



Board Governance Assurance Framework for Aspirant Foundation Trusts

*Organisational Strategy and Values
Module (Development Module)*

DH INFORMATION READER BOX

Policy	Clinical	Estates
HR / Workforce	Commissioner Development	IM & T
Management	Provider Development	Finance
Planning / Performance	Improvement and Efficiency	Social Care / Partnership

Document Purpose	Procedure - new
Gateway Reference	17034
Title	Board Governance Assurance Framework - Development Module: Organisational Strategy & Values
Author	Department of Health
Publication Date	22 December 2011
Target Audience	NHS Trust CEOs, NHS Trust Board Chairs
Circulation List	SHA Cluster CEOs, Directors of Provider Development - SHA Clusters
Description	This document sets out the structure, content and process for undertaking a development module which focuses on Organisational Strategy & Values for aspiring Foundation Trust Boards. This module is one of three of modules as set out in the Board Governance Assurance Framework.
Cross Ref	Board Governance Assurance Framework - Board Governance Memorandum
Superseded Docs	N/A
Action Required	Aspirant Foundation Trusts should be aware of the contents of the Organisational Strategy & Values Development Module as part of the Board Governance Assurance Framework
Timing	N/A
Contact Details	Laura Roberts Head of Provider Leadership Development Floor 5, Richmond House 79 Whitehall, London SW1A 2NS laura.roberts@dh.gov.uk http://www.dh.gov.uk/health/2011/12/ft-board-governance/
For Recipient's Use	

Contents

	Page
Executive Summary	4
Introduction to the Organisational Strategy & Values Module	6
Organisational Strategy & Values Assurance Matrix	
1. Strategic Planning and Development	8
2. Market Assessment	20
3. Services and Resourcing	31
4. Risk and Governance	44
5. Organisational Strategy & Values Module Checklist	55
Appendices	69

© Crown copyright 2011

First published December 2011

Published to DH website, in electronic PDF format only.

www.dh.gov.uk/publications

Executive Summary

Good governance is a hallmark of high performing organisations. We need NHS Boards that are primarily focused on care quality and excellent patient experience, are effective at understanding their business, can articulate and oversee the delivery of a strong strategic vision, and are able to demonstrate robust financial control.

The best Boards know how much quality matters to their patients, public and staff. They recognise that patients will choose services, and providers will compete on this basis. They understand how patients need healthcare services that are clinically and financially sustainable now and in the future.

To deliver this we will require strong leadership from NHS Boards. Boards who are prepared to ask probing questions and challenge mindsets. Boards who can take difficult decisions, working collaboratively across care pathways and beyond organisational boundaries. Boards who can radically challenge traditional models to deliver truly integrated services that patients tell us they want.

NHS Foundation Trust (FT) Boards are in the best shape to take up these challenges. This is because they have faced rigorous assessment of their capability and capacity by Monitor, the FT regulator. FT Boards also benefit from increased accountability for their decisions through the involvement of locally elected governors. This combination gives FT Boards the confidence and mandate to set the compass for a sustainable future, rooted in the needs of the local communities they serve.

For this reason, FTs remain at the heart of the Government's plans to modernise the NHS. At least 140 NHS bodies have now been authorised as FTs. The strong expectation is that remaining NHS trusts will achieve FT status by 2014, either on their own, as part of an existing FT, or in another organisational form under new management arrangements.

Each NHS Trust Board has made an explicit public commitment to achieve this by signing and publishing a Tripartite Formal Agreement (TFA). This sets out their trajectory towards becoming a FT, and the key milestones along the way.

Becoming a FT is not just a destination. The process of authorisation as an FT helps equip NHS Trust Boards more effectively to meet future challenges, by testing both clinical quality and financial viability.

Not all Boards pass these tests. Half of all aspirant NHS Trusts whose FT application is deferred during the authorisation process do so due to a failure of governance. More expressly, it means that there have been issues with capacity and capability of the Board.

In the past, to prepare for assessment by Monitor, many Trusts have undertaken Board development work. This work has varied in both cost and quality across the country. It has not always focused on the real governance challenges facing NHS Boards today.

Executive Summary (cont.)

In response, the Department of Health has commissioned the development of a **Board Governance Assurance Framework (BGAF)**, which will assist Boards through a combination of self and independent assessment processes to ensure that they are appropriately skilled, and prepared to achieve FT authorisation.

Using the Board Governance Assurance Framework means patients and the public can have confidence that their Trusts are undergoing a standardised, high quality process to help the Board build on their strengths and address any weaknesses.

All aspirant FTs (AFTs) are required to use the Board Governance Assurance Framework prior to submitting their FT application to the Department of Health. This is an important aspect of a Trust's application.

It is crucial to note that like other aspects of the TFAs, NHS Trusts must locally own the issues and solutions arising from the use of the framework. National support from the DH will only be available where needed.

Boards will therefore want to consider carefully the questions raised by the Board Assurance Framework, and the steps that they will take locally to address them.

The **BGAF** is structured on two key stages:

- **The Board Governance Memorandum** – where Boards self assess their current capacity and capability, which is supported by appropriate evidence and then externally validated by an independent supplier;
- **Development Modules** – where Boards can opt to gain a deeper level of assurance into the specific areas of Strategy, Quality and Finance.

This framework allows for flexibility in use and concentrates on the key elements of effective functioning for all board members. The delivery of the framework will be through a range of quality assured suppliers, at a nationally determined fixed price and met by the NHS Trust.

Co-design and Approach to development

The Department of Health (DH) commissioned Deloitte LLP to develop the Assurance Framework with key partners and stakeholders from across the NHS. The approach to co-design has consisted of:

- Forming a 'Network of Experts' from the NHS, academia, policy think tanks and beyond to provide insights and expertise and peer review the draft iterations of the Assurance Framework;
- A review of key Board effectiveness and governance good practice publications, including the *Intelligent Board* series, the *Healthy NHS Board*, and Monitor's *Governance Code*;
- Consultation and focus groups with Monitor, the Foundation Trust Network and Appointments Commission;
- Consultation with SHA Directors of Provider Development; and
- Working in partnership with six Foundation Trust Test Sites:
 1. Central Manchester University Hospitals NHS FT
 2. Chelsea and Westminster Hospitals NHS FT;
 3. Derbyshire Mental Health NHS FT;
 4. Northumberland, Tyne and Wear NHS FT;
 5. South East Coast Ambulance Service NHS FT; and
 6. The Royal Marsden NHS FT.

