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NHS
The Walton Centre
NHS Foundation Trust

IRM Health & Care Special Interest Group

Friday 29 September 2017
10.00am – 3.30pm
Lecture Theatre

Excellence in Neuroscience

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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Welcome & Introductions
Patrick Keady, CFIRM

Excellence in Neuroscience

Presentation 1

The Walton Centre NHS Foundation Trust

How the Board Assurance Framework helps Boards and NEDs

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

The Walton Centre
NHS Foundation Trust

Sheila Samuels

Non-Executive Director

Excellence in Neuroscience

NHS Board Responsibilities

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- 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

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- 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

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

Source: Trust Strategy, 2015

The BAF

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"…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.

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Working with the BAF

KEY ISSUES

Risk Description

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- What is the real issue?

e.g. Workforce:

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

Risk Evaluation

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

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

Possible : "Might happen or recur occasionally"

KNOWING WHEN ITS SERIOUS

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"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

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- 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

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- 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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Presentation 2

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

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NHS Foundation Trust

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

Institute of Risk Management

Health and Care Special Interest Group

Friday 29 September 2017

Excellence | Accountability | Respect | Teamwork | Integrity | Compassion

Supporting Health and Wellbeing

What will we cover

Introduction – The Lancashire Care Context
Closing remarks

Introduction – Lancashire Care NHS Foundation Trust

- 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?

NHS Providers

Finance

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

Performance

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

STPs

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

New care models

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

Workforce

Growing consensus that workforce challenge is now as big as the financial challenge

The Lancashire Care Approach to the BAF

- 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

BAF Definition

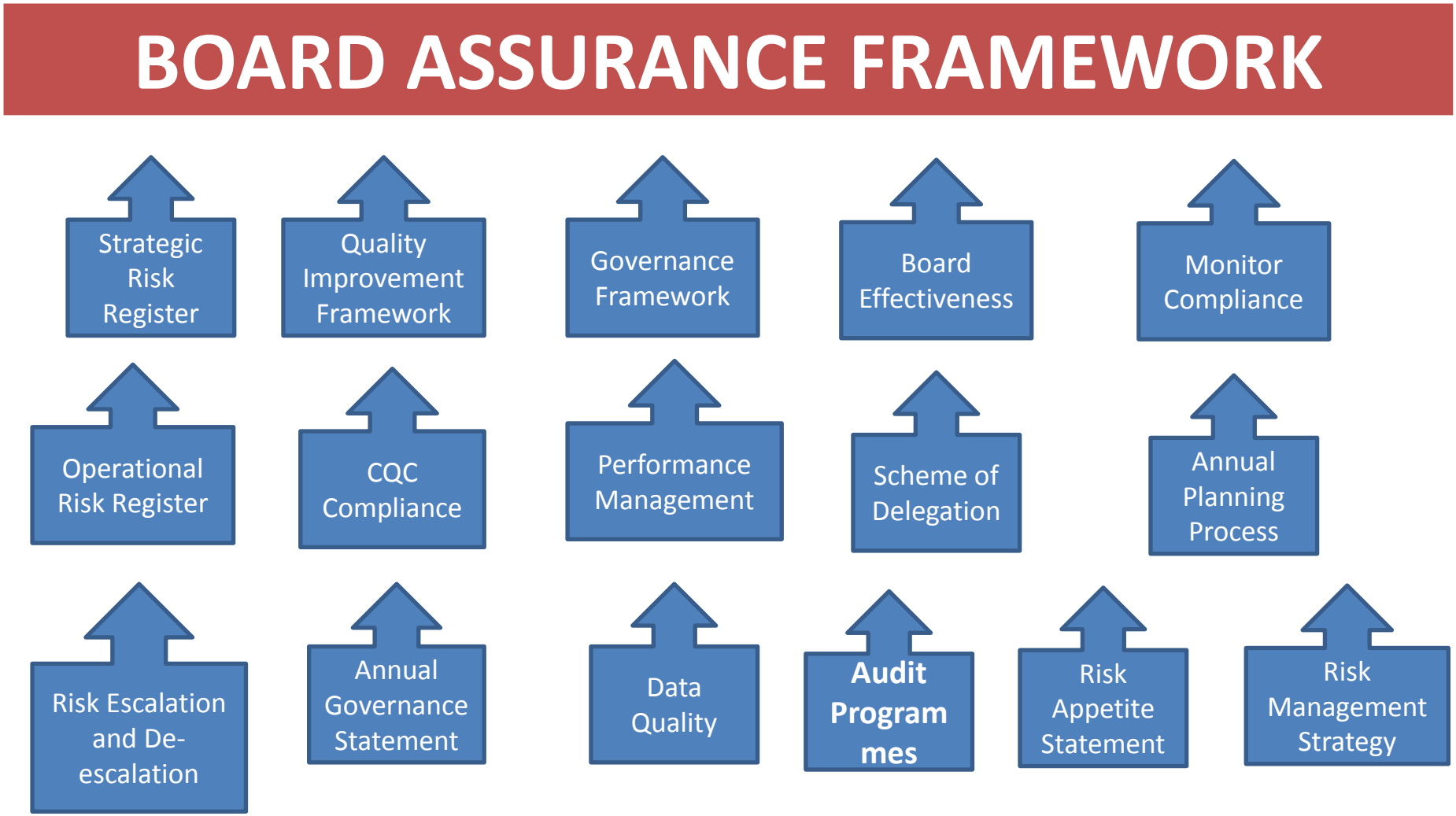
Board Assurance Framework

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.

BAF – More than just a risk register



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’

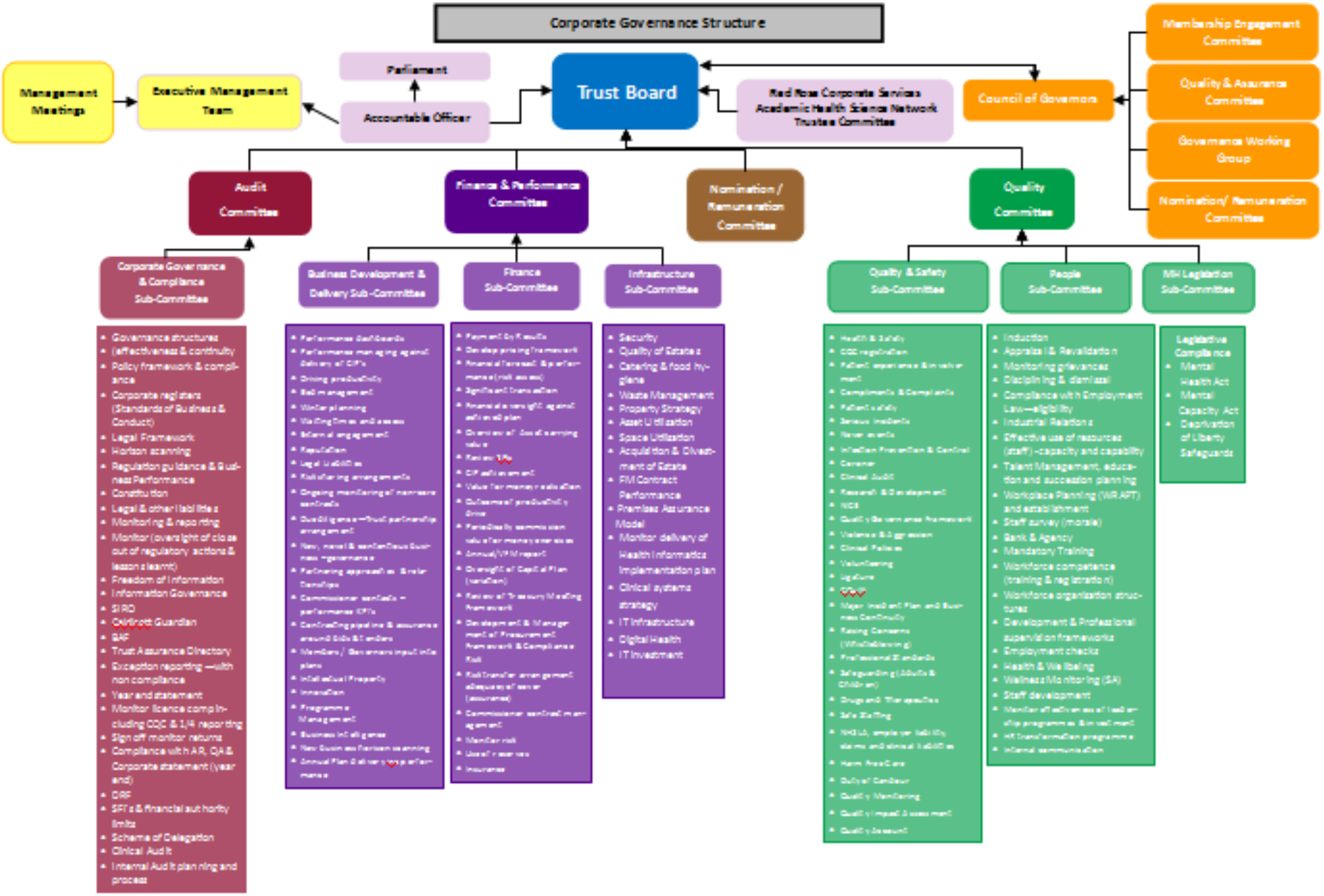
Risk and Opportunity

- 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.

