Strategic Plan 2015 -2018

Your Network, Giving You a Voice...

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1   Introduction

South Staffordshire Network for Mental Health (subsequently referred to as 'The Network' in this document) was formed in 2000 as a project under the auspices of Lichfield District Community Voluntary Organisation in response to the needs highlighted within the National Service Framework. The aim of the organisation was to 'promote the relief of people with mental health needs resident or receiving care within the six local authority districts of South Staffordshire'. A priority need was campaigned for via the Local Development Groups for an independent voice for service users to involve and represent their views and opinions. The initial project was successful and subsequent funding was obtained. The organisation became a Registered Charity (registered charity number 1097461) and a Company Limited by Guarantee (registration number 4693666) in 2003.

Since this time annual core funding has been received on a roll over basis from Staffordshire County Council until March 2015. During 2014 Staffordshire County Council produced an Outcomes Framework for Mental Health Services (see Appendix A) and advised the Network that the contract for services similar to those provided by the Network would go out to tender as from March 2015. The Network submitted a bid for the service and in December 2014 was notified that they were successful. Funding would be on an annual basis for three years with a possible extension for a fourth until March 2019. However the annual funding under this contract is approximately 7% less than had been received in previous years. This reduction in core funding and the necessity for the Network to work towards the County Council's outcomes framework has involved the Network looking at how it works, how it needs to change and how it may sustain itself over future years. This document describes how the Network can become sustainable and provide the much needed service to service users of mental health services in South Staffordshire.

2 Organisational Vision

During 2015 the Board of Trustees had several meetings to discuss the strategic direction and agree a vision for the organisation. The vision was agreed by all board members as '*For everyone to achieve independent mental wellbeing through awareness, representation and participation'*

## 3   Aims and Objectives

The Network supports adults of working age (traditionally aged 18+ years) suffering from mental distress. However at an Extraordinary General Meeting in February 2013 it was agreed that the Network should also support 16 to 18 year olds in line with other service provision. The people the Network supports may be current users of local mental health services, previous

service users or suffering without accessing any services for whatever reason whether it is due to ineligibly, locality of services or by choice.

The Network covers the six districts of South Staffordshire, namely Lichfield District Council, Tamworth Borough Council, East Staffordshire District Council, Stafford Borough Council, Cannock Chase Council, South Staffordshire District Council. As demonstrated in the map below:

Chart 1 – Area Covered by the Network.
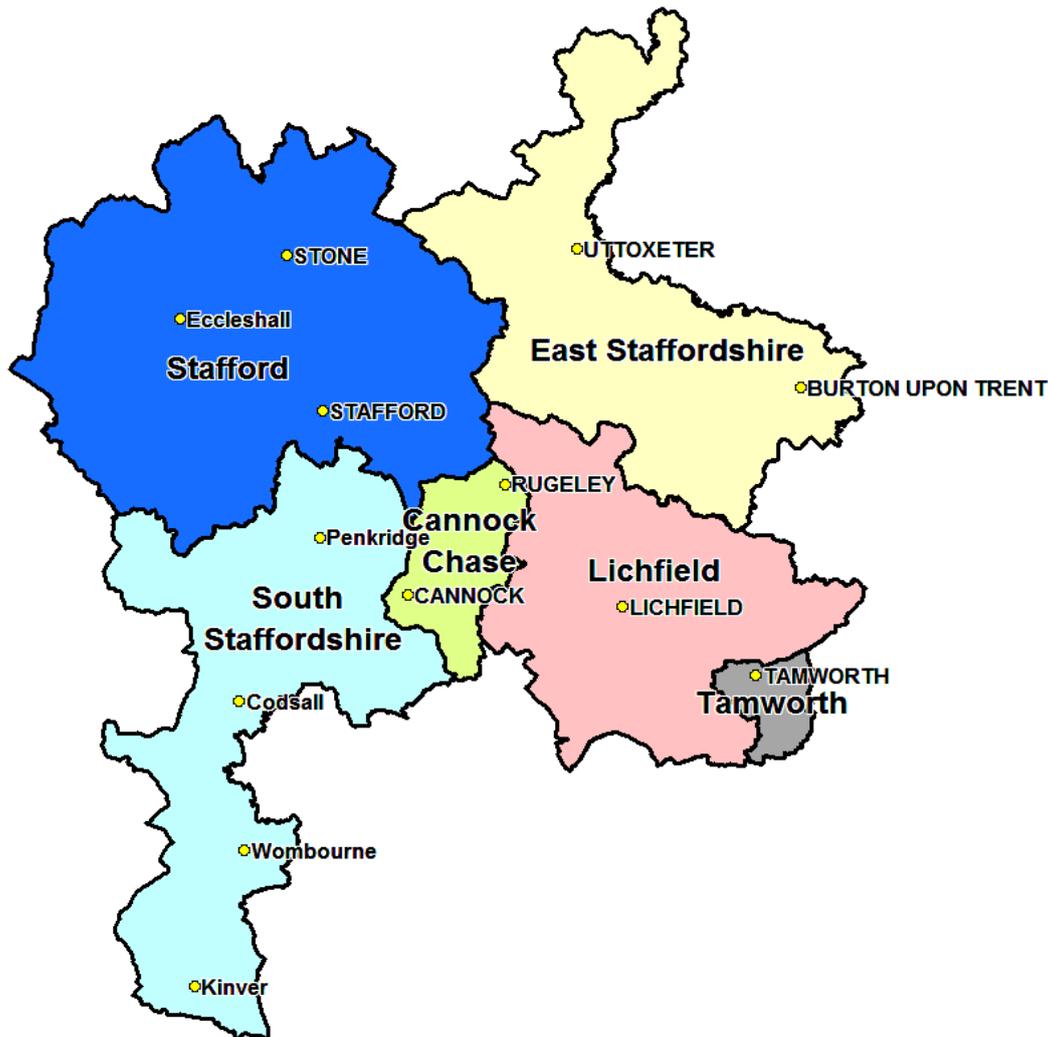
Mission Statement
To improve the quality of life for individuals in the Districts of South Staffordshire who have personal experience of mental distress; by enabling user involvement, active representation and a campaigning voice