Introduction

The Development Modules (Stage 2) of the Board Governance Assurance Framework comprises 3 key modules which seek deeper levels of assurance and supporting aspirant FTs with key development points in each across:

- Financial Governance
- Organisational Strategy and Values
- Quality Governance

How to use this module

This module has been designed to be developmental and support an aspirant FT identify improvements in and across core elements of **Organisational Strategy and Values**.

Within the Module, similar to the Board Governance Module (BGM), there are a number of key areas to assess and identify core strength and areas for development. For the Organisational Strategy and Values Module, these are :

- Strategic Planning and Development
- Market Assessment
- Services and Resourcing
- Risk and Governance

Each of these is further broken down into more detailed sections. For example Strategic Planning and Development is broken down into:

- Board oversight, challenge and ownership of the IBP
- Rationale for FT, alignment and timeframe
- Communication and Engagement

If the aspirant FT Board undertakes this modules, they should RAG rate each section based on the criteria outlined overleaf. In addition, the Board should then identify the key actions / areas for development which the Module has raised.

Introduction

Completion of the checklist and scoring criteria

It is recommended that each section is completed and recorded using the Organisational Strategy & Values Module Checklist attached (page 55). In addition, for consistency, the scoring criteria used for the main Board Governance Memorandum (BGM) is also used for this module.

This should help your Board identify areas of strength, areas of development and from the best practice guidance - areas for improvement to be made.

The scoring criteria for each section is as follows:

Green if the following applies:

- All good practices are in place unless the Board is able to explain why it is unable or has chosen not to adopt a particular good practice.
- No Red Flags identified.

Amber/ Green if the following applies:

- Some elements of good practice in place.
- Where good practice is currently not being achieved, there are either:
 - robust Action Plans in place that are on track to achieve good practice; or
 - the Board is able to explain why it is unable or has chosen not to adopt a good practice and is controlling the risks created by non-compliance.
- One Red Flag identified but a robust Action Plan is in place and is on track to remove the Red Flag or mitigate it.

Amber/ Red if the following applies:

- Some elements of good practice in place.
- Where good practice is currently not being achieved:
 - Action Plans are not in place, not robust or not on track;
 - the Board is not able to explain why it is unable or has chosen not to adopt a good practice; or
 - the Board is not controlling the risks created by non-compliance.
- Two or more Red Flags identified but robust Action Plans are in place to remove the Red Flags or mitigate them.

Red if the following applies:

- Action Plans to remove or mitigate the risk(s) presented by one or more Red Flags are either not in place, not robust or not on track

Strategic Planning and Development

1. Strategic Planning and Development

Overview

This section focuses on Strategic Planning and Development, and specifically the following areas:

1. Board Oversight, Challenge and Ownership of the IBP

- Strategy and Vision
- Improved Health Outcomes
- Vision test and challenge

2. Rationale for FT, alignment and timeframe

- Implementable and promotes values
- Achievement over medium to longer-term
- Track record in service delivery
- Compelling case for FT
- Alignment to LTfM

3. Communication and Engagement

- Internal engagement with Trust staff
- External engagement with key stakeholders
- Wider engagement with public and patients

1. Strategic Planning and Development

1.1 Board Oversight, Challenge and Ownership of the IBP – Strategy, Vision, Health Outcomes

Red Flag	Good Practice
1. The vision statement and strategic ambitions of the Trust are not reflected or stated within the IBP. 2. The vision statement and strategic ambitions are ambiguous or do not align with each other. 3. There is no link between the vision statement and the objectives / goals that the Trust has stated it will need to act upon to deliver the vision. 4. The strategic objectives or goals stated do not demonstrate improved health services for patients / or how they might be improved through required actions.	1. The Board has clearly articulated the vision statement for the Trust and the strategic ambitions of the organisation within its IBP: • A Vision statement is included within the Trust's IBP with clear KPIs – that is clear, concise and meaningful. • A manageable number of key strategic ambitions have been identified and stated within the Trust's IBP that are clear, and present a compelling picture of the Trust's future vision and direction. 2. The vision statement is supported by key strategic objectives or goals that drive towards delivery of improved Health service for patients: • Key Strategic objectives have been developed that are Specific, Measurable, Achievable, Relevant, Time focussed (SMART) and focused on improving health outcomes for the Trust's patients. • These key strategic objectives underpin the Trust's vision statement.
Examples of evidence to support the RAG rating.	• Trust Vision (as per Section 3 of the Integrated Business Plan (IBP)) • Trust Strategic Ambitions (as above) • Annual plan / report • Trust Strategic Plan

1. Strategic Planning and Development

1.1 Board Oversight, Challenge and Ownership of the IBP – Vision test and challenge

Red Flag	Good Practice
1. The vision has been developed solely within the Trust Board and by a small team before presentation for approval / sign-off. 2. There has been no testing / sharing of the vision outside of the Trust Board.	1. The vision has been tested and challenged within the Trust and Trust Board before formal sign-off: • The Trust Board has actively involved lead clinicians and staff in the development of its vision leading to final sign-off through for example dedicated focus groups, surveys, lunchtime briefing sessions / open forum, suggestion schemes. 2. The vision has been tested with the opportunity for challenge outside of the Trust Board with key stakeholders: • The Trust Board has actively involved key external stakeholders in the development of its vision.
Examples of evidence to support the RAG rating.	• Trust Vision Promotional strategy / Engagement Strategy

1. Strategic Planning and Development

1.2 Rationale for FT, alignment and timeframe – Implementable and promotes values

Red Flag	Good Practice
1. There is no mention of the values of the organisation. 2. Unrealistic vision or uninspiring vision that does not promote the values of the organisation.	1. The Board has set out a clear achievable but bold vision that is aligned with and promotes the values of the organisation: • The vision statement is fully aligned to a defined set of agreed values which are clear and understandable. • The Trust's Vision and values are "lived" within the organisation from induction onwards, and promoted through behaviours, awareness and impact on health services for the patients.
Examples of evidence to support the RAG rating.	• Trust Stakeholder Engagement Plan (internal and external) • Promotional literature re: "Trust Values"