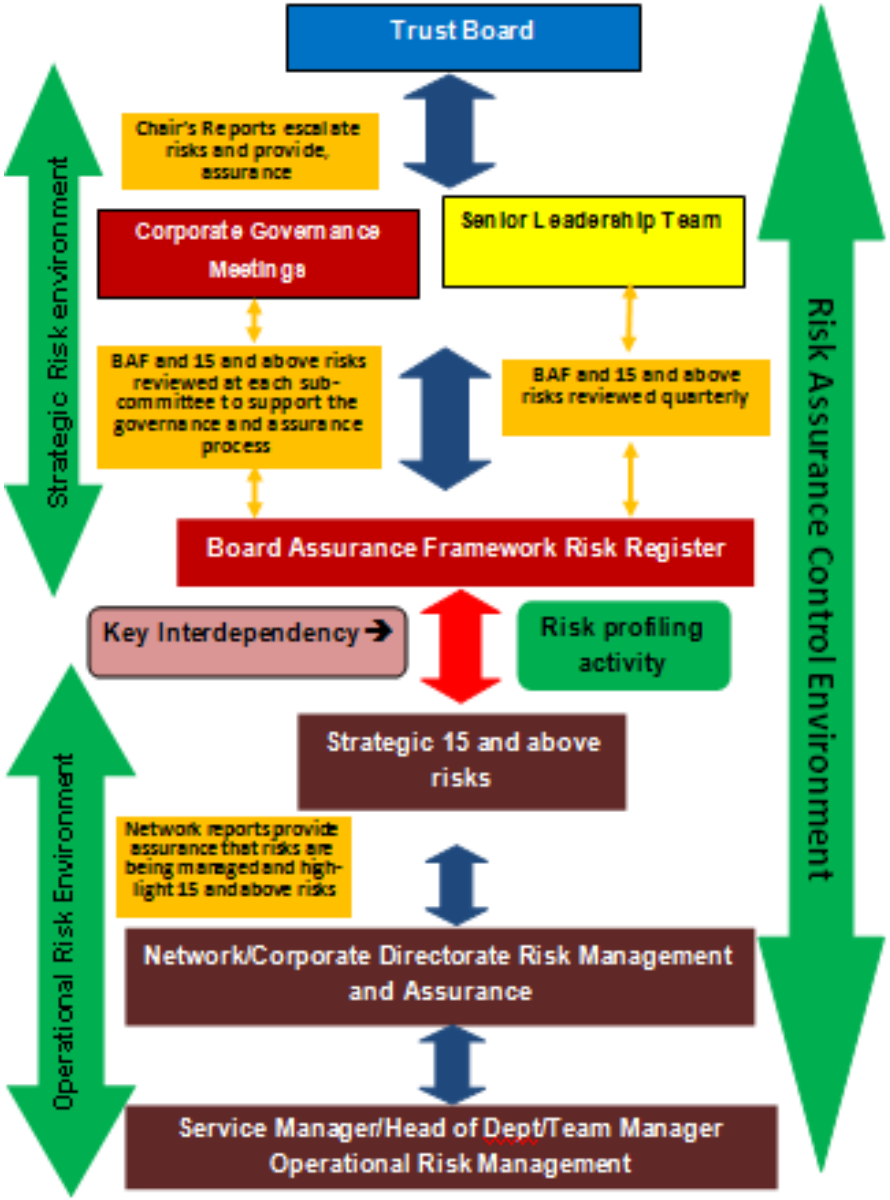
Risk and Opportunity

- 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



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 becsuse 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
SP1 Quality	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 that have been identified to improve quality and clearly impact on motivating, engaging and empowering people who deliver and support delivery of services.	Quality & Safety	Director of Nursing & 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.		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.		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 new and novel business both inside and outside the principal footprint of Lancashire and South Cumbria	Business Development & Delivery	Chief Operating Officer
	2.2 (Datix ID: 8504) If we do not deliver new models of care we will cease to be a creditable lead provider.		Business Development & Delivery	Chief Operating Officer
SP3 Excellence	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 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.	Quality & Safety	Director of Nursing and Quality
	3.2 (Datix ID: 8506) If we fail to project our achievements then our reputation will not improve.		Business Development & Delivery	Chief Operating Officer
SP4 People	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 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
	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.		People	Human Resource Director
SP5 Money	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 the organisation, local partners and local people.	Finance	Chief Finance Officer
	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.		Finance	Chief Finance Officer
SP6 Innovation	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 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
	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.		Infrastructure	Chief Finance Officer

BAF Report

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

BAF Report - Dashboard

Strategic Priority	BAF Risk	Sub-committee	Director Lead	Risk Score 01.04.17	Risk Score Q1	Risk Score Q2	Risk Score Q3	Risk Score Q4	2017/18 Risk Target	2017/18 Risk Target Gap	Final Risk Target	Final Risk Target Gap
SP1 Quality	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
	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
SP2 sustainable services	2.1 If we do not work collaboratively with partners we will not be able to influence system wide transformation.	Business Dev & Delivery	COO	12 High	12 High				8 High	4 Tolerable	4 Moderate	8 Close Monitoring
	2.2 If we do not deliver new models of care we will cease to be a creditable lead provider.	Business Dev & Delivery	COO	12 High	12 High				8 High	4 Tolerable	4 Moderate	8 Close Monitoring
SP3 Excellence	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
	3.2 If we fail to project our achievements then our reputation will not improve.	Business Dev & Delivery	COO	16 Significant	16 Significant				12 High	4 Tolerable	4 Moderate	12 Significant
SP4 People	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
SP5 Money	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
	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
SP6 Innovation	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
	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 provide high quality services

DIRECTOR LEAD: Director of Nursing & Quality

DATIX NO: 8500

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

DATE OF REVIEW: 30 June 2017

DATE OF NEXT REVIEW: 30 Sept 2017

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

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

ASSURANCE SUB-COMMITTEE TO REVIEW: Quality and Safety

ASSURANCE COMMITTEE TO REVIEW: Quality

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

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

KEY WORK PROGRAMMES

- Quality Led Strategy and Quality Plan
- 0-25 clinical pathway (DTS)
- Transforming Care in Learning Disabilities (DTS)
- Medicines Optimisation
- Improving Access to IAPT (DTS)
- Urgent Care Pathway
- Inpatient Reconfiguration
- Prime Provider/Contractor model (DTS)

QUALITY PRIORITIES

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

RISK RATING:

Original Score 01.04.17	Score at Q1	Score at Q2	Score at Q3	Score at Q4	2017/18 Risk Target	Final Risk Target
12	12				8	4
3x4	3x4				2x4	1x4

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

OPERATIONAL RISK EXPOSURE SUMMARY:

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

PROVIDER LICENCE COMPLIANCE:

G7 - Registration with the Care Quality Commission

CONTROLS:

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

ASSURANCES:

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

GAPS IN CONTROLS:

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

GAPS IN ASSURANCES:

1. Differing systems to record and capture data

BAF Report – Mitigating Action (Operational Plan Objectives)

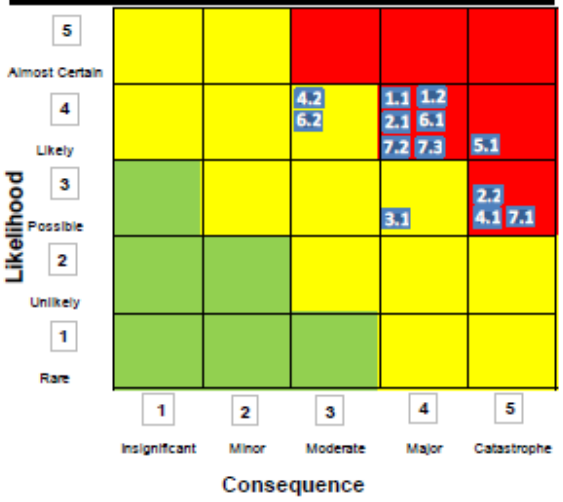
NETWORK/SUPPORT SERVICE	OBJECTIVE	OUTCOME MEASURE	DEADLINE	Q1 POSITION
Medical Directorate	4. Align involvement in the benchmarking, national audit and accreditation programmes to achieve consistent completion and demonstrable improvements	Improvement in performance against benchmarking, national audit 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	Q2	
Health Informatics	5. Continue to implement Information Governance Improvement Action Plan	Identification of Trained asset owners and administrators across the Trust	Q4	
	8. Improve Health Records Management	Improved capability to store, track, scan and retrieve health records	Q4	
Pharmacy	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	
	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	
	4. 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	
	7. 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	
Nursing & Quality Directorate	1. To provide Safe Services: People who use our services will receive high quality care from the right number of appropriately qualified and trained staff.	Reporting against Quality Plan metrics	Q3	
	4. 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	
	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	10. 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	
Governance & Compliance	1. Continue to embed a culture of good governance throughout LCFT in particular the design and implementation of formal network governance arrangements following the network redesign.	Well-evidenced Annual Governance Statement. Robust flow of assurance through organisation's governance structure.	Q4	
	2. 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	
	3. 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	
	4. 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	
	5. 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	
	7. Continue to deliver a comprehensive risk and assurance programme for the Trust	Fully systemised tool for reporting transparent, evidence based assurance supporting compliance	Q4	
	9. 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

