivery of the strategic priority.				
Assurances:	The measures in place to provide confirmation that the controls are working effectively in supporting the mitigation of the risk.				
Gaps In Controls:	Areas that require attention to ensure that systems and processes are in place to mitigate the BAF risk.				
Gaps in Assurance:	Areas where there is limited or no assurance that processes and procedures are in place to support the mitigation of the BAF risk.				
Mitigating Actions:	Operational plan objectives aligned to the BAF risks which on completion will provide additional controls to mitigate the BAF risk. When these actions are outstanding, they are an important consideration in assessing gaps in controls and assurances.				

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.				

BAF Report – Strategic Priorities 2017-22

	Strategic priority	Strategic Blueprint
Compassion	To provide high quality services	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'
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.
Teamwork	To become recognised for excellence	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.
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.
Accountability	To provide financially sustainable services	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.
Excellence	To innovate and exploit technology to transform care	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. Page 440 of 488

BAF Report - Dashboard

Strategio Priority	BAF Rick	8ub- committee	Director Lead	Rick 800re 01.04.17	Rick Soore Q1	Rick Soore Q2	Rick Soore GS	Rick 8oore G4	2017/18 Rick Target	2017/18 Risk Target Gap	Final Rick Target	Final Rick Target Gap
	 1.1 If we do not meet regulatory standards for quality and safety we will not be fit for purpose as care provider. 	Quality & Safety	DoNQ	12 High	12 High				8 High	4 Tolerable	4 Moderate	8 Close Monitoring
s P1 Quality	1.2 If we do not create a culture of learning then we will be unable to provide high quality care.	Quality & Safety	DoNQ	16 Significant	16 Significant				12 High	4 Tolerable	4 Moderate	12 Significant
	 1.3 If we do not provide integrated physical and mental health services we will lose opportunities to improve patient outcomes. 	Quality & Safety	MD	16 Significant	16 Significant				12 High	4 Tolerable	4 Moderate	12 Significant
	2.1 If we do not work collaboratively with partners we will not be able to influence system wide transformation.	Business Dev & Delivery	C00	12 High	12 High				8 High	4 Tolerable	4 Moderate	8 Close Monitoring
500	2.2 If we do not deliver new models of care we will cease to be a creditable lead provider.	Business Dev & Delivery	C00	12 High	12 High				8 High	4 Tolerable	4 Moderate	8 Close Monitoring
=	3.1 if we do not engage with our patients and service users we cannot achieve excellence and quality.	Quality & Safety	DoNQ	12 High	12 High				8 High	4 Tolerable	4 Moderate	8 Close Monitoring
5 P3 E1	3.2 If we fail to project our achievements then our reputation will not improve.	Business Dev & Delivery	c00	16 Significant	16 Significant				12 High	4 Tolerable	4 Moderate	12 Significant
	4.1. If we do not support the health and wellbeing of staff we will struggle to attract, recruit and retain our workforce.	People	HRD	20 Significant	20 Significant				10 High	10 Concern	5 Moderate	15 Significant
	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.	People	HRD	9 High	9 High				6 Moderate	3 Tolerable	3 Low	6 Close Monitoring
	5.1 if we do not meet financial objectives we will not be able to provide sustainable services.	Finance	CFO	15 Significant	20 Significant				10 High	5 Tolerable	10 High	5 Tolerable
8 <u>8</u>	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.	Finance	CFO	15 Significant	15 Significant				10 High	5 Tolerable	5 Moderate	10 Concern
ţ,	6.1 If we do not develop and maintain infrastructure, we will not be able to deliver safe, responsive and efficient care.	Infrastructure	CFO	16 Significant	12 High				8 High	4 Tolerable	4 Moderate	8 Close Monitoring
°° Ę	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.	Infrastructure	CFO	16 Significant	16 Significant				8 High	4 Tolerable	4 Moderate	8 Close Monitoring

BAF Report – Detailed risk breakdown

BOARD ASSURANCE FRAMEWORK 2017/18									
STRATEGIC PRIORITY: To prov		DIRECTOR L	EAD: Director	of Nursing &	Quality D	ATIX NO: 850	0		
	egulatory standards for quality and safety w	e will not be fit for	r purpose as care	purpose as care DATE OF REVIEW: 30 June 2017 DATE OF NEXT REVIEW: 30) Sept 2017		
CQC DOMAIN: Safe / Effective/ Caring/ Responsive / Well-led		Quality Plan ensuring that quality ASSURANCE SUB-COMMITTEE TO REVIEW: Quality and Safety ASSURANCE COMMITTEE TO REVIEW: Quality						and Safety	
25	and clearly impa	ITE RATIONALE: We are willing to take risk in those activities that have been identified to improve quality pact on motivating, engaging and empowering people who deliver and support delivery of services. (There is etite in relation to any impact on non-compliance with regulatory standards.)							
15 10 5 0 April Q1 Q	could comprom prevent compli- affect the qualit which impact or priorities. Work key focus of this		y requirements ndards and inc hallenges relati of services. The	and licence co judes issues rel ng to this risk in reduction of vi	nditions. This r lating to the de nclude safer sta olence and the re, in the right	lisk takes into livery of a safe affing and the improvement	account all iss e environment use of bank an ts in harm free	ues that may which may id agency care remain y time is a	
KEY WORK PROGRAMMES	QUALITY PRIORITIES	RISK RATING		Soore at	Soore at	8oore at	Soore at	2017/18	Final Rick
 Quality Led Strategy and Quality Plan 0-25 clinical pathway (DT8) 	 Application of Mental Health Law Clinical Risk in Mental Health 		01.04.17	Q1 12	Q2	63	04	Rick Target	Target 4
 Transforming Care in Learning Disabilities 	(DT8) 7. Standards of Record Keeping 8. Staffing for Quality and Safety		3x4	3x4				0 2x4	1x4
Medicines Optimisation improving Access to IAPT (DT8)	9. Seclusion								
Urgent Care Pathway	10. End of Life Care 13. Pressure Ucers		FOR CURRENT RISK ent that there are some						
Inpatient Reconfiguration Prime Provider/Contractor model (D18)	14. Medication Safety 15. Physical Heathcare in Mental Health	Liverpool have	also identified areas for going delivery of our Qu	Improvement.	Governance and				
OPERATION	AL RISK EXPOSURE SUMMARY:			PROVIDER	LICENCE CO	OMPLIANCE:			
	d other persons and patient harm due to NPS here are also key risks to embedding IG, com d at HMP Liverpool.								
CONTROL 8:			A88URANCE8:						
 Strong support from Quality Improves services 	rement function and Quality Governance function	n to clinical	CQC Re-inspection Report – Rating Good Quality and Performance Reports tracking key indicators on a monthly basis						
2. Stregthened professional leadersh	ip within the new Network structures		Quality and Performance Reports tracking key indicators on a monthly basis Trust and Network Quality and Safety Surveillance Reports						
	an, People, Health Informatics Plan and Estates P ee Care, Reducing Restrictive Practices, Physics		4. Clinical Director Reports						
 Health, Sign up to Safety 	te Care, Reducing Resolutive Practices, Physici	al Health in Menta	S. Quarterley Serious Incident Report S. Quarterly Hearing Feedback Report						
	te compliance with CQC and NHS improvement	quality	7. Monthly Safety Thermometer Reporting						
 governance requirements - Quality Staffing for Quality and Safety imp 	Surveillance and Assurance Visits, etc.		Quality Assurance Visits - LCFT and Commissioner Staffing for Quality and Safety Reports						
	ctions and audits (internal and external)		 Staming for Quality and Safety Reports Health and Safety Audits, IPC Audits, Ligature Audits, PLACE Audits 						
 Use and development of quality governance systems (i.e. Datix, Friends and Family) 			11. Clinical Audit Programme, Internal Audit Programme and ad-hoc Compliance Audits 12. CQC Mental Health Act Monitor Visits						
 Strong engagement with commiss Delivery of the Capital Programme 	 Capacity and flow 								
11. Opening of new and expanded ser	14. Real time quality s			ards					
 Electronic Prescribing and Medicin GAP 8 IN CONTROL 8; 		GAP 8 IN A 8 8URANCE							
1. Challenges with achieving safe sta	affing levels across professions		1. Differing systems t		ture data				
2. Suitability of some parts of the esti									
 Increased acuity and demand in M Health economy wide system resil 									
 Reality economy made system resil 	namaa praavatsa								