1. Strategic Planning and Development

1.2 Rationale for FT, alignment and timeframe – Achievement over medium to long-term

Red Flag	Good Practice
1. There is no reference to national priorities, commissioning intentions or local priorities. 2. There is no explanation of how / why these may impact upon or are important to the Trust and the services that it provides and intends to provide in the future.	1. The IBP explains how the Trust will achieve local priorities, commissioning intentions and national priorities over the medium to long-term: • The IBP comprehensively details the context and environment in which the Trust is providing services from focussing on national priorities, commissioning intentions and local priorities. • The IBP details the above, and provides a concise explanation of why they are important to the Trust and how the Trust will respond to them. • Capture of commissioning intentions and priorities has been undertaken in consultation and engagement with key external stakeholders.
Examples of evidence to support the RAG rating.	• National guidance / reference materials (DH / Monitor etc.) • Key Local Commissioner Strategic Plans • Key Local Stakeholder / Partner Strategic Plans

1. Strategic Planning and Development

1.2 Rationale for FT, alignment and timeframe – Track record in service delivery

Red Flag	Good Practice
1. There is no mention of the Trust's track record and key strengths demonstrated (e.g. within the SWOT analysis in the Service Development Chapter and/or Market Assessment Chapter). 2. There are no strategic ambitions stated and/or they do not demonstrate how the Trust is building upon its core strengths / track record.	1. The strategic ambitions of the Trust reflect the organisation's track record and key strengths in service delivery: • The Trust's track record and key achievements/successes are summarised in Chapter 2 of the IBP. • The Trust has assessed its core / key strengths as part of a comprehensive SWOT analysis and this is incorporated within its IBP (Chapter 2 – summary and Chapter 5 – detail). • Key performance data for the Trust and that of competitors (NHS and other) is detailed within the Trust's IBP (summary in Chapter 2 and detail in Chapter 4). • Reference to core strengths and opportunities for enhancement / building upon these is detailed within the Trust's IBP.
Examples of evidence to support the RAG rating.	
	• Annual Report and Plans • Trust IBP – Chapters 2, 4 and 5 primarily

1. Strategic Planning and Development

1.2 Rationale for FT, alignment and timeframe – Compelling case for FT

Red Flag	Good Practice
1. No compelling rationale for FT status is articulated within the Trust's IBP. 2. The rationale is very narrowly focused on financial benefits and excludes opportunity for service quality improvement, patient benefits etc.	1. The Board has clearly articulated its rationale for FT status within the IBP: • The Trust has identified what becoming a FT means, why it believes that FT is the right direction to take the organisation and what the key benefits for Trust staff and patients are likely to be. • Key factors articulated demonstrate the breadth of benefits to be gained and how FT status builds upon the track record of the Trust to date, leverages the key strengths and enables the exploitation of wider opportunities. • The rationale for FT status has been shared with key external stakeholders.
Examples of evidence to support the RAG rating.	• Board Papers in respect of FT status • IBP "Why become a FT" rationale

1. Strategic Planning and Development

1.2 Rationale for FT, alignment and timeframe – Alignment to Financial Plan (LTFM)

Red Flag	Good Practice
1. The IBP is a standalone document. 2. Lack of congruence / alignment between the IBP and the LTFM with significant material inconsistencies. 3. No link between activity and workforce capacity plan.	1. The IBP maps to and is clearly aligned to the Trust's Financial Plan – the Long-Term Financial Model (LTFM): • Full cross-referencing between the IBP and LTFM. • No sign of inconsistencies or errors e.g. Strategic errors, workforce modelling. • Key staff have been involved in the iterations of the LTFM and consequential changes required in the IBP, with robust version control. • Alignment between capacity plans, workforce, finance and quality.
Examples of evidence to support the RAG rating.	• Trust IBP • Trust's Financial plan / LTFM • Trust's capacity plan • Trust's workforce plan • Trust's quality plan

1. Strategic Planning and Development

1.3 Communication and Engagement – Internal Engagement with Trust staff

Red Flag	Good Practice
1. The vision has been generated solely at Trust Board level. 2. There has been no engagement with wider staff from clinical, nursing or wider backgrounds.	1. The Trust's strategy has been informed through engagement internally with Trust staff (lead clinicians, front-line staff etc.): • Trust staff have been engaged in various activities including surveys, focus groups, road shows to develop and shape the future vision of the organisation. • Trust staff have been brought together in their respective teams and cross-cutting teams to enable service specific visions and strategic objectives to be generated as well as wider organisational wide vision and strategy.
Examples of evidence to support the RAG rating.	• Trust's Stakeholder Engagement Plan (specifically Internal elements)

1. Strategic Planning and Development

1.3 Communication and Engagement – External Engagement with key stakeholders

Red Flag	Good Practice
1. The vision has been generated solely internally within the organisation. 2. The vision has been generated in isolation where key Partners/ Stakeholders have not been given the opportunity to comment upon the vision and help inform or shape it.	1. The Trust's strategy has been informed through engagement externally with key partners / stakeholders within the local health economy: • Key partners and stakeholders within the local health economy have been engaged in meetings with Trust Board members to share ideas and subsequently invited to launch events of the Trust's vision. • The Trust has publicly welcomed and acknowledged contributions to the shaping of its vision through its key external stakeholders.
Examples of evidence to support the RAG rating.	• Trust's Stakeholder Engagement Plan (especially – External focus)

1. Strategic Planning and Development

1.3 Communication and Engagement – Wider Engagement with public and patients

Red Flag	Good Practice
1. The vision has not involved engagement of the public and patients i.e. Service users, carers and patients.	1. The Trust's strategy has been informed through wider engagement of public and patients: • Service users, carers and patients have been invited to and have attended events led by the Trust Board in respect of the organisation's future strategy and vision. • Service users, carers and patients' views have also been sought through vision awareness campaigns or similar promotional activity.
Examples of evidence to support the RAG rating.	• Trust's Stakeholder Engagement Plan (especially – external focus)

Market Assessment

2. Market Assessment

Overview

This section focuses on Market Assessment, and specifically the following areas:

1. Local Health Economy – population and needs

- Key Demands
- Alignment with Commissioners
- Key Changes In Environment

2. Stakeholder and Service User Involvement

- Key Stakeholders / Partners
- Service Users / Patients / Carers

3. Market Dynamics

- National and Local Policy Intentions
- Competition, Opportunities, Threats
- Trust response to Market Forces
- Trust's comparative performance

2. Market Assessment

2.1 Local Health Economy – population and needs – key demands

Red Flag	Good Practice
1. Local health needs and key demand drivers are not articulated.	1. The Board has identified the local health needs and demands on health services that it currently provides and will continue to provide: • A comprehensive market analysis has been undertaken identifying the key factors driving demand for the services that the Trust delivers, what the predicted changes will be over the next five years and why, and what the implications will be for the Trust. • Health demand and need is detailed at a socio-demographic and economic level, and maps to the local health needs and trends of the Trust's local communities.
Examples of evidence to support the RAG rating.	• Trust's IBP – Chapter 4 (Market Assessment) • Underpinning detailed Market Analysis • Public Health Reports – incidence / prevalence of disease • Local Authority / JSNAs / PCT needs assessments • Office of National Statistics – trend data