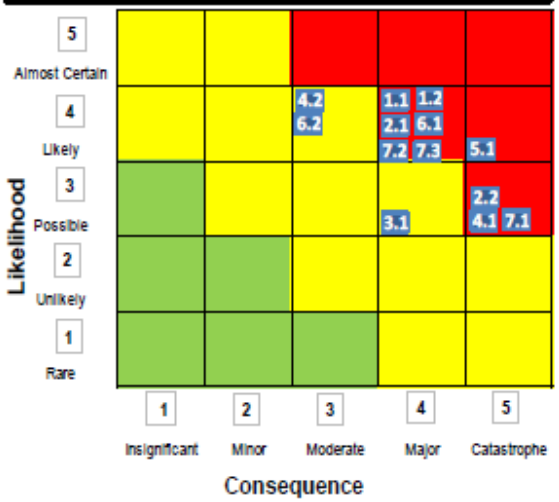
BAF No	Linked Risks (15&>)	Network	Linked Risk Description (Taken from Datix)	Initial Risk Rating	Current Risk Rating	Risk Target
1.1 (8500)	4517	Support Services	Non-compliant on completed complaints within policy timeframes.	12 High	20 Significant	3 Low
	5289	Mental Health Services	Non compliance with 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
	6745	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
	8086	Children & Young Persons Wellbeing	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 suites.	16 Significant	16 Significant	4 Moderate

Risk Heat Maps

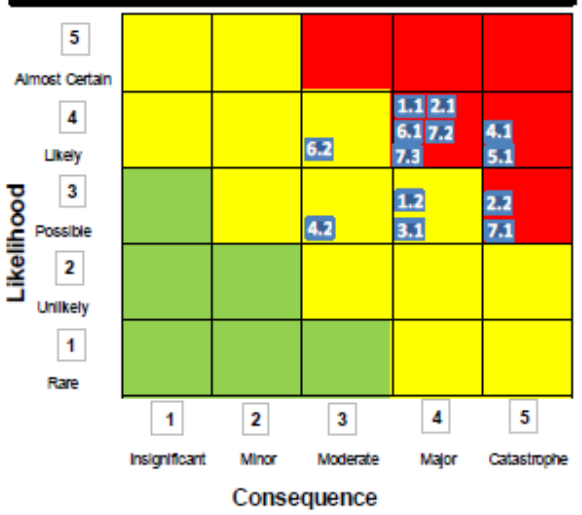
Original Risk Score April 2016



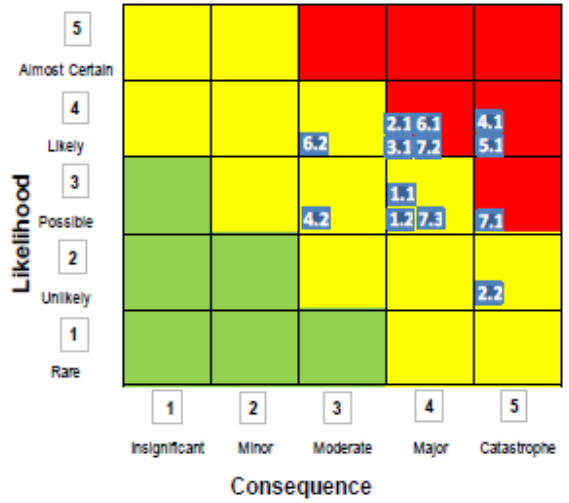
Risk Score at Q1



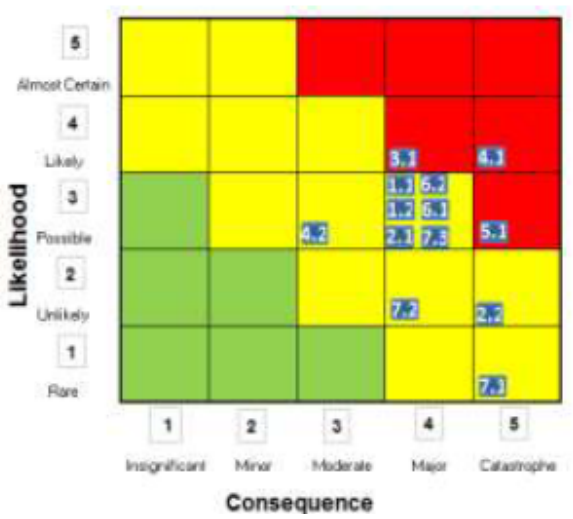
Risk Score at Q2



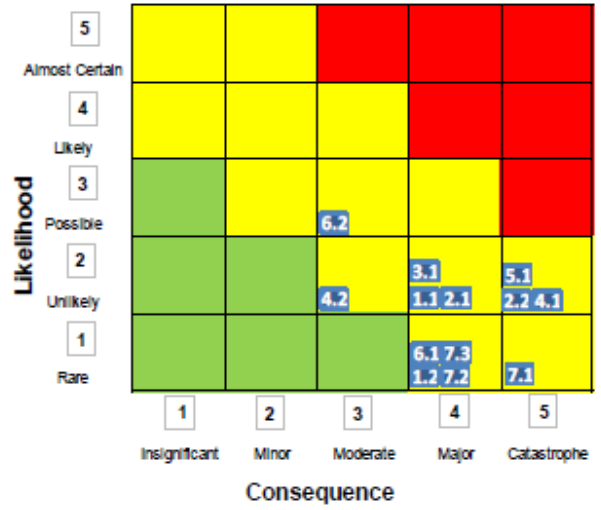
Risk Score at Q3



Risk Score at Q4 – End of Year 16/17

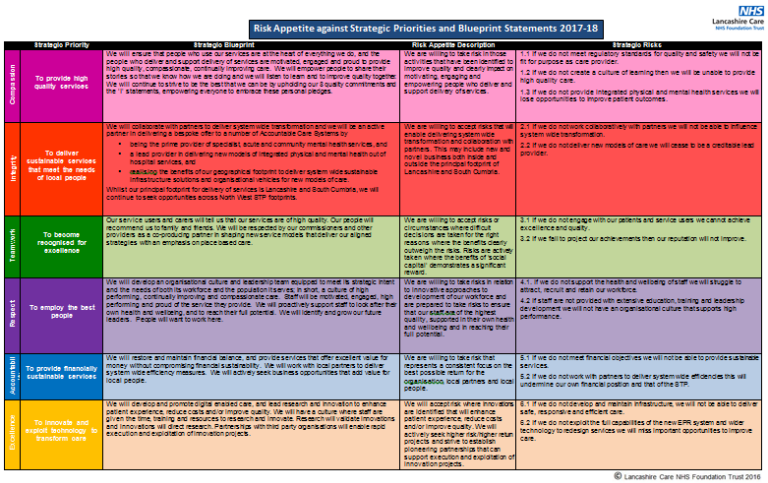


Risk Target



Risk Appetite Statement 2017-18

- 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 against Strategic Priorities and Blueprint Statements 2017-18

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 7 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 monitoring, 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 developing 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 rewarded 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 adverse education, training and leadership development we will not have an organisational culture that supports high performance.
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 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 digitally 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.

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- 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

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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.
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Risk Appetite approach

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Risk Appetite against Strategic Priorities and Blueprint Statements 2017-18

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

Application of risk appetite

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

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

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

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

Application of risk appetite

Business Case Risk Appetite Due Diligence Template

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 staff are 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)

Risk appetite considerations

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

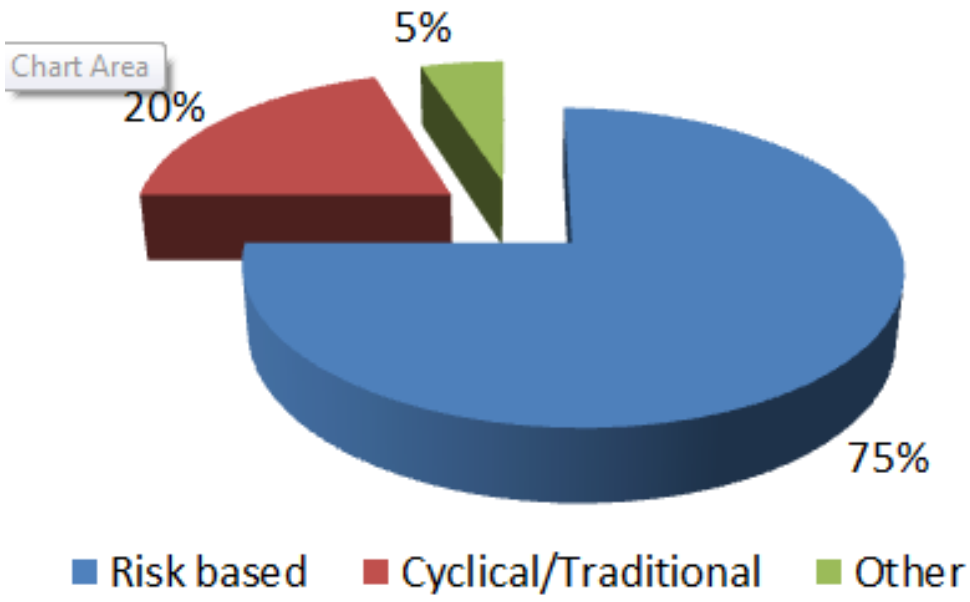
Utilising the refreshed governance framework to enhance assurance reporting
Refresh of Board risk appetite highlighting different tolerance to risk areas
Support provided to the Networks and Support Functions to embed risk assurance processes
Development of evidence based process to support the Annual 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