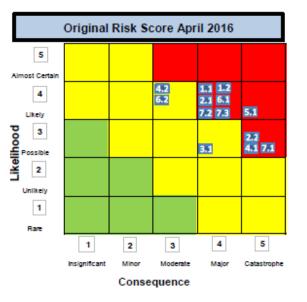
BAF Report – Mitigating Action (Operational Plan Objectives)

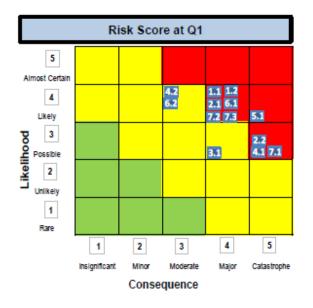
NETWORK/SUPPO RT SERVICE	OBJECTIVE	OUTCOME MEA SURE	DEADLINE	Q1 PO SITION
Medical Directorate	 Align involvement in the benchmarking, national audit and accreditation programmes to achieve consistent completion and demonstrable improvements 	Improvement in performance against benchmarking, national audit and accreditation projects	Q4	
	15. Robust management of risk within the Medical Directorate	All risks reviewed within appropriate timescales and evidenced by Medical Director's SMT	al audit Q4 al by Medical Q2 as the Trust Q4 cords Q4 cords Q4 ine with the tified and Q4 d prescribing Q4 o measured Q4 o measured Q4 inements of plane and the Q3 cal cal cal Q4 transmits Q4 transmits Q4 the can be Q4 ty and Q4 andbook and e Standards Q4 cal calvemors Q4 calvemors	
Health Informatics	5. Continue to Implement Information Governance Improvement Action Plan	Identification of Trained asset owners and administrators across the Trust	Q4	
nearch montaics	8. Improve Health Records Management	Improved capability to store, track, scan and retrieve health records	Q4	
	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	EPMA will be implemented across all community teams in line with the agreed project plan and the identified benefits will be quantified and achieved	Q4	
Pharmacy	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.	Our patients will have improved physical health monitoring and prescribing will be rationalised to deliver optimised outcomes	Q4	
	 To scope and develop outcome measures for effective medicines optimisation in order to support the Five Year Forward. View for mental health. 	Prescribing for our patients will be optimised and will be able to measured in terms of defined outcomes.	Q4	
	 To ensure that patients prescribed clozapine are monitored according to the requirements laid down in the SPC and that the prescribing risks are minimised with improved outcomes for patients (QO1) 	Patients prescribed clozapine will be managed within the requirements of the produce specification and licensing requirements for clozapine and the risks will be minimised.	Q3	
	 To provide Safe Services: People who use our services will receive high quality care from the right number of appropriately qualified and trained staff. 	Reporting against Quality Plan metrics	Q3	
Nursing & Quality Directorate	 Demonstrate effective safeguarding practice & evidence that care is better and safer to safeguard people who use our services 	Continued improvement in safeguarding standards and practice can be evidenced to show that care is better and safer	Q4	
Directorate	10. To provide safe services	Reporting against Quality Plan metrics as detailed in the Quality and Safety Surveillance Report	Q4	
	11. To provide effective quality governance	Reporting against Quality Plan metrics as detailed in the Quality and Safety Surveillance Report	Q4	
Property Services	 Support Secure Services (Guild Lodge) with increased and more effective dietetic support in liaison with catering services. 	Service users receiving the correct nutrition for their condition and reduced consumption of takeaway food	Q4	
	 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. 	Well-evidenced Annual Governance Statement. Robust flow of assurance through organisation's governance structure.	Q4	
	 Continue to embed the corporate policy framework, strengthening key policy and procedures within the Corporate Governance & Compliance remit. 	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.	Q4	
	 Support the Trust Chair and Governors In the appraisal of Non-Executive Directors and ensure compliance with well-led requirements. 	Appraisals undertaken and compliance with well-led framework.	Q4	
Governance &	 Support the Council of Governors to ensure effective discharge of their statutory responsibilities. 	Clearly defined information flows and training which support the Governors in discharging their statutory responsibilities	Q4	
Compliance	 Deliver the Trust Annual Report and all governance related year-end reporting requirements. 	Compliance with the Annual Reporting Manual and reporting requirements of the Trust's Provider Licence.	Q4	
	 Continue to deliver a comprehensive risk and assurance programme for the Trust 	Fully systemised tool for reporting transparent, evidence based assurance supporting compliance	Q4	
	 Embed Risk Appetite within the organisation to support the risk assurance processes and decision making 	Improved articulation and assurance of risk based decisions within the context of the Trust's Risk Appetite	Q4	
	10. Embed the process for internal audit across the Trust	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	Q4	

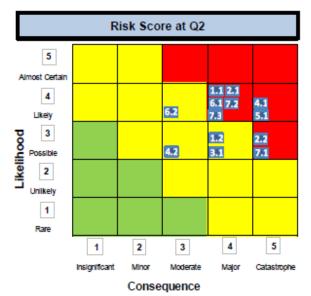
BAF Report – 15 and above operational risks linked to 1.1