2. Market Assessment

2.1 Local Health Economy – population and needs alignment with Commissioners

Red Flag	Good Practice
1. Commissioner intentions are not stated within the IBP. 2. Commissioner intentions are unclear and poorly linked to Trust plans and priorities.	1. The Board's plans for provision of health services are aligned with that of local Commissioners (PCT Cluster and/or Clinical Commissioning Groups): • The current and future priorities of local Commissioners have been fully articulated with alignment to Trust plans, priorities and contributions. • Key evidence in respect of health need, population trends / changes has been stated within the IBP, explained in respect of implications and service needs to be met.
Examples of evidence to support the RAG rating.	• Trust's IBP – Chapter 4 (Market Assessment) • Underpinning detailed Market Analysis • Public Health Reports – incidence / prevalence of disease • Local Authority / JSNAs / PCT needs assessments • Office of National Statistics – trend data

2. Market Assessment

2.1 Local Health Economy – population and needs key changes in environment

Red Flag	Good Practice
- Changes stated are historic and there is no mention of future predicted changes in the external environment. - Future service needs are assumed on a “status quo” with little / no change in demographics of population need. - Income growth plans are not substantiated and future service needs are not modelled on market.	- The IBP has identified the key changes in the external environment for the next 5 years: - The Trust has undertaken a detailed market analysis identifying socio-demographic and economic trends, changing lifestyle factors and impacts upon life expectancy, prevalence and incidence of disease to understand key changes in the environment and implications for Trust services. - The Trust has undertaken a detailed analysis of the Political, Economic, Social, Technological, Legal and Environmental (PESTLE) factors that may affect them and the services that they provide. - The Trust has full evidence base including models to substantiate impact on future service needs and income growth plans.
Examples of evidence to support the RAG rating.	
	- Trust’s IBP – Chapter 4 (Market Assessment) - Underpinning detailed Market Analysis – including PESTLE - Public Health Reports – Ife expectancy, incidence / prevalence of disease data

2. Market Assessment

2.2 Stakeholder and Service User Involvement – Key Stakeholders / Partners

Red Flag	Good Practice
1. There is no evidence that the Board has engaged with its key stakeholders and used this to inform the future service plans. 2. The IBP is a Trust-focused plan and inward looking.	1. The Board has engaged with its key stakeholders and partners in assessment of their current and future requirements: • The Board has completed a full Stakeholder engagement process with its key stakeholders and partners from mapping / identification to a programme of planned engagement activities. • Stakeholder / key partner input and views have been sought through these activities and have been taken into account in the planning of the Trust's key service developments.
Examples of evidence to support the RAG rating.	• Trust Stakeholder Engagement Plan and Programme. • Communication Strategy and Plan • Consultation Strategy and Plan

2. Market Assessment

2.2 Stakeholder and Service User Involvement – Service Users / Patients / Carers

Red Flag	Good Practice
1. There is no evidence that the Trust has engaged with the public - its service users, patients and carers in assessment of their current and future requirements. 2. The IBP is internally focused and inward-looking.	1. The Board has engaged with the public, service users, patients and carers in assessment of their current and future requirements: • The Board has completed a full Stakeholder engagement process with its key service users, patients and carers from mapping / identification to a programme of planned engagement activities. • Service user / patient / carer input and views have been sought through these activities and have been taken into account in the planning of the Trust's key service developments.
Examples of evidence to support the RAG rating.	• Trust Stakeholder Engagement Plan and Programme. • Communication Strategy and Plan • Consultation Strategy and Plan

2. Market Assessment

2.3 Market Dynamics – National and Local Policy Intentions

Red Flag	Good Practice
1. The IBP does not mention national or local policy intentions. 2. The IBP is focused at an operational rather than strategic level.	1. The IBP has a comprehensive summary of relevant national and local policy intentions: • The IBP contains a concise and relevant summary of key national policy intentions and their implications to the Trust. This has been captured through engagement nationally and locally and distilling of key messages, impact and action required by the Trust from national guidance / policy initiatives. • The IBP contains a concise and relevant summary of key local policy intentions and their implications to the Trust. This has been captured through ongoing dialogue and engagement activities with local fora, and key documentation. And states, what the intentions are, key impact upon the Trust and actions required. • Full cross-referencing from these to how the Trust is going to respond i.e. Service developments (Chapter 5) and resourcing implications across workforce, finance, estates is fully explained
Examples of evidence to support the RAG rating.	• Detailed Market Analysis and Assessment • IBP – Chapter 4, 5 and wider resourcing implications • Supporting service development and resource plans

2. Market Assessment

2.3 Market Dynamics – Competition, Opportunities and Threats

Red Flag	Good Practice
1. The IBP does not articulate what the Trust's key competition is – either in terms of type or named organisations. 2. The IBP assumes that the Trust is not / will not be impacted by competition for its services.	1. The IBP includes a comprehensive summary of the key competition facing the Trust, and the potential opportunities and threats posed to their services and Trust income by these organisations: • The Trust has conducted a comprehensive competitor analysis and assessment exercise identifying all potential NHS and non-NHS competition (private and third sector), and prioritised them in respect of degree of threat for both current services and future potential services (within the next five years). • From the above, the Trust has assessed any potential impact that the key competition may pose to the delivery of its services and have identified appropriate range of measures / responses to address these. • The above has been mapped / cross-referenced to the Trust's SWOT, PESTLE, Service Developments and resourcing plans.
Examples of evidence to support the RAG rating.	
• Detailed Competitive Analysis and Assessment • Chapter 4 and underpinning analysis – Trust responses • Chapter 5 and supporting resourcing plans	

2. Market Assessment

2.3 Market Dynamics – Trust response to market forces

Red Flag	Good Practice
1. The Board has not stated within its IBP how it will respond to market opportunities or competitive threats. 2. The Board and the IBP assumes a steady state with no change in behaviour / response to external market.	1. The Board have a comprehensive plan of how they will respond to these opportunities and threats: • The Board has identified the key opportunities and threats posed to the services it currently provides and will provide over the next 5 years, with potential impact mapped / quantified against each service. • The Board has identified how the Trust will become a market facing organisation exploiting opportunities through service developments, investment areas, and market strategy. • The Board has also identified how it will respond to market pressures through mitigating threats as a result of negative market forces through a range of initiatives and disinvestment activities as appropriate.
Examples of evidence to support the RAG rating.	• Detailed Market Analysis and Competitor Assessment • Chapter 4 of IBP