Targeted and effective use of Internal Audit

Directed into known risk areas

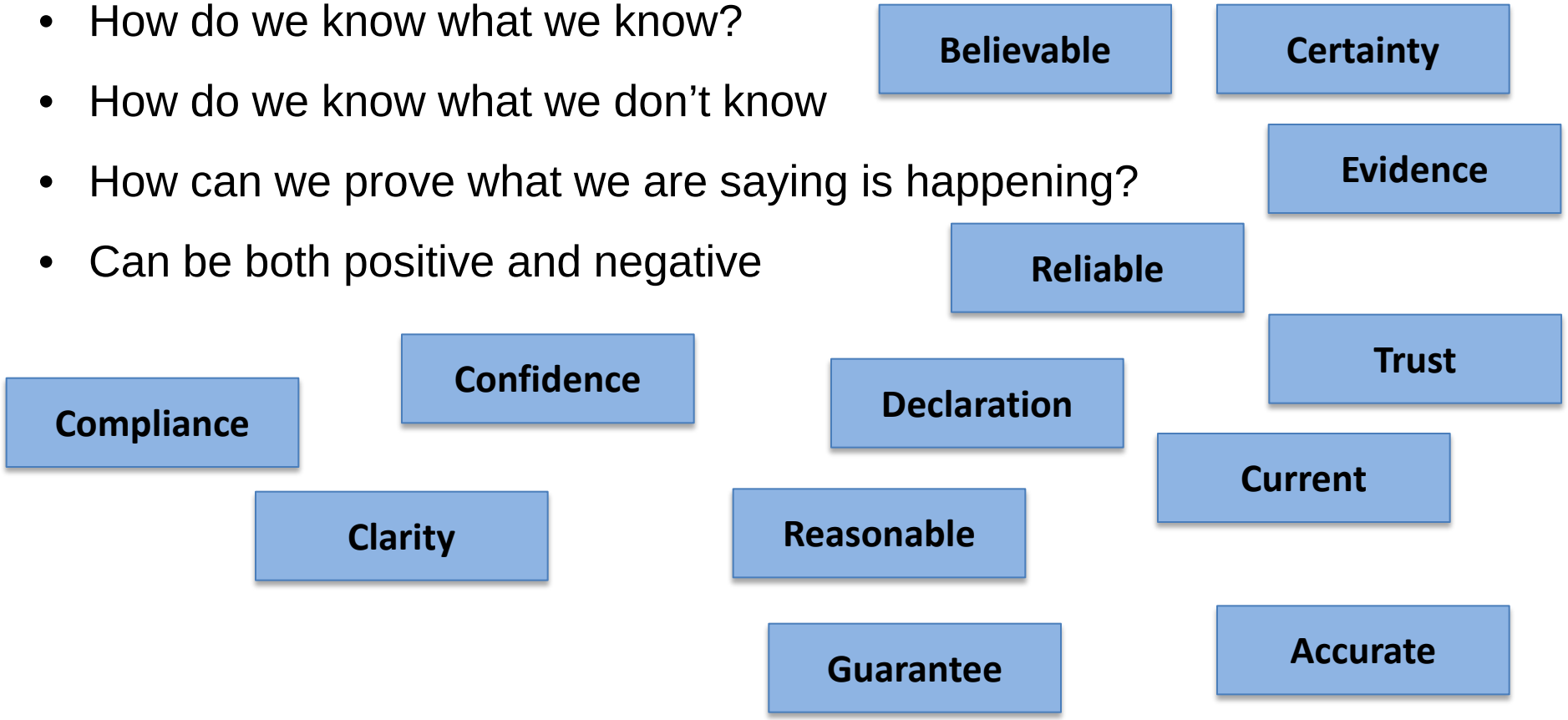


Principles of Assurance

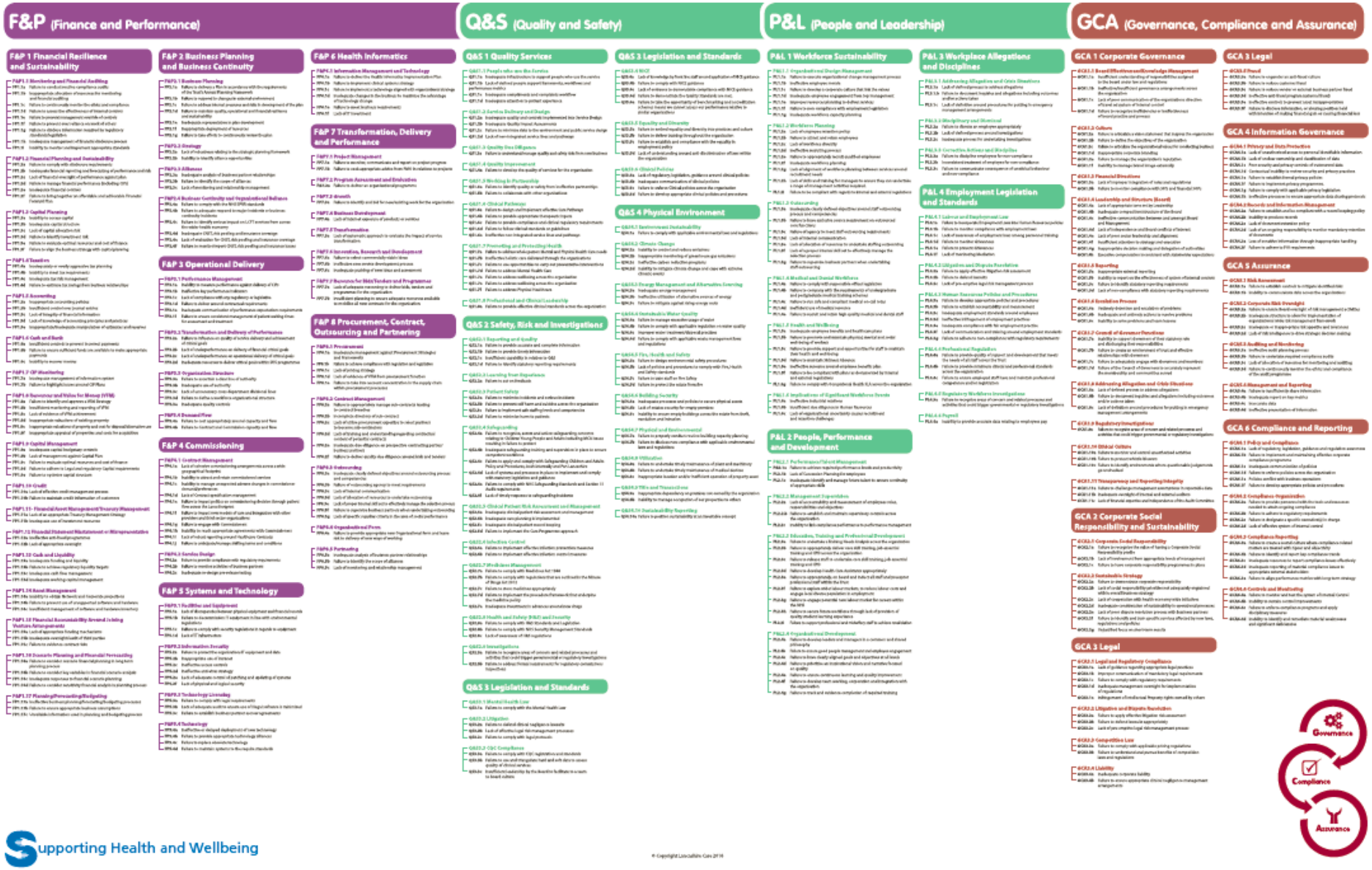
Lancashire Care's Definition

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

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



Assurance Mapping – high level



Supporting Health and Wellbeing

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Assurance Mapping – dynamic

Strategic Priority	BAF Ref	BAF Risk	Positive Assurance	Source of Assurance			Negative/Gaps in Assurance	Source of Assurance		
				Meeting	Report	Date		Meeting	Report	Date
	1.1	If we do not meet regulatory standards for quality and safety we will not be fit for purpose as care provider.	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
			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
							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
	1.2	If we do not create a culture of learning then we will be unable to provide high quality care.	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
			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 per month.	BDD sub-committee	QPR	22.08.17				
			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				
	1.3	If we do not provide integrated physical and mental health services we will lose opportunities to improve patient outcomes	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	Number of s136s lasting over 72 hours remains consistent. This remains a concern given the forthcoming changes to legislation which will see section 136 reduced from a maximum of 72 hours to 24 hours	MHL sub-committee	Survilence Report	12.09.17
			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
							MHA e-learning remains low with little improvement over recent months	MHL sub-committee	Survilence Report	12.09.17