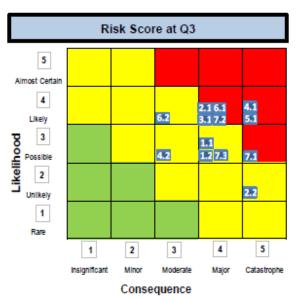
BAF No	Linked Risks (15&>)	Network	Linked Risk Description (Taken from Datix)	initial Riek Rating	Current Risk Rating	Risk Target
1.1 (8500)	4617	Support Services	Non-compliant on completed complaints within policy timeframes.	12 High	20 Significant	3 Low
	5289	Mental Health Services	Non compliance with CQC & IG standards relating to robust storage of clinical data in relation to the use of seclusion.	16 Significant	16 Significant	8 High
	5924	Mental Health Services	Inability to deliver clinical interventions due to HMP Liverpool prison staff not facilitating patient appointments.	12 High	16 Significant	8 High
	6369	Community & Wellbeing Services	Harm caused to patients due to avoidable pressure ulcers attributable to our care.	25 Significant	16 Significant	5 Moderate
	6557	Support Services	Physical violence to staff.	16 Significant	16 Significant	4 Moderate
	6627	Support Services	Information Governance is not fully embedded across the Trust.	20 Significant	16 Significant	12 High
	6658	Support Services	Lack of a formal IAO structure leads to ineffective management and responsibility of IG within networks.	20 Significant	16 Significant	12 High
	6746	Community & Wellbeing Services	Sickness levels across the network exceeds the Trust target creating quality, operational and financial risks.	16 Significant	15 Significant	9 High
	7131	Mental Health Services	Use of NPS type substance within prisions is impacting on patient harm.	12 High	15 Significant	9 High
	7430	Support Services	Patients of child bearing age being prescribed valproate with the associated risk of foetal abnormalities.	20 Significant	16 Significant	5 Moderate
	7578	Mental Health Services	Inaccurate System One records due to Incorrect use of read codes across HMP Liverpool prison.	15 Significant	16 Significant	6 Moderate
	8022	Mental Health Services	inability of eCR system to support the methodology required in the care Act impacting on non-compliance with regulatory standard.	16 Significant	16 Significant	8 High
	8085	Children & Young Persons Weilbeing	CAMHS inability to provide safe & effective psychiatry cover due to recruitment & retention issues, resulting in increased risks.	16 Significant	15 Significant	8 High
	8100	Mental Health Services	Lack of consistent re-assessment process for patient admitted to 136 sultes.	16 Significant	16 Significant	4 Moderate

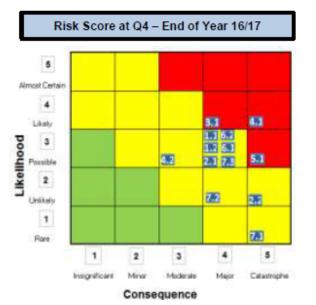
Risk Heat Maps

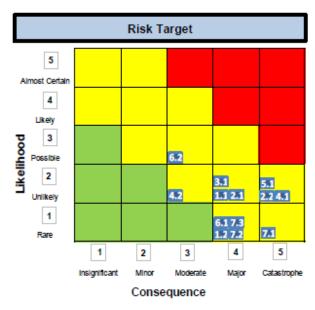




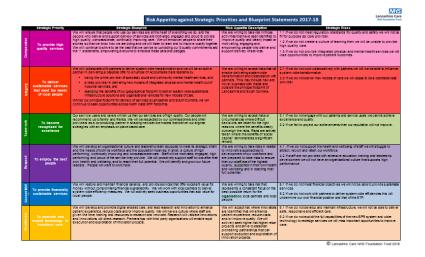








- An 'Adventurous' risk appetite has been set against all strategic priorities
- An individual risk appetite narrative has been aligned to each strategic priority to describe what adventurous means for that area



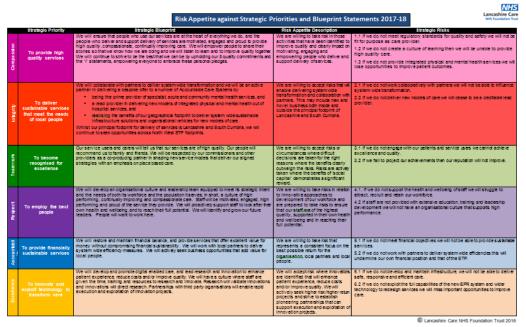
 Risk Appetite toward compliance with legislation - Averse in relation to risks that could result in the Trust being non-compliant with legislation, or any of the applicable frameworks within which we operate.

Risk Appetite

	Strategic Priority	Strategic Blueprint	Risk Appetite Description	Strategic Risks
Compassion	To provide high quality services	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.	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.	 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. 	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.	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 creditable lead provider.
Teamwork	To become recognised for excellence	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.	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.	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.	 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.
Accountabil	To provide financially sustainable services	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 deliver system wide efficiency measures. We will actively seek business opportunities that add value for local people.	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 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.	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.	 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 Di	ligence	Template

Strategic Priority	Risk Appetite Description	BAF Strategic Risks	Strategic Priorities aligned to Business Case (please select all that are appropriate)	Explanation of how risk appetite has been taken into account
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, engaging and empowering people who deliver and support delivery of services.	1.1 1.2 1.3		(please enter text here)
To deliver sustainable services that meet the needs of local people	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.	2.1 2.2		(please enter text here)
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 3.2		(please enter text here)
To employ the best people	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 <u>staff are</u> of the highest quality, supported in their own health and wellbeing and in reaching their full potential.	4.1 4.2		(please enter text here)
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 5.2		(please enter text here)
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 higher risk/higher return projects and strive to establish pioneering partnerships that can support execution and exploitation of innovation projects.	6.1 6.2		(please enter text here)

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)

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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.

Our approach to assurance

Utilising the refreshed governance framework to enhance assurance reporting

Refresh of Board risk appetite highlighting different tolerance to risk areas

Support provided to the Networks and Support Functions to embed risk assurance processes

Development of evidence based process to support the Annual Governance Statement

Alignment of the Board Risk Appetite with the BAF risks for 2017/18

Alignment of risk assurance to the development of operational plan objectives

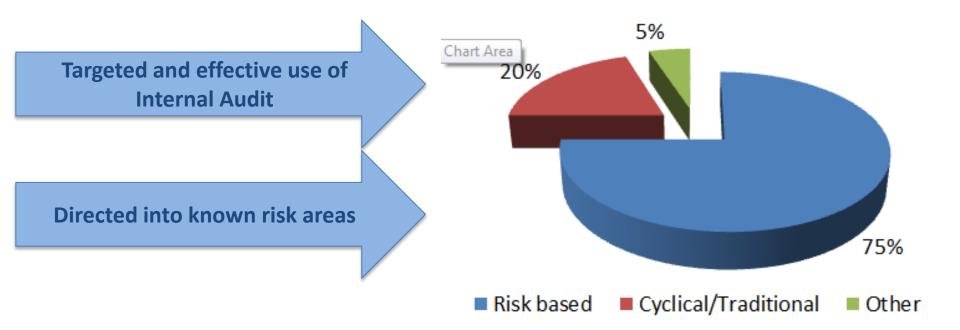
Reporting to governance sub-committees of assurance against operational plan objectives

Review of Internal Audit processes supporting the provision of 3rd line assurance

Assurance ratings assessment introduced to corporate governance reporting

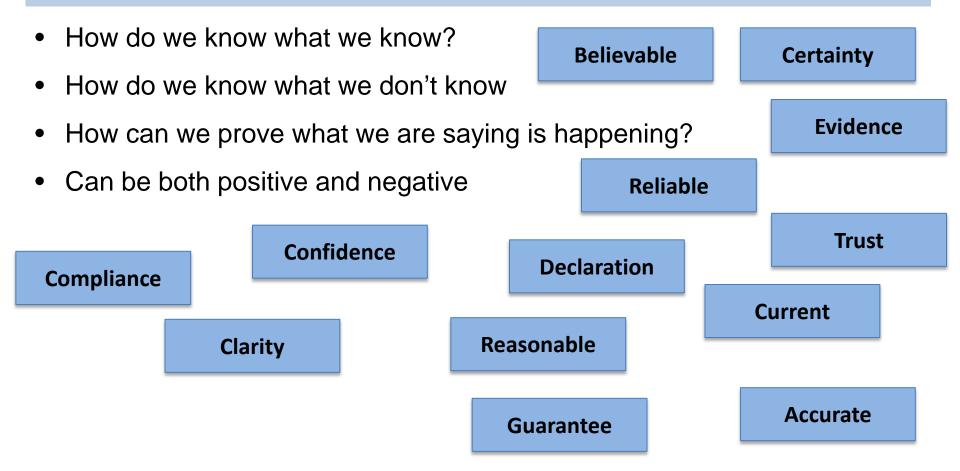
Risk assurance and internal audit

- 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.