2. Market Assessment

2.3 Market Dynamics – Trust's comparative performance

Red Flag	Good Practice
1. The IBP does not include a benchmark of the Trust's performance against other providers.	1. The IBP provides a comprehensive summary of the Trust's performance against other providers: • The Trust has mapped its performance against other providers (both NHS and Non-NHS) using a range of quality, financial and other performance indicators. • The Trust has highlighted the key areas of strength demonstrated and opportunity, and equally the areas where there is scope for improvement and /or potential threat from other providers. • The Trust's performance is cross-referenced to its SWOT analysis, key proposed service developments and underpinning resourcing plans.
Examples of evidence to support the RAG rating.	• Detailed performance analysis and assessment • Chapter 4 of the IBP and mapped to Chapter 5 and resourcing plans

Services and Resourcing

3. Services and Resourcing

Overview

This section focuses on Services and Resourcing and specifically the following areas:

1.Services Developments

- Investments / Disinvestments
- Achievability
- Innovation / Differentiation
- Service Performance and Quality Improvement

2.Finance and Estates

- Alignment to the LTFM
- Forecasts in line with Trust strategy
- CIPs integral to Trust strategy
- Capital developments aligned to Estates strategy

3.Workforce and Leadership

- Alignment to the LTFM
- Plans in line with Trust strategy
- Capacity and Capability to deliver Trust strategy

3. Services and Resourcing

3.1 Service Developments – Investments / Dis-investments

Red Flag	Good Practice
1. There are no indications of where the Trust will be planning to invest or disinvest. 2. The Board and the IBP assumes a steady state with no change in services provided.	1. The IBP clearly states the services that the Trust is going to invest in and disinvest in, when and how: • The Trust has generated a robust evidence base from undertaking a comprehensive Market Analysis and Competitor Assessment, based upon a recognised technique. • The Trust has worked through the potential implications / impact upon the Trust services in conjunction with conducting a SWOT analysis. • The Trust has identified those services where investment / disinvestment activity is required, how much, why and any key risks including impact on demand scale. This is detailed and cross-referenced throughout its IBP and reflected in its LTFM.
Examples of evidence to support the RAG rating.	• Investment / Dis-investment strategy / plan • LTFM.

3. Services and Resourcing

3.1 Service Developments – Achievability

Red Flag	Good Practice
1. No internal capacity or capability assessments have been undertaken e.g. SWOT. 2. Service Developments have been discussed / planned at Trust Board level and not generated through the engagement and insight of the Directorate teams responsible for those areas.	1. Achievability of these service developments is identified through capacity and capability assessment, activity modelling and service development plans: • The Trust has undertaken a comprehensive capacity and capability programme for all major service developments – worked up by Directorate teams. • The teams have used the evidence base from the Market Analysis and Competitor Assessment undertaken, the Trust SWOT and a service specific SWOT, and key risks attached to these proposed service developments. • The Trust and Directorate teams have identified where any additional resource is required or redeployment required to enable the service developments to be achieved to the required quality, and timeframe.
Examples of evidence to support the RAG rating.	
	• Fully worked up Service Development Programme, with cross-referencing to Market Strategy, Risks, Resourcing requirements, Investment requirements. • Trust Board and Sub-Committee Papers (as relevant)

3. Services and Resourcing

3.1 Service Developments – Innovation / Differentiation

Red Flag	Good Practice
1. There is little or no attempt to differentiate the Trust from its fellow peers / providers of similar services.	1. The Trust's service developments demonstrate innovation and an ability to differentiate itself from other providers of similar services: • The Trust has clearly articulated what its Unique Selling Points (USPs) are, and how this will differentiate who / what it is and what it does in respect of service delivery and developments in contrast to other similar providers. • The Trust has brought new processes, practices and technologies to their Trust to innovate, differentiate and improve their service offerings.
Examples of evidence to support the RAG rating.	
	• Detailed Market Analysis and Competitor Assessment. • SWOT analysis and USP summary

3. Services and Resourcing

3.1 Service Developments – Service Performance and Quality Improvement

Red Flag	Good Practice
1. No reference is made to service performance and quality of service provision throughout the IBP. 2. There are significant failings in service performance and lack of action in addressing quality issues / matters.	1. Improvement and focus on service performance and quality is articulated throughout the Trust's IBP: • A 'golden thread' of service performance and quality runs throughout the Trust's IBP with clear identification of how service performance will be achieved and quality improvements facilitated. • All service performance and quality improvement aspects are consistent with the overall strategy of the Trust.
Examples of evidence to support the RAG rating.	• Listing of all service performance plans, rationale and impact. • Quality Improvement plans.

3. Services and Resourcing

3.2 Finance and Estates – Alignment to the LTFM

Red Flag	Good Practice
1. The finance section of the IBP does not align with the LTFM, and there are significant material inconsistencies. 2. The IBP is not aligned with underpinning supporting strategies and/or there are no developed strategies e.g. estates.	1. The finance section of the IBP is fully aligned to the Long Term Financial Model (LTFM): • There is full cross-referencing between the financial content of Sections 6 and 7 with the IBP. • There is clear alignment between capacity plans, workforce, finance and quality from the IBP to the LTFM. • The IBP is underpinned by a robust set of supporting plans / strategies including the capital plan which are deliverable and map across to both the content of the IBP and the LTFM. • Strict version control has been in place with notifications of any changes and likely impact to corresponding document between finance team and team responsible for development of the IBP.
Examples of evidence to support the RAG rating. • IBP • LTFM • Estates plans	

3. Services and Resourcing

3.2 Finance and Estates – Forecasts in line with Trust Strategy

Red Flag	Good Practice
1. Historic and current position is stated. However, no future financial forecasts are provided	1. The financial forecasts and impact are fully articulated and are consistent with the Trust's Strategy: • Full revenue and capital forecasts are clearly states within the IBP including detailed 5 year base case and scenario modelling and mitigation plans.
Examples of evidence to support the RAG rating.	• Trust Strategic Plans. • Financial forecasts/ plans (revenue and capital)

3. Services and Resourcing

3.2 Finance and Estates – CIPs integral to Trust Strategy

Red Flag	Good Practice
1. Historic and current CIPs are stated. However, no future plans are provided / established. 2. CIPs can not demonstrate that they support the Trust's strategy, system-wide CIPs or are linked to commissioning intentions.	1. Cost Improvement Plans (CIPS) are established and integral to the delivery of the Trust's Strategy: • Full CIPs are stated, outlining the range of initiatives, the services that they will potentially impact upon, the timing of these, the financial saving target to be achieved and whether recurrent / non-recurrent. • CIPs are detailed by project area outlining what is going to be achieved, the timeline, the resource impact, key responsible officer/(s), any key risks / challenges and the reporting mechanism for monitoring purposes. • The CIPs contribute to system-wide CIPs and can demonstrate that they are linked to commissioning intentions. • The CIPs demonstrate how the Trust is going to achieve greater efficiency and productivity.
Examples of evidence to support the RAG rating.	• CIP Programme and supporting plans.