The Assurance Matrix

The assurance matrix works by assigning an ‘assurance rating’ to the assurances provided at governance meetings. There are two elements to the assessment of assurance which consists of the following:

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

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

ASSURANCE:

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 Toolkit

What it is:

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

- **Risk Appetite guidance**
- **Assurance animation**
- **High Reliability Organisations**
- **Internal Audit**
- **What does good risk assurance look like**
- **What is evidence based assurance**
- **Risk assurance in corporate governance meetings**
- **Principles of assurance levels**

Benefits realisation of a mature assurance system

Aim	Outcomes
• 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	• Transparency of gaps in assurance evidence • Clarity of expectation • Auditable evidence based • Systemic process supporting good governance • Strengthened system of internal control
Benefit to you	**Benefits to organisation**
• 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	• 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 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 5 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'	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 • National audits and Accreditation schemes • Harm Free Care • Research studies • Violence reduction • Serious 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-being, Mental Health, Children and Young People, Mobilisation/ Demobilisation) Organisational redesign • Estates plan • Electronic patient record • Medicines optimisation	Trust Board • Quality Committee • Quality & Safety Sub-committee • MH Law Sub-committee • Corporate Governance and Compliance Sub- committee
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.	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 care we will cease to be a creditable lead provider.	Service delivery domain • Business gained – Business lost • CQC outstanding actions • Out of Area treatments • Early Intervention in Psychosis • Contract performance • Data Quality • NHS Improvement compliance	To transform our services with partners, to meet the health and wellbeing needs of our local communities, as close to their homes as possible so that they get the right support at the right time • Multi – speciality Community provider development • Transforming Care in Learning disabilities • Improving access to Psychological therapies • Urgent care Pathway • Inpatient reconfiguration • 0-25 Clinical pathway • Mobilisation / demobilisation of services	Trust Board • Finance & Performance Committee • Business Development & Delivery 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 partner 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 Safety domain	To achieve recognition for excellence and seek opportunities to lead whole patient pathways • Excellence in Patient Flow • Specialist commissioned services	Trust Board • Quality Committee • Quality & Safety Sub-committee • Finance & Performance Committee • Business Development & Delivery Sub-committee
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.	If we do not support the health and wellbeing of staff we will struggle to attract, recruit and retain our workforce. If staff are not provided with extensive education, training and leadership development we will not have an organisational culture that supports high performance.	People and Leadership domain • Staff survey • Staff Friend and Family Test • Sickness absence • Time to recruit • Agency Ceiling • 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 plan • 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 partners to delivery system-wide 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 own financial position and that of the STP.	Finance domain • Financial Sustainability Risk Rating • Revenue Control Total • Cost Improvement Programme • Capital Control Total • Liquidity	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 & Delivery 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 innovate. Research will validate innovations and innovations will direct research. Partnerships with third party organisations will enable rapid 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 Safety 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 & Delivery Sub-committee • Infrastructure Sub-committee

Outcome of our approach

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

Contact details

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Presentation 3

irm

NHS
The Walton Centre
NHS Foundation Trust

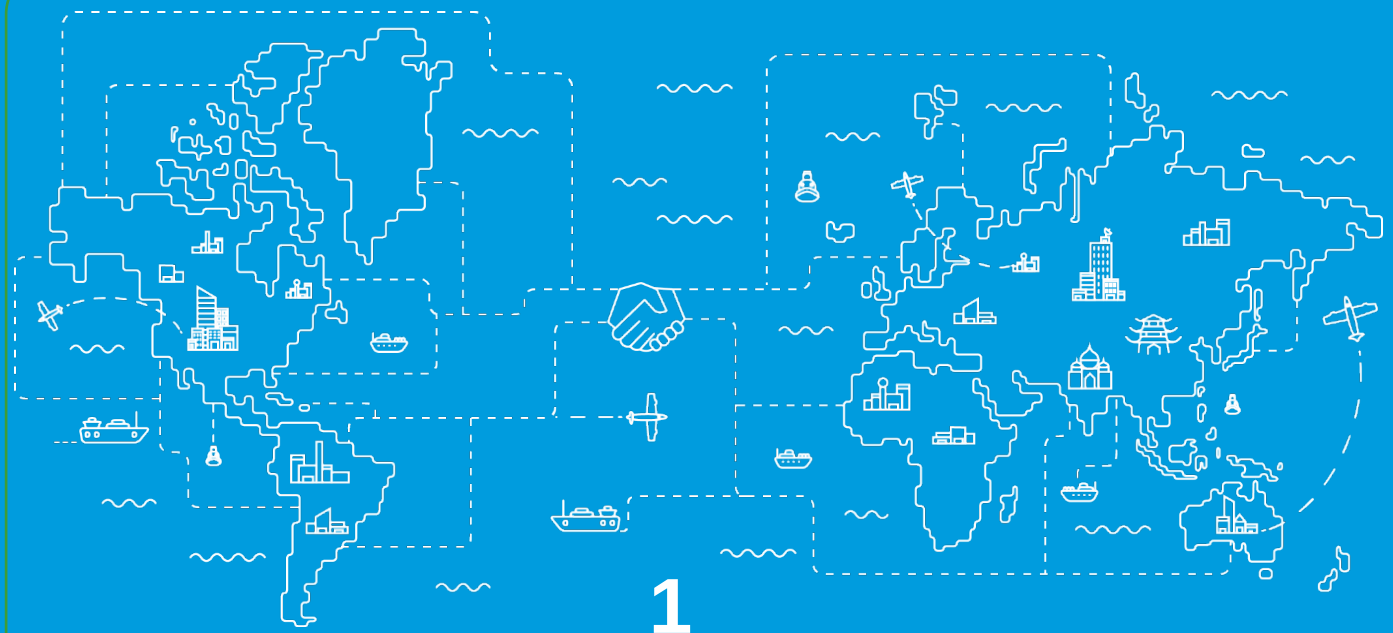
How to Produce a BAF : Lessons from NHS and Social Care

Richard Mackie CFIRM, RSM Risk Assurance Services

BOARD ASSURANCE FRAMEWORK

The importance of the BAF

RSM



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

RSM

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?

Cause → Risk → Effect

Tiger escapes from cage

Cause 1
Gate not strong enough

Cause 2
Gate left open

Effect 1
Mauls / kills member of public

Effect 2
Loss of tiger

RSM

What's our tiger?

CAUSE → RISK

Preventive controls

Cause 1
Gate not strong enough

Cause 2
Gate left open

Control 1
Gate designed and built to international standards

Control 2
Regular gate inspection and maintenance

Control 3
Gate self closing

Control 4
Gate alarm

Tiger escapes from the cage

May reduce likelihood

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What's our tiger?