Assurance Mapping – high level

F&P (Finance and Performance)

F&P 1 Financial Resilience and Sustainability

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P&L (People and Leadership)

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Assurance Mapping – dynamic

				Sour	rce of Assurance			Source	e of Assurance	
Strategic Priority	BAF Ref	BAF Risk	Positive Assurance	Meeting	Report	Date	Negative/Gaps in Assurance	Meeting	Report	Date
Thomas			Safeguarding Annual report providing assurance	Q&S sub-committee	Safeguarding Group	28.07.17	Disproportionate number of asylum children being placed in Lancashire.	Q&S sub-committee	Safeguarding Group	28.07.17
			Comprehensive and exemplar pharmacy continuity plan in place	Q&S sub-committee	Q Gov Group	28.07.17	Invovelement of Staff Side in the opening of buildings from a H&S perspecitve.	Q&S sub-committee	Q Gov Group	28.07.17
			Violence reduction work as part of the Quality Plan - most significant staff safety priority.	Q&S sub-committee	Q Gov Group	28.07.17	Level of compliance with medical devices in MH NW	Q&S sub-committee	Q Gov Group	28.07.17
			100% compliance with dental resusciation requirements.	Q&S sub-committee	C&W CD	28.07.17	Lack of nagtional standards on violence reduction	Q&S sub-committee	Q Gov Group	28.07.17
			Level of grip in C&WB NW	Q&S sub-committee	C&W CD	28.07.17	Requirement and provision of psychological trauma support in the event of major events. Wider piece of work needed across Lancashire - system-wide. Lack of cross-lancashire co-ordinated approach.	Q&S sub-committee	Q Gov Group	28.07.17
			Domestic abuse audit in MH NW	Q&S sub-committee	MH CD	28.07.17	Marked reduction in staff being able to attend VRT.	Q&S sub-committee	Q Gov Group	28.07.17
			Avoidable pressure ulcer (grade 3 and 4) incidence has fallen in M4 following the increase seen in Q1.	BDD sub-committee	QPR	22.08.17	Restraint increased particularly on older adult wards.	Q&S sub-committee	Q&S Surveillance	28.07.17
	1.1		There has been an increase in compliance with 93% of patients having a s132 rights form in place at the beginning of the month.	MHL sub-committee	Survilence Report	12.09.17	Capacity to address Q&S in S&F - paper due to go to SLT to understand baseline assessment of Q&S, in light of what we know are there additional things capacity wise that we require.	Q&S sub-committee	C&W CD	28.07.17
		If we do not meet regulator standards for quality and safety we will not be fit for purpose as care provider.					Storage of medications in C&WB NW - 45% compliance. Risk live on network risk register.	Q&S sub-committee	C&W CD	28.07.17
							Learning lessons from business development activities eg prison demobilisation and S&F mobilisation	Q&S sub-committee	C&W CD	28.07.17
							Removal of third party information from records and significant capacity impacts - MH NW	Q&S sub-committee	MH CD	28.07.17
							Significant increase in violence on staff (Datix No 6557) and use of restraint	Q&S sub-committee	MH CD	28.07.17
							Significant increase in complaints in MH NW with themes. More work planned to understand what our complaints are telling us and learning.	Q&S sub-committee	MH CD	28.07.17
							Lack of routine enquiry in relation to domestic abuse is not consistently applied - following audit undertaken	Q&S sub-committee	MH CD	28.07.17
							Absence of FFT data for all three NWs (except secure)	Q&S sub-committee		28.07.17
							Effectiveness in HMP Liverpool	Q&S sub-committee	SS CD	28.07.17
							Care Planning in HMP Liverpool - issues re patient cetred approach and involvement of patients in the process.	Q&S sub-committee	HMP Lpool	28.07.17
							Professional Leadership reporting - gaps in data impacting on ability to provide assurance.	Q&S sub-committee	Prof Lshp	28.07.17
							Physical violence towards staff has increased. In M4, 265 incidents were reported compared to 216 in M3.	BDD sub-committee	QPR	22.08.17
ų			Feedback received through the Friends and Family test continues to be positive at 97% in M4	BDD sub-committee	QPR	22.08.17	The number of compliments has dropped from 673 in M3 to 640 in M4 which is below the rolling 12 month average.	BDD sub-committee	QPR	22.08.17
"	1.2	If we do not create a culture of learning then we will be unable to provide high	The number of complaints has decreased to 135 in M4 compared to 157 in M3, this improvement has brought the number nearer to the average of 124 oer month.	BDD sub-committee	QPR	22.08.17				
		quality care.	The number of upheld complaints is below the average of 25, with 21 upheld in month (which is a slight increase on M3 position).	BDD sub-committee	QPR	22.08.17				
			There has been an increase in compliance with 93% of patients having a	MHL sub-committee	Survilence Report	12 00 17	Number of s136s lasting over 72 hours remains consistent. This	MHL sub-committee	Survilence Report	12.09.17
		If we do not provide integrated physical and	s132 rights form in place at the beginning of the month.	WITE Sub-Committee	Survience Report	12.09.17	remains a concern given the forthcoming changes to legislation which will see section 136 reduced from a maximum of 72 hours to 24 hours	WITE Sub-committee	Sumience report	12.05.17
	1.3	mental health services we will lose opportunities to	Physical Health Harm Free Care 95% for M4 Mental Health Harm Free Care 81% for M4	BDD sub-committee	QPR	22.08.17	Compliance with s132 continues to be an issue raised by CQC during recent MHA inspections	MHL sub-committee	Survilence Report	12.09.17
		improve patient outcomes					MHA e-learning remains low with little improvement over recent months	MHL sub-committee	Survilence Report	12.09.17

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.

Does this report provide assurance for systems and controls?	Yes				
Assurance Level (select from drop down box)	Choose an item.				
(type explanation of assurance level from	guidance document)				
Does this report provide assurance for compliance?	Yes				
Assurance Level (select from drop down box)	Choose an item.				
(type explanation of assurance level from guidance document)					

ASSURANCE:

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

Aim

- To add value across the Trust
- Support the application of risk visibility
- Support the identification of assurance around any threat
 - Meet regulator expectations
- Provide a sustainable approach to future proofing

Benefit to you

- Reduce duplication of data requests
- Confidence in delivery of key requirements including compliance
- Engagement at local level with the need for compliance clarity
 - Free up time
- Empower professionals at delivery interface
 - More able to plan/less reactive

Outcomes

- Transparency of gaps in assurance evidence
 - Clarity of expectation
 - Auditable evidence based
- Systemic process supporting good governance
- Strengthened system of internal control

Benefits to organisation

- Confidence that we have control at local level
 - Flexible and principle based
 - Adaptable as we change
 - Certainty at all levels
 - Supports Good Governance
 - No surprises
 - Sustainability