3. Services and Resourcing

3.2 Finance and Estates – Capital developments aligned to Estates strategy

Red Flag	Good Practice
1. No capital developments / estate investment is articulated within the Trust's IBP.	1. Capital developments and investment are clearly articulated and aligned to the supporting Estates Strategy: • The IBP clearly identifies the nature and amount of capital investment incurred to date, and planned, the rationale supporting the investment, the service delivery benefits to be realised from the investment. • The above is underpinned by a robust Estates Strategy. • Clear articulation of backlog maintenance position and plans to address evident.
Examples of evidence to support the RAG rating.	
• Capital investments plan. • Estates Strategy • Trust's IBP and LTFM	

3. Services and Resourcing

3.3 Workforce and Leadership – Alignment to the LTFM

Red Flag	Good Practice
1. The workforce section of the IBP does not align with the LTFM or activity forecasts , and there are significant material inconsistencies.	1. The workforce section of the IBP is fully aligned to the Long Term Financial Model (LTFM): • The workforce section of the IBP is fully aligned and consistent with the LTFM. • There is alignment between capacity, workforce, financial impact / consequences and quality. • Changes in both workforce numbers and skills have been mapped / identified with programmes / plans in place to support / address as appropriate and quality impact assessed.
Examples of evidence to support the RAG rating.	• HR/Workforce Strategy and Plans. • Trust's IBP and LTFM

3. Services and Resourcing

3.3 Workforce and Leadership – Plans in line with Trust Strategy

Red Flag	Good Practice
1. Historic and current position is stated. However, no future workforce plans are provided.	1. The workforce plans and impact are fully articulated and are consistent with the Trust's strategy: • A comprehensive workforce plan has been developed and clearly stated within the IBP which supports the delivery of the Trust's strategy.
Examples of evidence to support the RAG rating.	• HR / Workforce Strategy. • Trust's IBP

3. Services and Resourcing

3.3 Workforce and Leadership – Capacity and Capability to deliver Trust Strategy

Red Flag	Good Practice
1. Key gaps at Board level positions identified. 2. No workforce strategy in place. 3. No underpinning skills analysis/ mix undertaken. 4. No tangible leadership style evident by the Trust Board.	1. The IBP demonstrates that the Trust has the requisite capacity, capability, expertise and experience to deliver the Trust's Strategy: • The Trust has a comprehensive workforce strategy in place which includes a Board Leadership and Development Programme, a Management and Leadership Programme, Best Use of Resources. • All key positions at Board level are filled. • The Trust has a comprehensive workforce strategy in place. • A full and comprehensive skills analysis has been undertaken and actions put in place to address any gaps / areas for development. • The Board has an identified leadership style to take the Trust forward.
Examples of evidence to support the RAG rating.	• Board and Leadership Development Programme. • Management and Leadership Development Programme. • Board composition – profiles / biographies • HR / Workforce Strategy • Evidence of skills analysis, results and actions arising

Risk and Governance

4. Risk and Governance

Overview

This section focuses on Risk and Governance and specifically the following areas:

1. Risk Awareness and Ownership

- Key Risks
- Impact modelled and quantified
- Organisational ownership

2. Risk Systems and Processes

- Risk Assessment and Management
- Mitigation and Action plans
- Sensitivity Analysis

3. Governance

- Monitoring and Control Arrangements
- Local Representation
- Capacity and Capability

4. Risk and Governance

4.1 Risk Awareness and Ownership – Key Risks

Red Flag	Good Practice
1. There are no key risks stated within the Trust's IBP. 2. There are some risks stated but they are poorly defined and immaterial in potential impact.	1. The key risks that could affect the achievement of the Trust's plans are outlined in the IBP with linkage to the SWOT and PESTLE analyses: • A comprehensive summary of the key risks facing the Trust is stated within the Trust's IBP with reference to full evidence base, mitigating actions and responsibilities. • Risks are clearly differentiated between strategic risks and operational risks.
Examples of evidence to support the RAG rating.	• Risk analysis and assessment.

4. Risk and Governance

4.1 Risk Awareness and Ownership – Impact modelled and quantified

Red Flag	Good Practice
1. No modelling or quantification of the Trust's key risks has been undertaken	1. The impact of all these key risks has been modelled and quantified with reference to strategy, operational aspects and resourcing: • All key risks have been modelled, quantified and mitigating actions identified. • Sensitivity analysis has also been conducted supported by a range of robust assumptions.
Examples of evidence to support the RAG rating.	• Risk and sensitivity modelling/analysis.

4. Risk and Governance

4.1 Risk Awareness and Ownership – Organisational ownership

Red Flag	Good Practice
1. There is no evidence of a Trust risk management culture.	1. Risk is owned throughout the Trust, and for all activities conducted: • The Trust has a risk management culture embedded throughout the organisation from front-line staff to Trust Board. • From induction incorporating the importance of risk, to ensuring individuals are aware in fulfilling their respective roles / responsibilities and key processes / procedures – there is full accessibility and visibility to risk and assurance framework. • The Trust Board has a defined leadership style which drives a risk management culture.
Examples of evidence to support the RAG rating.	• Trust Induction Procedures. • Risk Management Framework. • Risk Management Training and Awareness Courses • Trust Board Risk Register/(s)

4. Risk and Governance

4.2 Risk Systems and Processes – Risk Assessment and Management

Red Flag	Good Practice
1. There are no procedures in place or there are key gaps in procedures for identifying and monitoring risk.	1. The Trust has comprehensive and detailed risk assessment and management processes and procedures in place: • The processes for identifying, assessing and managing risk are comprehensive, clearly stated and documented within the IBP and communicated within the Trust.
Examples of evidence to support the RAG rating.	• Risk Management Framework.