Risk → Effect

Mitigating controls

Tiger escapes from the cage

Control 1
Search plan

Control 2
Dart gun

Effect 1
Kills / mauls member of public

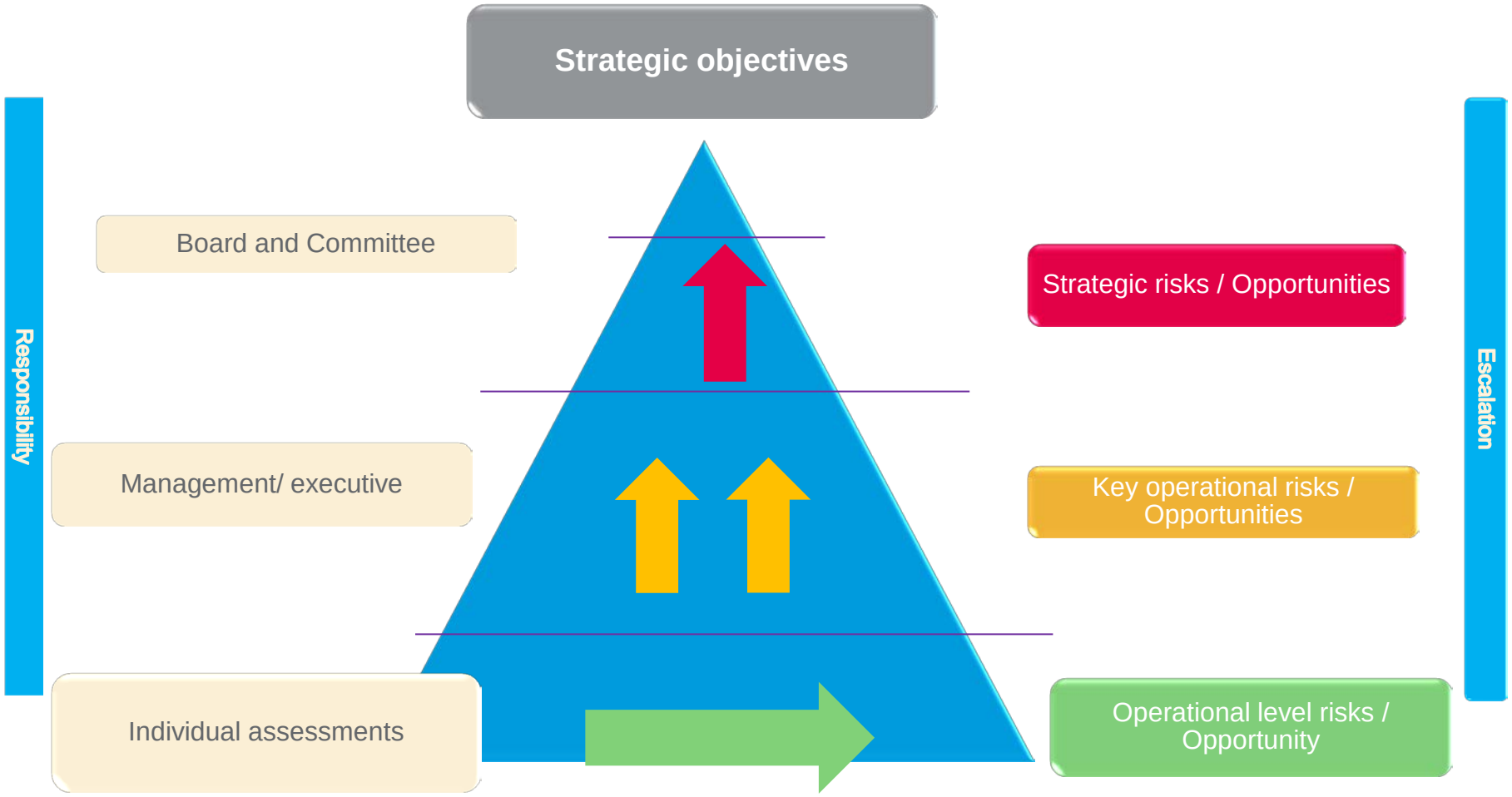
Control 3
Insurance

Effect 2
Loss of tiger

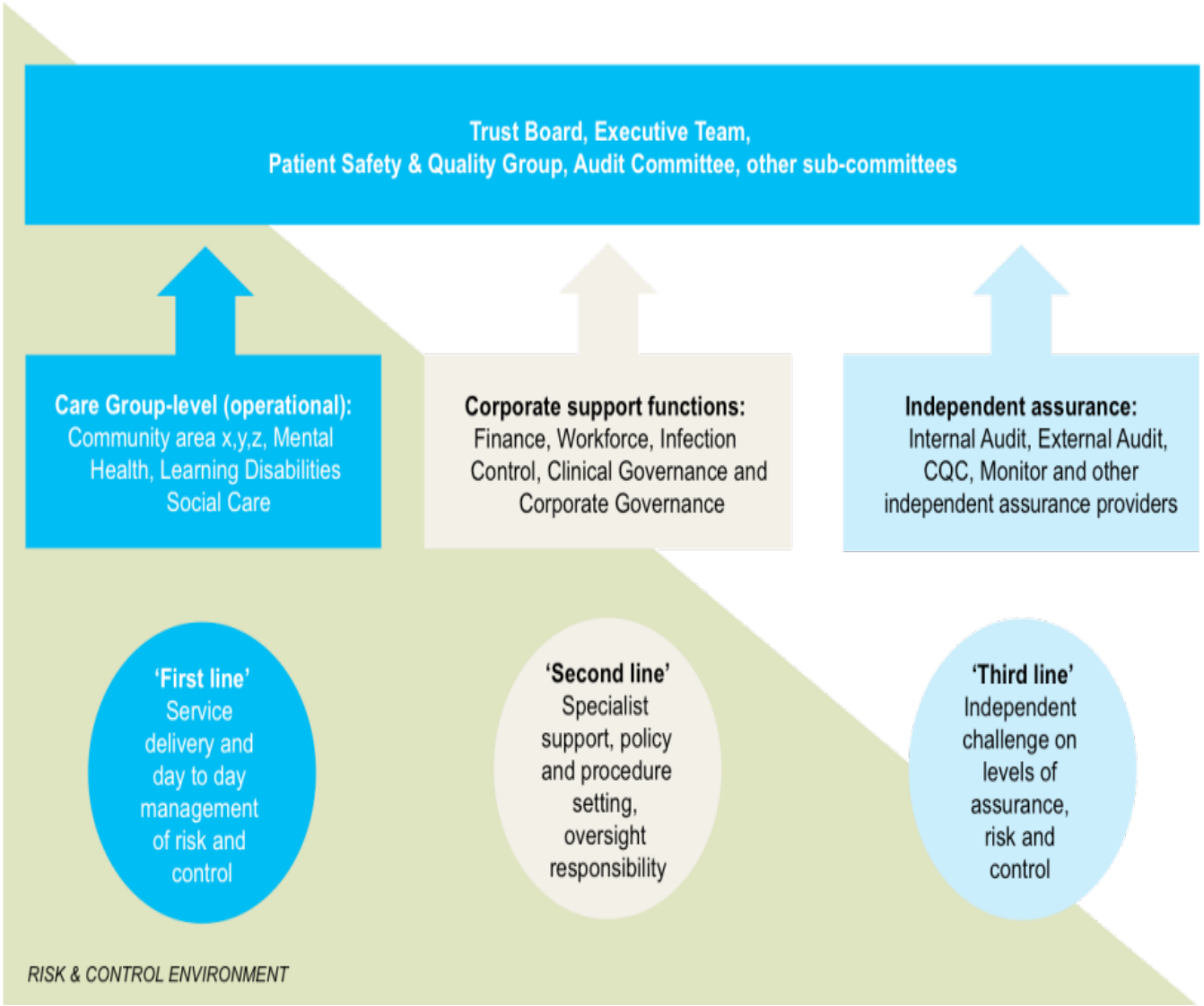
May reduce impact

RSM

Assurance structure



Three Lines of Assurance



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

Cause and Effect | Existing Controls | Action Required | Contingency Details | Assurance Record | History

Control Status: Existing

Risk Control	Assurance Given	Assurance Date	Assurance Level	Assurance Type	
A1) Revalidation process for all medical staff is implemented by competent, trained appraisers.	Yes	20/03/2017	Substantial	Independent (Audit / 3rd party)	View Details
A2) Revalidation process for all nursing staff is implemented by competent, trained appraisers.	Yes	21/03/2017	Adequate	Independent (Audit / 3rd party)	View Details
A3) Supervision and mentoring provided for all clinical and non-clinical staff.	Yes	21/03/2017	Substantial	Management	View Details
A4) Divisional awareness of new / emerging / current issues or changes in the way the Trust delivers care to ensure all are aware and a consistent approach is adopted and delivered.	Yes	21/03/2017	Substantial	Management	View Details
B1) Governance structure in place to focus on clinical leadership and quality improvement.	Yes	21/03/2017	Adequate	Management	View Details
B2) Clinical governance procedures (Serious Incidents (SIs), complaints, incidents, patient experience, safety alerts, clinical audit) and related data is available	Yes	21/03/2017	Substantial	Independent (Audit / 3rd party)	View Details
B3) Raising concerns (Whistleblowing) policy & procedures in place	Yes	21/03/2017	Substantial	Management	View Details
B4) Quality governance structures at Board Sub-Committee level, and legacy governance arrangements within Locality teams are in place.	Yes	21/03/2017	Substantial	Independent (Audit / 3rd party)	View Details
B5) Band 8A Clinical Governance Leads are being appointed to support each division and have one point of contact to support 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

RSM

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

Cause and Effect | Existing Controls | Action Required | Contingency Details | Assurance Record | History

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

Control Owner: Richard Mackie [Details]

Control Status: Existing

Assurances & Attachments

Assurance Source: 1st Line | 2nd 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 Ref	Risk Title	Cause & Effect	Inherent Risk Rating	Risk Control	1st Line	2nd Line	3rd Line	Assurance Level	Residual Risk Rating	Action Required	Progress Notes
SRR 1	RECRUITMENT & RETENTION - Fail to Recruit & Retain the right people, including Committee members **Risk Owner** **Risk Lead:** **Last Updated:** 01 Jun 2016	**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 (RT6) - Family commitments - Sudden death - An action taken by a manager / director or failure in governance. (OP3) - Fail to comply with employment legislation & procedures (OP4) **Effect** - Loss of knowledge - key relationships are lost - Loss of potential future leaders - Financial costs of recruitment - Reputational damage - Local media interest - Damage to organisation morale - Additional pressure on other resources. - Unable to meet operational and strategic objectives	I = 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	I = 4 L = 3 18	Review salary and pay scales in line with EVH standards **Person Responsible:** **To be implemented by:** 28 Oct 2016	**02 Jun 2016** Please amend person responsible for review of salary & pay scales
				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	
				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			
				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	TBC - When audit is due	Substantial			
				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			