Joining up the dots

Strategic priority	Strategic Blueprint	Strategic Risks	Board Balanced Scorecard Indicators	Objectives & Key Programmes 2017/18	Governance
To provide high quality services	We will ensure that people who use our services are at the heart of everything we do, and the people who deliver and support disproved 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 inten to learn and to improve quality together. We will continue to shive to be the best that we can be by unholding our 5 quality commitments and the "1 statements, empowering everyone to embrace these personal pledges, for example 1 connect to my knowledge, skills and experience to deliver the best quality" I have the courses and astrongth to do the right thing 1 go the extra mile, whatever the situation, whorever the person'	If we do not meet regulatory standards for quality and safety we will not be fit for purpose as care provider. If we do not create a culture of learning then we will be unable to provide high quality care. If we do not provide integrated physical and mental health services we will lose opportunities to improve patient outcomes.	Quality and Safety domain Mental Health Community Survey Learning League Activational audits and Activational audits and Harm Free Care Research studies Volence reduction Sarious Incidents Friends and Family test	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 • Quality plan • Delivering the Strategy programmes (Community well-bring, Methil, Methin, Children and Young People, Mobilisation/ Demobilisation) Crigenisational redelign • Electronic patient record • Medicines optimisation	Trust Board • Quality Committee • Cruality & Safety Sub-committee • MH Law Sub-committee • Corporate Governance and Compliance Sub- committee
D To deliver sustainable services that meet the needs of local people	We will collaborate with partners to deliver system-wide transformation and ver will be an active partner in delivering a bespoke offer to a number of Accountable Care Systems by • being the prime provider of spacelists, 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 whild our principal footprint for delivery of services is Lancashine and Boath Cumbris, we will continue to seek opportunities across Noth West STP footprints.	If we do not work collaboratively with partners we will not be able to influence system wide transformation. If we do not deliver new models of cars we will cease to be a creditable lead provider.	Service delivery domain Business gained – Business land OQC subtending actions OQC subtending actions Out of Arns treatments Early Intervention in Paychosis Contract performance Date Quality NHS Interovement compliance	To bransform 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 • Multi – speciality Community provider development • Transforming Care in Learning descillates • Improving access to Psychological Biorepies • Urgent care Pethway • Ingatient reconfiguration • 0-25 Chinad battwee • Mobilization / demobilisation of services	Trust Board • Finance & Performance Committee • Business Development & Delvery Sub-committee
To become recognised for excellence	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 patter in shaping new service models that deliver our aligned strategies with an emphasis on place based care.	If we do not engage with our patients and service users we cannot achieve excellence and quality. If we fail to project our achievements then our reputation will not improve.	Indicators reflected in Quality and Sefety domain	To achieve recognition for excellence and seek opportunities to lead whole patient patrways Excellence in Patient Flow Excellence in Patient Flow Specialist commissioned services	Trust Board Quality Committee Cuality & Safety Sub-committee Finance & Performance Committee Buiness Development & Delvery Sub-committee
To employ the best people	We will develop an organisational culture and leadenship team equipped to meet its strategic intent and the needs of both its workforce and the occulation 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.	If we do not support the health and wellbeing of staff we will struggle to struct, necruit and retain our workforce. If staff are not provided with extensive education, training and leadenship development we will not have an organisational culture that supports high performance.	People and Leaden/hip domain Staff survey Staff Friend and Family Test Sickness absence Time to recruit Agency Celling Induction attendance	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 it • People plan • Quality clan • Workforce planning	Trust Board • Quality Committee • People Sub-committee
To provide financially sustainable services	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 carterers to delivery seatem- vede efficiency measures. We will actively seek business opportunities that add value for local people.	If we do not meet financial objectives we will not be able to provide sustainable services. If we do not work with partners to deliver system wide efficiencies this will undermine our over financial position and that of the STP.	Finance domain Financial Sustainability Risk Rating Revenue Control Total Cost Improvement Programme Capital Control Total Uquidity	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 Financial plan Network and Support services redesign	Trust Board Finance & Performance Committee Business Development & Delvery Sub-committee Finance Sub-committee Infrastructure Sub-committee
To innovate and exploit technology to transform care	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 innovation. Research will validate innovations and innovations will direct research. Partnerships with third party organisations will enable repid execution and exploitation of innovation projects.	If we do not develop and maintain infrastructure, we will not be able to deliver safe, responsive and efficient care. 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.	Indicators reflected in Quality and Sefety domain	To roll out the Electronic Patient Record and other new systems so that we can do our jobs better and think of new ideas to give the people using our services a positive experience • Network and Support services redesign • Electronic patient record • R and D/ innovation	Trust Board Finance & Performance Committee Business Development & Delvery Sub-committee Infrastructure Sub-committee

- 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.

Julie-Ann Bowden

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

Richard Mackie CFIRM, RSM Risk Assurance Services



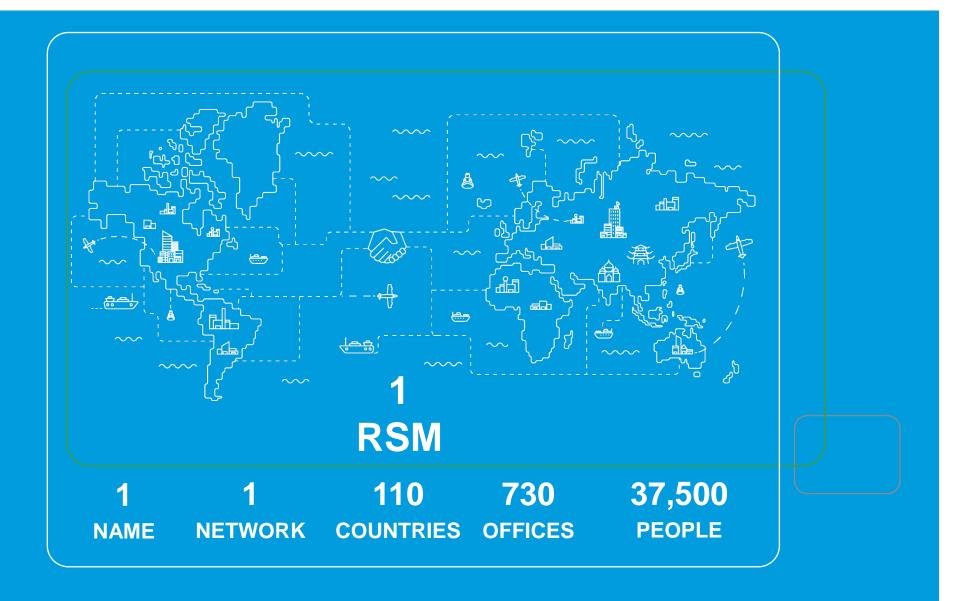
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BOARD ASSURANCE FRAMEWORK