4. Risk and Governance

4.2 Risk Systems and Processes – Mitigation and Action Plans

Red Flag	Good Practice
1. No mitigation action plans have been established for the Trust's key business risks.	1. Mitigation action plans have been established for all key business risks identified: • Mitigation action plans have been identified for all key risks, including potential actions to reduce risks, and minimise threats and weaknesses. • Risk plans are identified within the Corporate Risk Register.
Examples of evidence to support the RAG rating.	• Corporate Risk Register.

4. Risk and Governance

4.2 Risk Systems and Processes – Sensitivity Analysis

Red Flag	Good Practice
1. No sensitivity analysis has been undertaken.	1. Comprehensive sensitivity analysis has been undertaken and articulated within Chapter 7: • The Trust has undertaken sensitivity analysis on a range of key assumptions which are driving the overall financial projections including areas such as: income growth; achievement of CIP target; achievement of savings from transformational programme/plans; pay/non-pay inflationary pressures; disinvestment by PCTs/lead Commissioners; and loss or reduction of services due to contestability, productivity factors, impact of choice, PbR etc. • As a result, the Trust has identified a range of triggers/ levers and potential impact/ implications and Trust responses should these or a combination of these materialise. • Note: as a minimum, sensitivity analysis undertaken should include Monitor's assessor and downside cases and up to date versions.
Examples of evidence to support the RAG rating.	• Robust sensitivity analysis. • Realistic service development plans. • Robust plans to achieve CIP targets. • Conservative capital development plans that do not rely on external financing to progress. • Strong liquidity and reserves.

4. Risk and Governance

4.3 Governance – Monitoring and Control Arrangements

Red Flag	Good Practice
1. The Trust does not have governance arrangements in place to monitor and control the delivery process.	1. The Trust has appropriate governance arrangements in place to monitor and control the delivery of care: • The Trust has effective governance arrangements in place to monitor and control the delivery process which demonstrate integrated governance and management. Arrangements have been shown to work and are embedded with clear division of roles and responsibilities. • Direction and monitoring is provided by the Sub-Committee to the Trust Board.
Examples of evidence to support the RAG rating.	• Trust and Sub-Committee papers.

4. Risk and Governance

4.3 Governance – Local Representation

Red Flag	Good Practice
1. The Trust has poor local representation and a poor profile within its membership.	1. The Trust has significant local representation and profile within its membership: • The Trust has strong local representation and a profile within its membership, which it continues to improve. • The Trust has developed plans to grow and develop its Governor and Membership base and their capacity / capabilities.
Examples of evidence to support the RAG rating.	• Membership strategy and profile.

4. Risk and Governance

4.3 Governance – Capacity and Capability

Red Flag	Good Practice
1. The Trust does not have the required governance and capacity / capability to deliver.	1. The Trust has the required governance capacity and capability: • The Trust has the required governance capacity and capability with robust risk management and performance management frameworks in place. • This is demonstrated through the new structures and renewed focus on finance and business activity, whilst putting quality at the heart of the Trust's business and everything it does. And that these new structures and focus are embedded and can demonstrate that they are working as planned. • The above is reflected in robust plans outlining membership, capacity, capability and development programmes and how the relationship will operate between the Governors and the Trust Board.
Examples of evidence to support the RAG rating.	• Trust Governance arrangements.

5. Organisational Strategy and Values Module checklist

Coverage

Overview

Applicants completing the Organisational Strategy and Values Module should use this checklist to ensure that they have:

- responded to each section;
- outlined their key supporting evidence; and
- provided their self-assessment judgement.

Contents	Page
1. Strategic Planning and Development	57
2. Market Assessment	59
3. Services and Resourcing	61
4. Risk and Governance	63
5. Summary results	65

1. Strategic Planning and Development

1. Strategic Planning and Development

1.1 Summary position

Area	Self Assessment rating	Key Actions / Areas for Development
1.Board oversight, challenge and ownership of the IBP		
2. Rationale for FT, alignment and timeframe		
3. Communication and Engagement		

2. Market Assessment

2. Market Assessment

2.1 Summary position

Area	Self Assessment rating	Key Actions / Areas for Development
1. Local Health Economy – population and trends		
2. Stakeholder and Service User Involvement		
3. Market Dynamics		

3. Services and Resourcing

3. Services and Resourcing

3.1 Summary position

Area	Self Assessment rating	Key Actions / Areas for Development
1.Service Development		
2. Finance and Estates		
3. Workforce and Leadership		

4. Risk and Governance

4. Risk and Governance

4.1 Summary position

Area	Self Assessment rating	Key Actions / Areas for Development
1.Risk Awareness and Ownership		
2. Risk Systems and Processes		
3. Governance		

6. Summary results

6. Summary results

6.1 Overview – sections 1 to 3 inclusive

Strategic Planning and Development			
Ref	Area	Self-Assessment rating	Key Actions / Areas for Development
1.1	Board oversight, challenge and ownership of the IBP		
1.2	Rationale for FT, alignment and timeframe		
1.3	Communication and Engagement		
Market Assessment			
2.1	Local Health Economy – population and trends		
2.2	Stakeholder and Service User Involvement		
2.3	Market Dynamics		
Services and Resourcing			
3.1	Service Developments		
3.2	Finance and Estates		
3.3	Workforce and Leadership		

6. Summary results

6.1 Overview – section 4

Strategic Planning and Development			
Ref	Area	Self-Assessment rating	Key Actions / Areas for Development
4.1	Risk Awareness and Ownership		
4.2	Risk Systems and Processes		
4.3	Governance		

Board Governance Assurance Framework

Organisational Strategy & Values Development Module

Appendices

Contents

Appendix 1: Glossary	70
Appendix 2: Individuals contributing to the development of the Board Governance Assurance Framework	71
Appendix 3: Foundation Trusts contributing to the development of the Board Governance Assurance Framework	75

Appendix 1

Glossary

Abbreviation and full term	
AFT	Aspirant Foundation Trust
BGM	Board Governance Memorandum
CIP	Cost Improvement Plan
DH	Department of Health
FT	Foundation Trust
HR	Human Resources
IBP	Integrated Business plan
JSNA	Joint Strategic Needs Assessment
KPI	Key Performance Indicator
LTFM	Long Term Financial Model
NHS	National Health Service
OSVM	Organisational Strategy and Values Module
PBR	Payment by Results
PESTLE	Political, Environmental, Social, Technological, Legal, Environmental
PCT	Primary Care Trust
RAG	Red, Amber, Green
SMART	Specific, Measurable, Achievable, Relevant, Time-framed
SWOT	Strengths, Weaknesses, Opportunities, Threats
USP	Unique Selling Points