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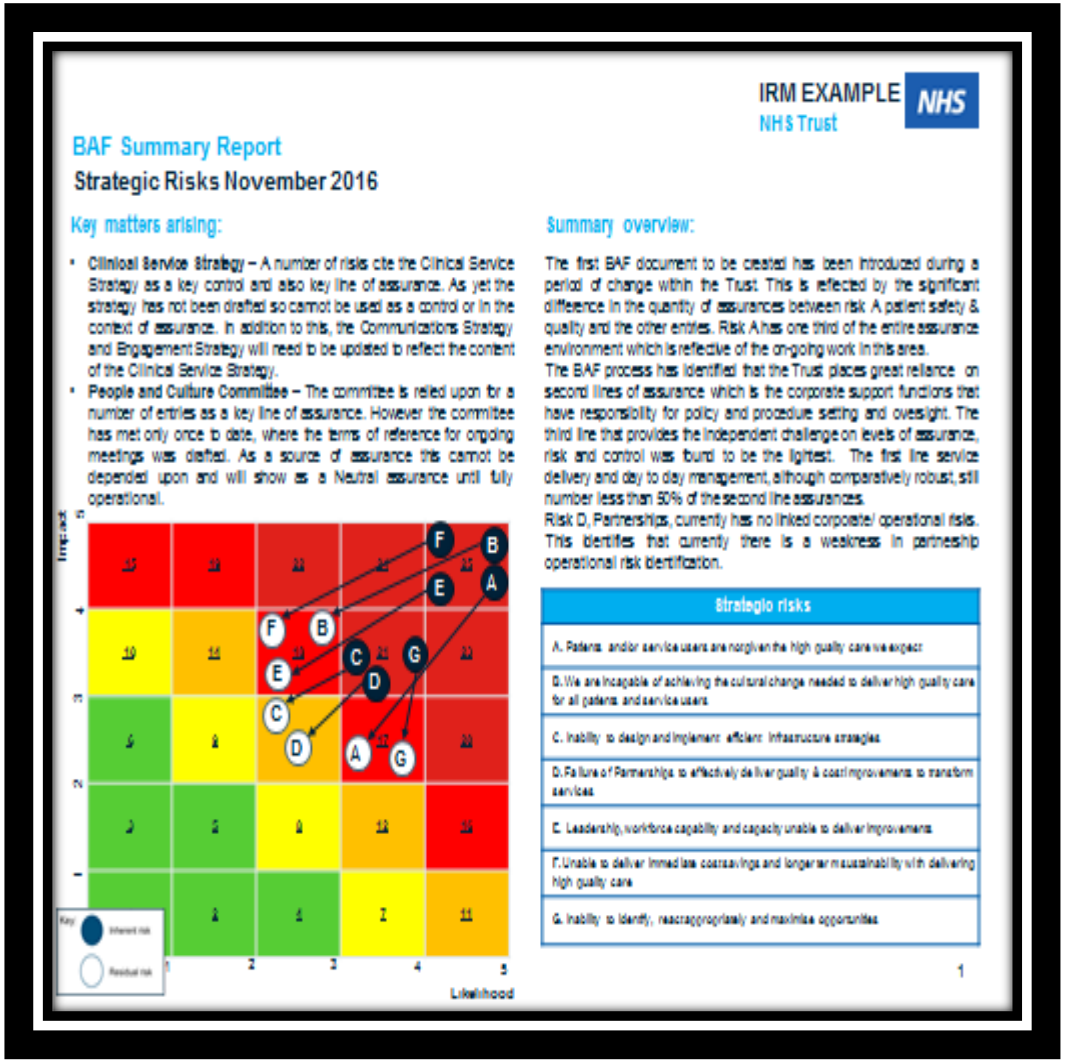
Board Assurance Summary Report



IRM EXAMPLE
NHS Trust

NHS

BAF Summary Report

Strategic Risks November 2016

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

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RSM

BAF Summary Report
Strategic Risks September 2017

THE EXAMPLE
NHS Trust

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.
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Summary overview:

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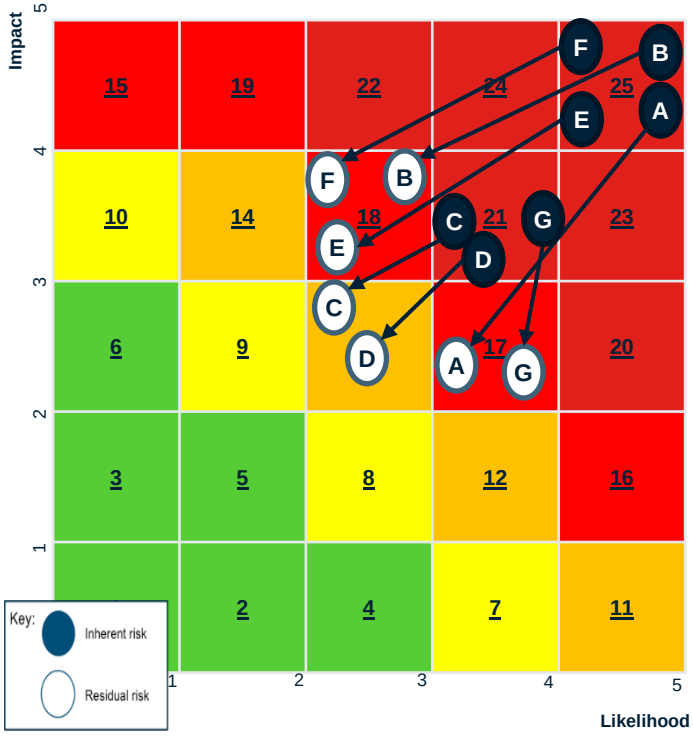

Strategic risks
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G. Inability to identify, react appropriately and maximise opportunities

BAF analysis

Breakdown of current strategic risks, assurances and action plans

Strategic risks	Residual risk rating	Line of assurance Positive + / Neutral / Negative -			Assurance strength	Current action plans
		First	Second	Third		
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	HIGH	• Develop and approve the Trust's 5 yrs. plan. • Stakeholder survey planned for this year. • Redevelopment of Trust website.
C. Inability to design and implement efficient infrastructure strategies	13	8+ 2- 1-	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. • Audit of desktop and SAN storage solutions. • Development and approval of Clinical Service Strategy.
		3+	10+	14+		• Implement key recommendations arising from YGI report. • Implement monthly corporate review of operational