The importance of the BAF







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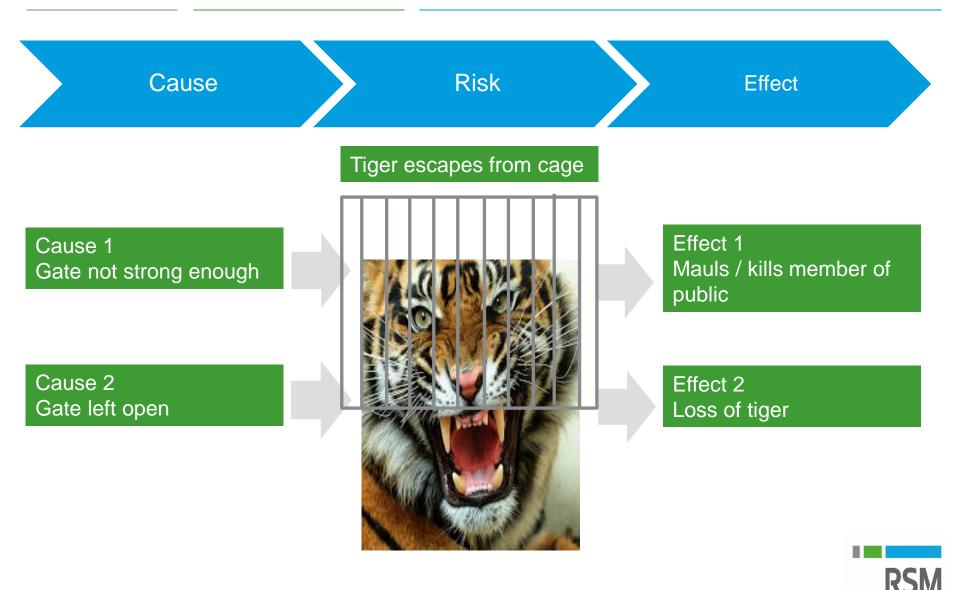


Richard Mackie

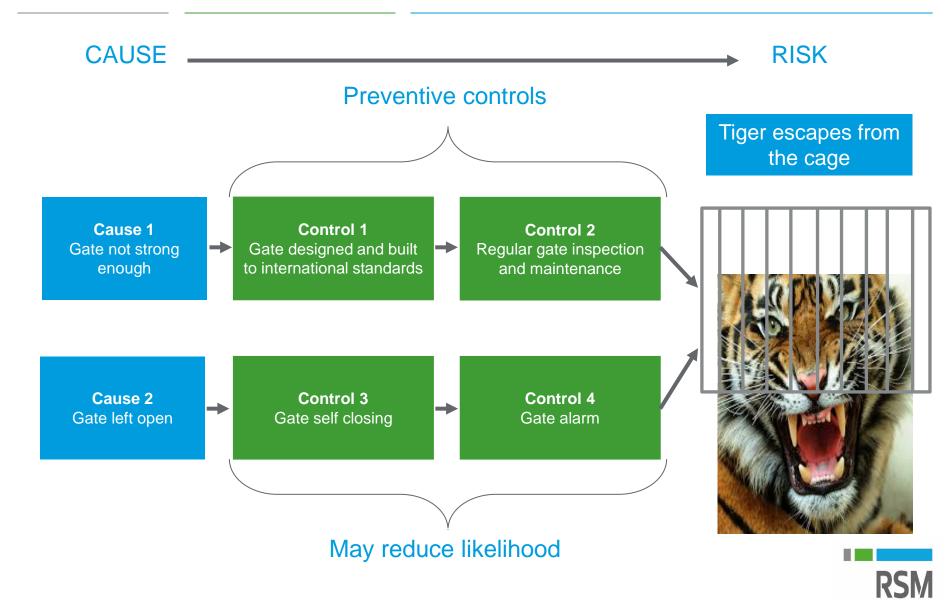
- Associate Director
- Certified Fellow of Institute of Risk
 Management
- Chair IRM Scotland RIG
- Multi "not for profit sector" award winner
- Client portfolio includes:
 - Social Housing
 - Healthcare
 - International Criminal Courts
 - Charities Sector



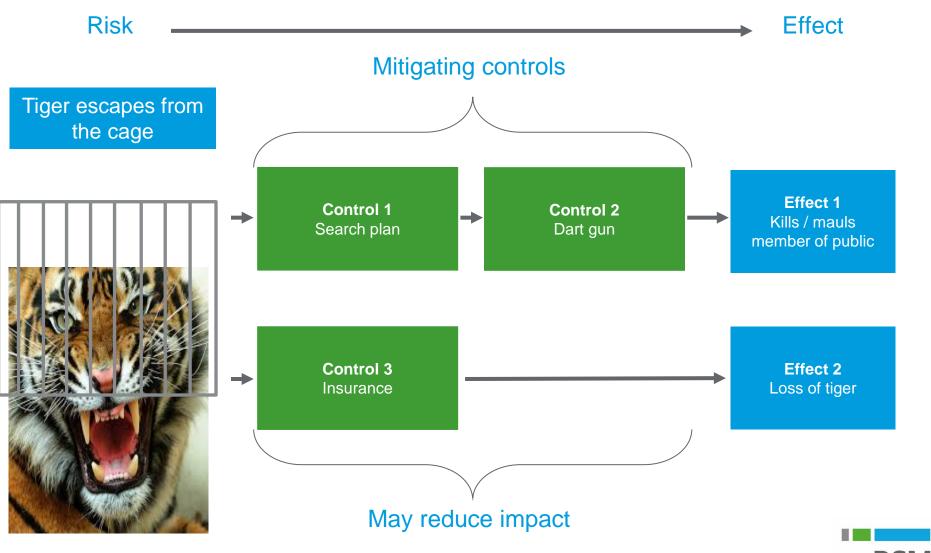
Have we identified the right risk?



What's our tiger?

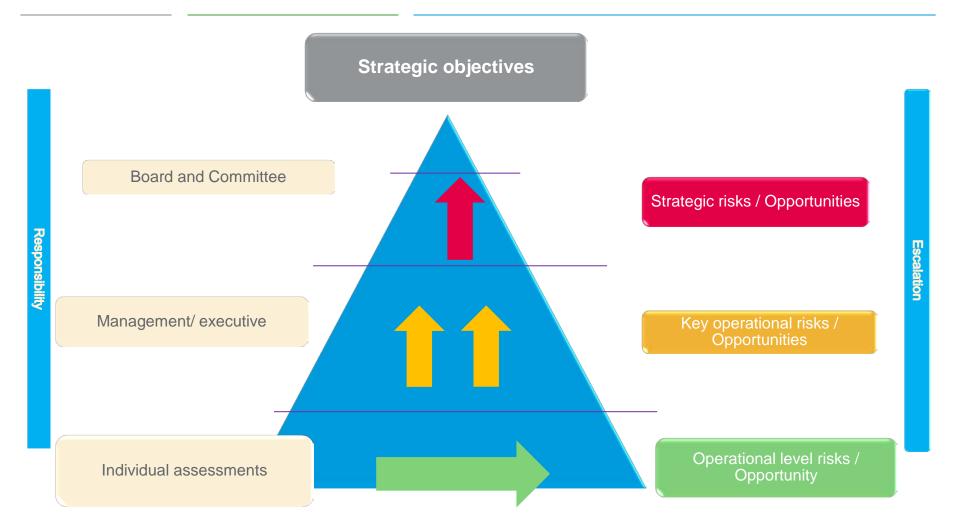


What's our tiger?