Appendix 2

Individuals contributing to the development of the BGAF Development Modules

Individuals from the following organisations contributed to the development of the BGM:

- Appointments Commission
- AQUA (Advancing Quality Alliance)
- Deloitte LLP
- Department of Health
- Foundation Trust Network
- Monitor
- North West Leadership Academy
- SHA Provider Development Leads from the 10 former SHAs
- The Leadership Academy
- The National Leadership Council

In addition, contributions were sought from a Network of Experts drawn from across the NHS and leading academics in the field of Board and Leadership Development. These individuals are summarised below and on the next pages:

Name	Position and organisation	Reason for inviting them to be part of the network
Tracey Allen	CEO, Derbyshire Community Services NHS Trust	Provide advice from an aspirant Community FT perspective.
Amanda Rawlings	Director of HR and OD, Derbyshire Community Services NHS Trust	Provide advice from an aspirant Community FT and HR perspective.
Jackie Daniel	CEO, Manchester Mental Health and Social Care Trust	Provide advice from an aspirant Mental Health FT perspective.
Simon Featherstone	CEO, North East Ambulance Service NHS Trust	Provide advice from an Ambulance FT perspective and FTN Board member.
Suzanne Hinchliffe	Chief Operating Officer and Chief Nurse	Provide advice on quality governance and CIPs.
Dr Umesh Patel	Medical Director, Wrightington, Wigan and Leigh NHS FT	Provide advice on quality governance and clinical engagement.

Appendix 2

Individuals contributing to the development of the BGAF Development Modules

Name	Position and organisation	Reason for inviting them to be part of the network
Jane Burns	Trust Secretary, Salford Royal NHS FT	Provide advice from a FT Company Secretary perspective. High-performing FT. Recently won an award for Board effectiveness.
David Dalton	CEO, Salford Royal NHS FT	High-performing FT. Recently won an award for Board effectiveness.
Jim Potter	Chairman, Salford Royal NHS FT	High-performing FT. Recently won an award for Board effectiveness.
Sir Hugh Taylor	Chairman, Guy's and St Thomas' NHS FT	Large acute FT. Previous DH Permanent Secretary.
Phil Morley	CEO, Hull and East Yorkshire NHS FT	Large acute aspirant FT.
Ian Baines	Finance Director, Dudley and Walsall Mental Health Partnership NHS FT	Financial governance advice.
Adrian Roberts	Finance Director, Central Manchester NHS FT	Financial governance advice.
Paul Olive	Audit Chair, Blackpool Teaching Hospitals NHS FT	Financial governance advice.
Simon Barber	CEO, 5 Boroughs Partnership NHS FT	High performing FT providing mental health and learning disability services.
Dr. Gillian Fairfield	CEO, Northumbria, Tyne and Wear NHS FT.	Taken 2 Trusts through to FT status.
Rob Webster	CEO, Leeds Community NHS Trust	Experience of Capability Reviews in Central Government.
Brian Stables	Chairman, Royal University Hospitals Bath	Chairman and Board Member on the FTN.
Steve Wilson	Finance Director, Wirral Community NHS Trust	Provide financial governance advice from aspirant FT.

Appendix 2

Individuals contributing to the development of the BGAF Development Modules

Name	Position and organisation	Reason for inviting them to be part of the network
Dr Tracey Long	Founder, Boardroom review	Established Board development consultant providing services to the FTSE 100 and 250.
Professor Andrew Kakabadse	Cranfield University	Leading academic in the field of corporate governance and effective chairs.
Professor Bob Garrett	Cass Business School	Leading academic in the field of Board effectiveness.
Professor Paul Stanton	Northumbria University	NHS Governance expert.
Professor Stuart Emslie	Birkbeck	NHS Governance expert.
Dame Sue Street	Strategic Advisor to Deloitte LLP.	Significant experience of central government Boards and governance.
Lord Philip Hunt	Chairman, Heart of England NHS FT	Large acute FT. Previous junior health minister.
Peter Mount	Chairman, Central Manchester NHS FT	Large high performing FT. Previous Chairman of the NHS Confederation.
Steve Bundred	Strategic Advisor to Deloitte LLP.	Ex-CEO of the Audit Commission, significant experience of NHS and Local Authority regulation and corporate governance.
Robin Staveley	Partner, Gatenby Sanderson (Recruitment consultants)	Significant experience of recruiting to NHS Board-level positions in both FTs and non-FTs.
Andrew Foster	CEO, Wroughtington, Wigan and Leigh NHS FT	Existing FT and previous HR Director for the DH.
Julian Hartley	CEO, University Hospital South Manchester NHS FT	Existing FT with large flow of specialist tertiary services. Chair of NWLA.

Appendix 2

Individuals contributing to the development of the BGAF Development Modules

Name	Position and organisation	Reason for inviting them to be part of the network
Andy Chittenden	Trust Secretary, University Hospital South Manchester NHS FT	Provide advice from a FT Company Secretary perspective.
Gary Graham	CEO, Dudley and Walsall Mental Health Partnership NHS FT	Mental health and learning disabilities aspirant FT.
Glyn Shaw	Chairman, Dudley and Walsall Mental Health Partnership NHS FT	Mental health and learning disabilities aspirant FT.
Professor Naomi Chambers	Head of Health Policy and Management, Strategy Research, Manchester Business School, University of Manchester	Leading health academic.

Steering Group Member	Programme Role	Organisation
Matthew Kershaw	Director of Provider Delivery	Department of Health
Miranda Carter	Monitor Engagement Lead	Monitor
Steve Phoenix	Engagement Lead	NHS South East Coast
Deborah Chafer	Engagement Lead	North West Leadership Academy
Laura Roberts	Programme Sponsor	Department of Health
David Barron	Programme Lead	Department of Health
Dr Jay Bevington	Deloitte Engagement Partner	Deloitte LLP
Claire Heaney	Deloitte Engagement Lead	Deloitte LLP

Appendix 3

Foundation Trusts contributing to the development of the BGAF Development Modules

Ref	Name
1	Central Manchester University Hospitals NHS Foundation Trust
2	Chelsea and Westminster Hospital NHS Foundation Trust
3	Derbyshire Healthcare NHS Foundation Trust
4	Northumberland, Tyne and Wear NHS Foundation Trust
5	South East Coast Ambulance Service NHS Foundation Trust
6	The Royal Marsden NHS Foundation Trust