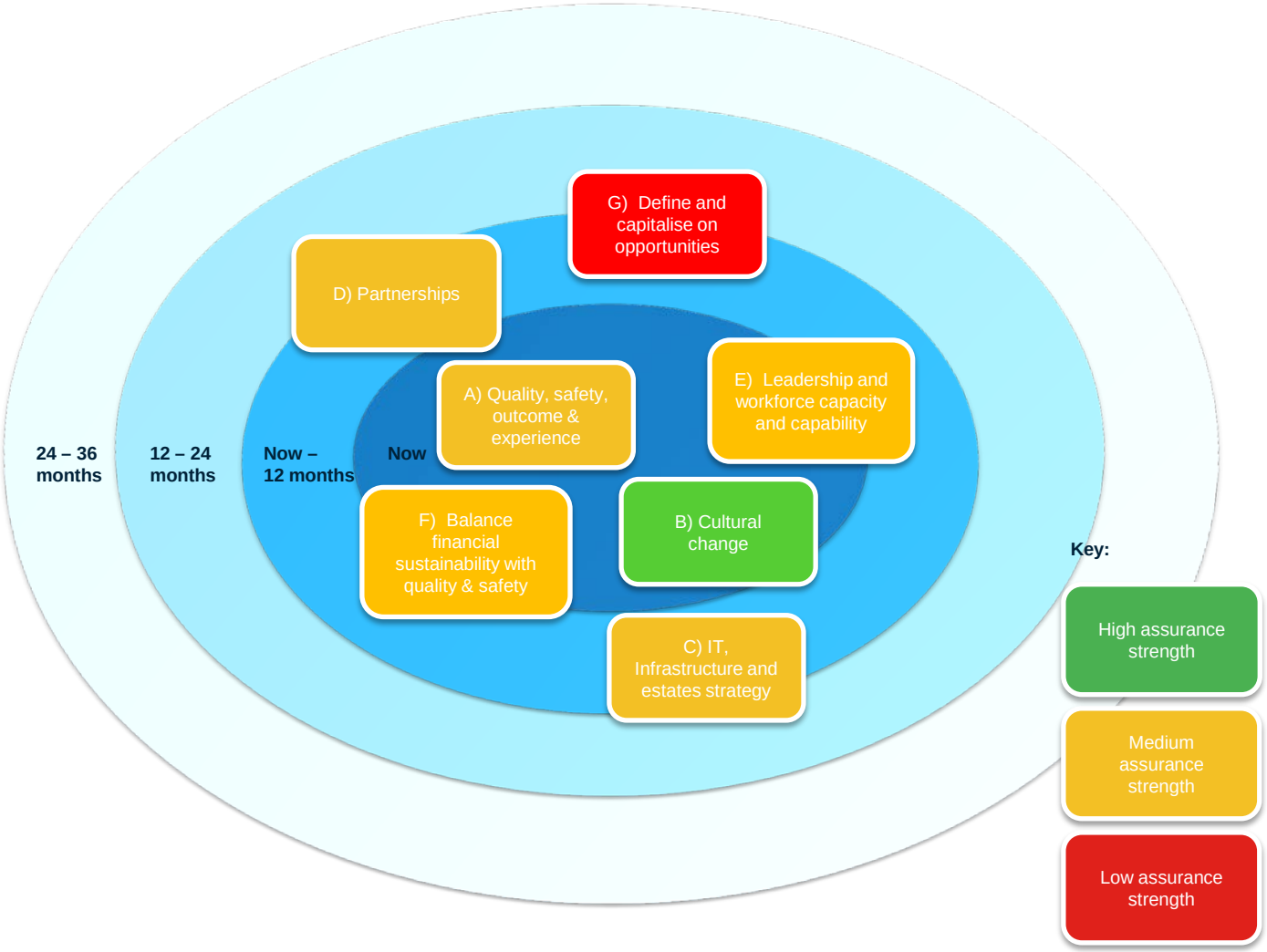
BAF analysis

Breakdown of current strategic risks, assurances and action plans

Strategic risks	Residual risk rating	Line of assurance Positive + / Neutral / Negative -			Assurance strength	Current action plans
		First	Second	Third		
G. Inability to identify, react appropriately and maximise opportunities	⟷ 17	5+ 1 7-	12+ 1 5-	5+	LOW	• Stakeholder survey planned for this year. • Redevelopment of Trust website. • Development and approval of Clinical Service Strategy. • Hold opportunity workshop involving clinicians. • Implement monthly corporate review of operational plans. • Implement the thirty five "must do's". • Provide quarterly reports to Board on agreed metrics. • Launch business planning process.
Total lines of assurance		65 + 20 13 -	126 + 31 12-	61+ 8 3-		**Analysis:** 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**

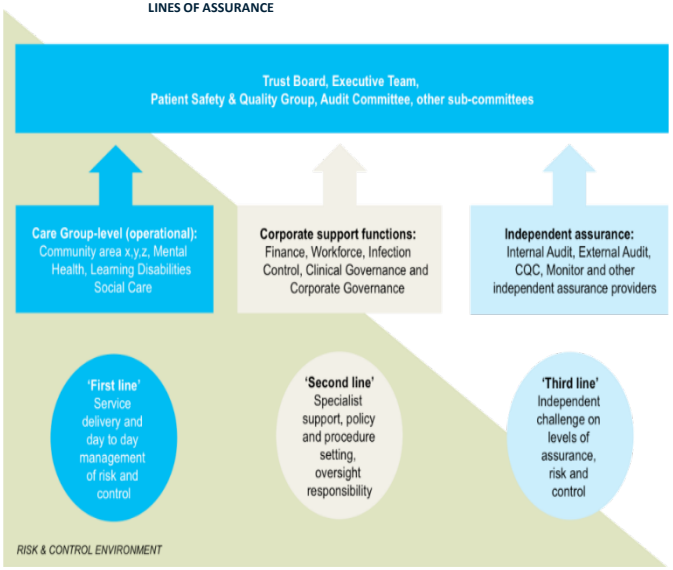
The correlation map demonstrates the linkage and strength of the relationship between each risk and each strategic objective. This is demonstrated on a 1-5 scale, with 1 indicating a weaker relationship with the strategic objective in question and 5 indicating a stronger relationship.

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



ASSURANCE LEVELS

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
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
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
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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Presentation 4

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

T CHAUHAN
CONSULTANCY

Recognised Provider
Valid until 10/2017
skillsforcare

Care Learning Coalition
skillsforcare

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

Member of the Institute of Risk Management

Governance lead on Public Health Coventry HIV Lay testing project

Sit on Coventry Healthwatch Steering Board : gives me insight into locality issues and wins.

Association of Business Mentors

DAA Dementia Action Alliance

The National Brokerage Network

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.

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Care Act 2014

- A change to the way in which local authorities complete assessments with those in need of support - people in need of support will be encouraged to think about what outcomes they want to achieve in their lives - these outcomes can be anything, big or small, which will enable them to feel a greater sense of physical or emotional well-being
- New rights for carers which put them on the same footing as the people they care for. All carers are 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 information and advice which will help the public to make informed choices on their support arrangements, and enable them to stay in control of their lives
- A greater emphasis on existing Personal Budgets which give people the power to spend allocated money on tailored care that suits their individual needs as part of their support plan

What Is brokerage?

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

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

The National Brokerage Networks definition is; **" Support Brokerage involves the assistance that people need to work out what their choices will be, and the support required to make it happen."**

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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

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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.

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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;

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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 person
What the person wants to change or achieve?
How will the person be supported(including risk)
How will the person use their Individual Budget?
How will the 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?

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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

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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

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One Page profile

What's Working and What's not working

Action Plan

- 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 Page Profile

Your Name

Age
Occupation

What people **appreciate** about me

A wonderfully loving personality

Her beautiful nature and generosity of spirit

What is **important** to me

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.

How to **support** me

Be aware that Winifred is afraid of water – she does not/must not shower or bathe but thoroughly strip washes herself each day with a supporter nearby.

Winifred will eat a light breakfast mid morning and loves to sit and chat as she eats.

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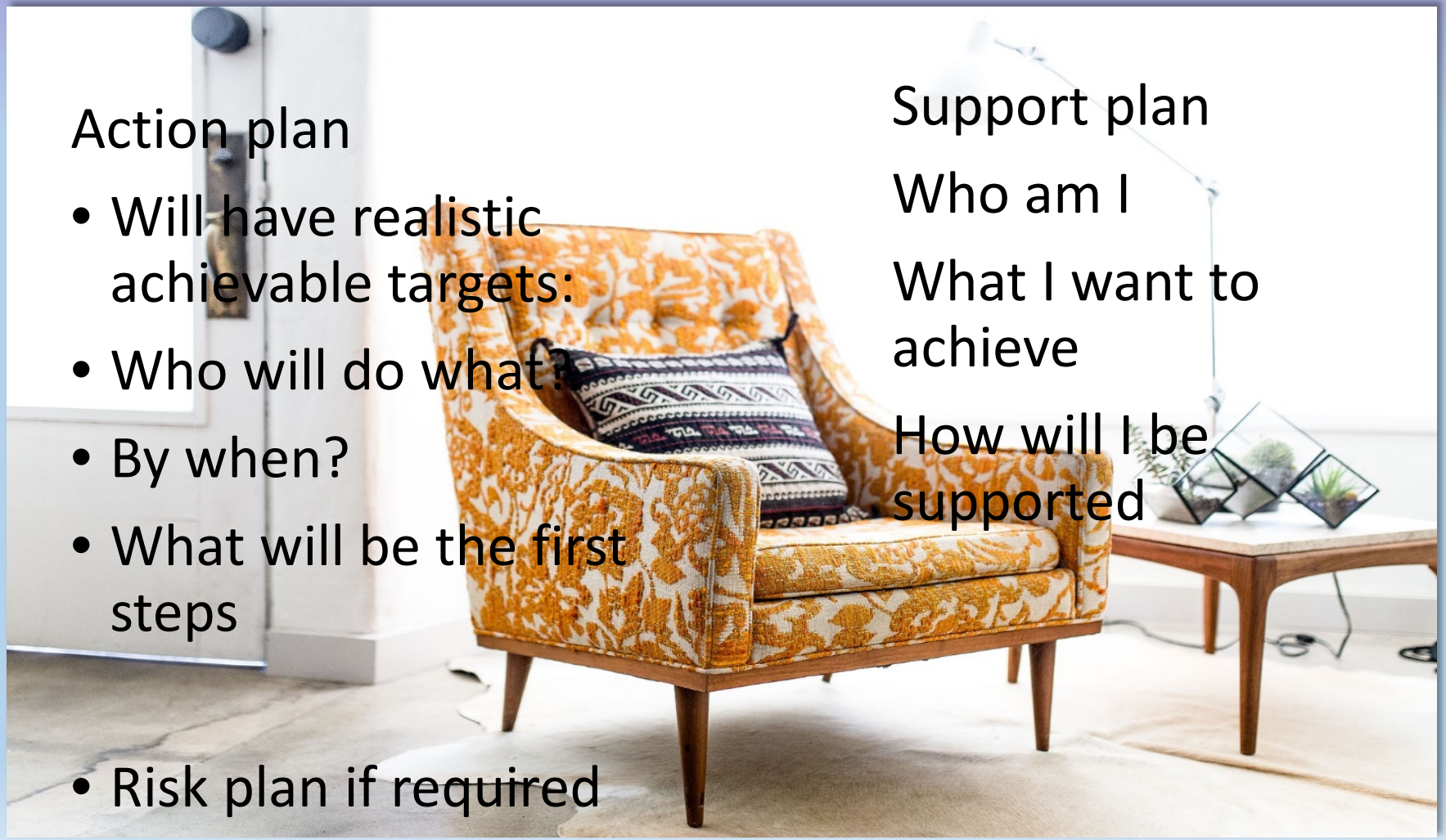
Planning the support



Action plan

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

Support plan

Who am I

What I want to achieve

How will I be supported

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

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

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CONSULTANCY

Presentation 5

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

NHS
The Walton Centre
NHS Foundation Trust

IRM Health & Care Special Interest Group

Thank You for attending today's Seminar

Excellence in Neuroscience