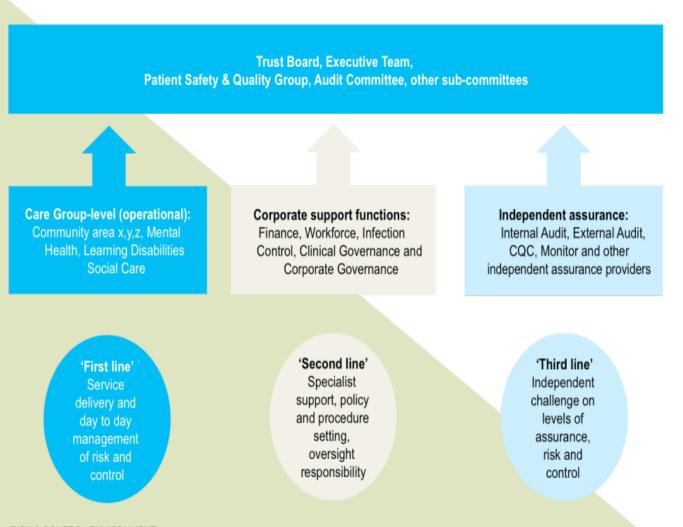
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Assurance structure





Three Lines of Assurance



RISK & CONTROL ENVIRONMENT



Patients and/or service users are not given the high quality care we expect

Cause a	and Effect	Existing Controls	Action Required	Contingen	cy Details	Assurance Record	History	
Control	Status: Existi	ng						
Ris	k Control			Assurance Given	Assurance Date	Assurance Level	Assurance Type	
		process for all medica competent, trained aj		Yes	20/03/2017	Substantial	Independent (Audit / 3rd party)	View Details
		process for all nursing competent, trained ap		Yes	21/03/2017	Adequate	Independent (Audit / 3rd party)	View Details
	Supervision a d non-clinical	and mentoring provide staff.	ed for all clinical	Yes	21/03/2017	Substantial	Management	View Details
issu ens	ues or change	areness of new / eme s in the way the Trust are and a consistent a ivered.	delivers care to	Yes	21/03/2017	Substantial	Management	View Details
		structure in place to fo uality improvement.	ocus on clinical	Yes	21/03/2017	Adequate	Management	View Details
(SIs	s), complaints,	mance procedures (Se incidents, patient exp dit) and related data is	erience, safety	Yes	21/03/2017	Substantial	Independent (Audit / 3rd party)	View Details
	Raising conce ocedures in pla	erns (Whistleblowing) ace	policy &	Yes	21/03/2017	Substantial	Management	View Details
Cor	mmittee level,	rnance structures at B and legacy governand ams are in place.		Yes	21/03/2017	Substantial	Independent (Audit / 3rd party)	View Details
арр	pointed to sup	ical Governance Leads oport each division and port and guide.		Yes	21/03/2017	Adequate	Management	View Details
B6)) SI process in	place.		Yes	21/03/2017	Substantial	Independent (Audit / 3rd party)	View Details
B7)) Clinical Audit	programme in place.		Yes	21/03/2017	Adequate	Independent (Audit / 3rd party)	View Details



Patients and/or service users are not given the high quality care we expect

Cause and Effect Existing Contro	ls Action Required Contingency Details Assurance Record History
	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	: 1st Line 3rd Line 3rd Line
	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"

Risk Ref	Risk Control	Assurance Given	Date Assurance Given	Assurance Level	
HRBSO 2	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	Yes	18/10/2016	Substantial	View
HRBSO 2	Internal communication - Group Scoop - Regular Team meetings - Monthly BLT Director update	Yes	12/10/2016	Adequate	View
HRBSO 2	Recognition - Monthly one to ones - Weekly "Group Scoop" - Informal praise from Team - Annual appraisal includes exceptional / expectation	Yes	18/10/2016	Substantial	View
HRBSO 2	Recruitment Practice - HR take control of recruitment to ensure standardised approach across organisation	Yes	21/10/2016	Limited	View
HRBSO 2	Risk Assessments - DSE Assessment forms available and done annually - Pregnant mothers assessment as and when required - Documented OT referrals and recommendations	Yes	18/10/2016	Substantial	View
HRBSO 2	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 & Role specific) - Champions identified within Team	Yes	12/10/2016	Limited	View

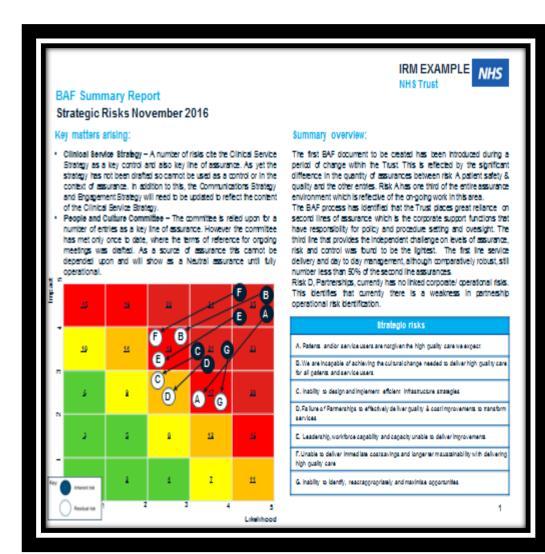
What does good look like?

1. Strategic

Risk	Risk Title	Cause & Effect	Inherent Risk	Risk Control	1st Line	2nd Line	3rd Line	Assurance Level	Residual Risk	Action Required	Progress Notes	
Risk Ref	RISK THE		Rating	Risk Control	ist cine	2nd Line	Sid Line	Assurance Level	Rating	Acuon Required	Flogress Notes	
SRR 1	RETENTION - Fail to Recruit & Retain the right people, including Committee members	Cause - Culture does not promote or nurture talent. (TO4) - Organisation cannot compete financially or offer similar benefits compared to other employers - Unforeseen personal crisis - Accusations of corruption or fraud	1 = 5 L = 5 25	FINANCIAL CONTROLS - Financial regulation and procedures - Internal and External Audits - Monthly budget reports produced Control Owner:	Monthly reconciliations - covering Bank (inc cash) rent, loans, suspense account in line with monthly checklist.	Monthly budget analysis to management team, this includes overheads and maintenance.	internal audit completed in february 2016 - substantial rating	Substantial	1=4L=3 18	EVH standards	02 Jun 2016 Please amend person responsible for review of salary & pay scales	
	Risk Lead: Last Updated: 01 Jun 2016	(RT6) - Family commitments - Sudden death - An action taken by a manager / director or failure in governance.		Entitlements - Both Staff and Committee members required to complete declaration of interest forms. Control Owner:	Committee Secretary responsible for collect DOI forms	DOI is raised committee meetings	Audit review March 2016	Adequate		Create a staff questionaire Person Responsible: To be implemented by: 01 Sep 2016		
		(OP3) - Fail to comply with employment legislation & procedures (OP4) Effect - Loss of knowledge		Committee Membership - Currently 11 committee members (3 new appointees) can absorb short term absence Control Owner:	Post in place to support committee members	Active recruitment of new members in 2015/16.		Substantial				
		 key relationships are lost Loss of potential future leaders Financial costs of recruitment Reputational damage Local media interest Damage to organisation morale 			Policy and Procedures - - Number of key Policy and procedures in place such as: Anti-Bribery and Whistle- Blowing. Control Owner:	Policies and procedures being systematically reviewed and revised over next 12 months	Policies reviewed and approved by committee as and when required		Substantial			
		 Additional pressure on other resources. Unable to meet operational and strategic objectives 		EVH - Full member of EVH - Pay scales and packages for WHA staff currently exceeding EVH levels. - Reliance upon EVH documentation to support HR activities Control Owner:	Management have reviewed salaries	Committee have reviewed and discussed at March meeting		Adequate				



Board Assurance Summary Report



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BAF Summary Report Strategic Risks September 2017



Key matters arising:

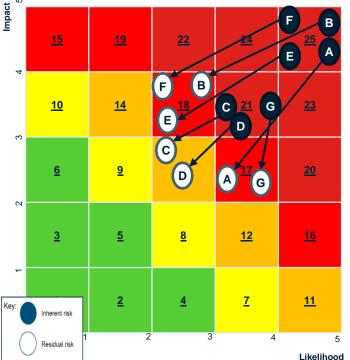
- Clinical Service Strategy A number of risks cite the Clinical Service Strategy as a key control and also key line of assurance. As yet the strategy has not been drafted so cannot be used as a control or in the context of assurance. In addition to this, the Communications Strategy and Engagement Strategy 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.

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 on-going work in this area.

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 guality care G. Inability to identify, react appropriately and maximise opportunities



BAF analysis

Breakdown of current strategic risks, assurances and action plans

Strategic risks	Residu al risk rating	sidu risk ting Children Control Contro		Assurance strength	Current action plans	
		First	Secon d	Third	As	
A. Patients and/or service users are not given the high quality care we expect	17	28+ 8 3-	56+ 18 1-	15+ 3 2-	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+ 2	13+ 3	2+ 1	НІСН	 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+ 2-	8+ 2 1-	5+ 1	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. Development and approval of Clinical Service Strategy.
		2.	10.	44.		Implement key recommendations arising from YGI report.

70



BAF analysis

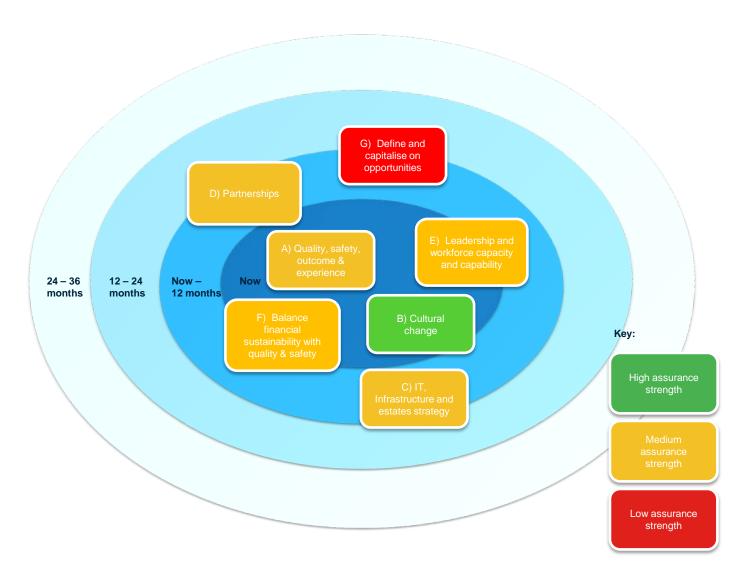
Breakdown of current strategic risks, assurances and action plans

Strategic risks	Residu al risk rating	Positive + / Neutral /		Assurance strength	Current action plans		
	rating	First	Secon d	Third	As		
G. Inability to identify, react appropriately and maximise opportunities	← 17	5+ 1 7-	12+ 1 5-	5+	гом	 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 + 20 13 -	126 + 31 12-	61+ 8 3-		<u>Analysis</u>: High reliance on second lines of assurance. Greater is focus required to identify first and third lines to greater balance the assurance environment.	



Risk Radar

Proximity of strategic risk impact with assurance strengths





Correlation map

Strategic objectives vs. 2016/17 strategic risks

Strategic risks with assurance	Delivery high quality care	Running our hospitals efficiently	Becoming an employer of choice	Managing our finances	Working in Partnership	
A) Quality, safety,						
outcome & experience	5	5	4	5	4	23
B) Cultural change	5	4	4	4	4	21
C) IMT engagement and estates strategy	2	5	3	4	2	16
D) Transformation of Services	4	3	5	3	3	18
E) Sustainable local health economy with partners	5	2	3	3	5	18
F) Leadership and workforce capacity and capability	4	5	5	3	3	20
G) Define and capitalise on our USPs	2	2	2	2	2	10

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

RISK	Likelihood						
Impact	1	2	3	4	5		
	Rare	Unlikely	Possible	Likely	Almost Certain		
5 Major	15	19	22	24	25		
4 Significant	10	14	18	21	23		
3 Moderate	6	9	13	17	20		
2 Minor	3	5	8	12	16		
1 Negligible	1	2	4	7	11		

LINES OF ASSURANCE

			ASSURA	NCE LEVELS
Patient Safety &	Trust Board, Executive Team, A Quality Group, Audit Committee, other su	b-committees	Level	Details
			Strong	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
Care Group-level (operational): Community area x,y.z, Mental Heatth, 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	High	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
'First line' Service delivery and day to day	"Second line" Specialist support, policy and procedure	'Third line' Independent challenge on levels of	Medium	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
risk & CONTROL ENVIRONMENT	setting, assurance, oversight risk and responsibility control		Low	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.

QUESTIONS AND ANSWERS?





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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







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



Member of the lead on Public Institute of Riskealth

Management Coventry HIV Lay testing

project

Healthwatch Steering Board : gives me insight into locality issues and wins. The National Brokerage Network

Sit on Coventry



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 <u>complete assessments with those in</u> <u>need of support</u> - 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 wellbeing
- New rights for <u>carers</u> which put them on the same footing as the people they care for. All carers are be 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 <u>information</u> <u>and advice which will help the public to</u> make informed choices on their support arrangements, and enable them to stay in control of their lives

•A greater emphasis on existing <u>Personal Budgets</u> 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 FREDA;





Move away from a services model to an outcomes model

Its about having conversations with the service user

Its 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 personWhat 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 persons 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



Important to the person People, places ,possessions and routines, interests, faith, culture, work

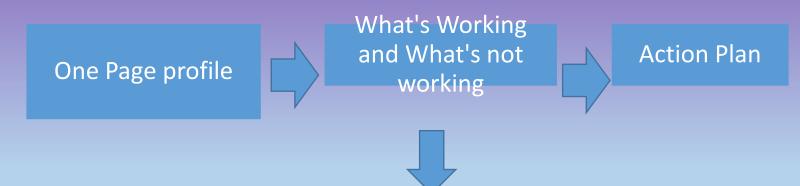
Important for the person

Health and safety



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

My One	Your Name	
Page Profile	Age Occupation	
What people appreciate about me	What is important to me	How to support me

A wonderfully loving personality Her beautiful nature and generosity of spirit 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. 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 Winifred Will eat nearby a light breakfast mid morning and loves to sit and chat as she eats.



Planning the support

Action plan

- Will have realistic achievable targets:
- Who will do what
- By when?
- What will be the first steps

Support plan Who am I What I want to

achieve

How will I be

supported

Risk plan if required

https://www.youtube.com/watch?v=y77y7XW8GtE

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

Quality measures

- Support plan written using SMART .
- Quality matrix

For Tom14/6/17								
Getting Worse								Getting better
Not getting out much	1	2	3	4	5	6	7	Going shopping, pub, Bowls
Not in the garden	1	2	3	4	5	6	7	In the garden more with support from gardener
Not being able to use the computer	1	2	3	4	5	6	7	Being able to use compute to communicate with talk radio communities.

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







Via Skype

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