Our work will be guided by our commitment to:

- Inclusiveness. We believe in mutual respect and value equality and diversity.

- Openness. We are committed to a culture of partnership working and operating in a transparent manner.
- Participation. We recognise the valuable contribution our service users and volunteers make to achieve our organisational aims.
- Quality. We strive for high quality delivery and continuous improvement.
- Challenging. We believe in challenging stigma and discrimination.

Aims and Objectives

Aim 1:   To promote the interests and rights of people who use mental health services in the area.
Aim 2:   To ensure the involvement of mental health service users in improving exiting services and developing new ones.
Aim 3:   To act as an advocate for improvements in local services to reflect the needs and interests of local communities.
Aim 4:   Increase accessibility to information relating to local and national services relevant to mental health.
Aim 5:   To promote service user potential and recovery through supporting access to self development opportunities.
Aim 6:   To actively increase general awareness of mental health, and to challenge stigma and discrimination of people experiencing mental illness.

4   Where are we now?

4.1   Services Provided

During 2014/15 the Network had to re-align its services in order to contribute to Staffordshire County Council's Outcome's Framework which is based on the National Institute for Clinical Excellence (NICE) guidance No 136 (2011) in order to prepare for the new service commencing April 2015. These Outcomes are listed below:

1 People using mental health services feel optimistic
2 People using mental health services feel they are treated with empathy, dignity and respect.
3 People using mental health services are actively involved in shared decision making
4 People using mental health services feel confident that the views of service users are used to monitor and improve services
5 People using mental health services understand the assessment process, their diagnosis and treatment options
6 Enable the growth of a strong service user voice and acknowledge services must be built around the needs of people using them
7 Assist service users in developing new skills
8 Service users feel able to make informed decisions based upon information they are provided with
9 Service users are able to share their views
10 Service users reporting they are treated as equal and expert partners

11 Service users express a positive experience of using our service
12 Service users leading elements of service delivery
13 Service users taking on a leadership role.

Discussions took place around how the Network could contribute to these outcomes and how much the Network would have to change in order to do so. In the event it appeared that the only major change the Network would have to make was that it would be more centred on individuals rather than number crunching, i.e. attaining a specific number of 'meaningful' contacts each year. A lot of the services provided by the Network will remain under the new contract but there will be additional targets.

Services the Network provides as at 1 April 2015.

- Quarterly newsletter posted or e-mailed to all members
- Quarterly Podcast on webpage
- Regular updates on webpage/facebook/twitter
- Programme of talks and workshops
- Annual away day and AGM
- Advocacy and mediation on behalf of service members
- Volunteer programme
- Representation at commissions and provider meetings

4.2   Funding

As at 1st April 2015 The Network has a contract with Staffordshire County Council to provide a service for people with mental illness which contributes towards the County Council's Outcomes Framework for Mental Health. The funding for this service is £74,000 per annum for three years, i.e. to 31st March 2018 with a possible extension for 12 months. The way that the Network provides services under this new contract differs from previous ways of working with more emphasis being placed on helping individuals and monitoring the outcomes against a set of indicators. Previous contracts have been based on a set number of 'meaningful contacts' i.e. 1200 per annum. In order to demonstrate this change in emphasis to our membership and volunteers the new service has been called 'Your Voice'. With an emphasis on helping individuals in a lot more depth than previously,

The Network will still provide a quarterly multimedia Newsletter with volunteers taking the lead on all aspects of this but in addition under 'Your Voice' will provide access to 'Care and Recovery Interviews which look at the members understanding and input into their Care and Recovery Plans as well as acting as an independent voice for service users.

4.3   Office Base

The Network office is based in the Supporting Staffordshire's building, Mansell House, 22 Bore Street Lichfield. The Network office is based on the top floor of the building but the building is disability compliant. The office accommodates four desks but difficulties occur when all staff are present and volunteers need to work in the office. Confidentiality can also be compromised with everyone in the same office. There are, however, meeting

rooms within the building which can be hired at competitive rates for meetings. In addition support is provided to the Network by Supporting Staffordshire who are also based in Mansell House.

4.4 Organisational Structure
4.4.1 Trustees
As at 31 March 2015 the Network has 8 Trustees. All the trustees are committed to the Network and each has a role within the Board of Trustees. The present make up of the Board has been fairly stable over recent years and all members work well together. All trustees are also Directors of the Network.

4.4.2 Staff
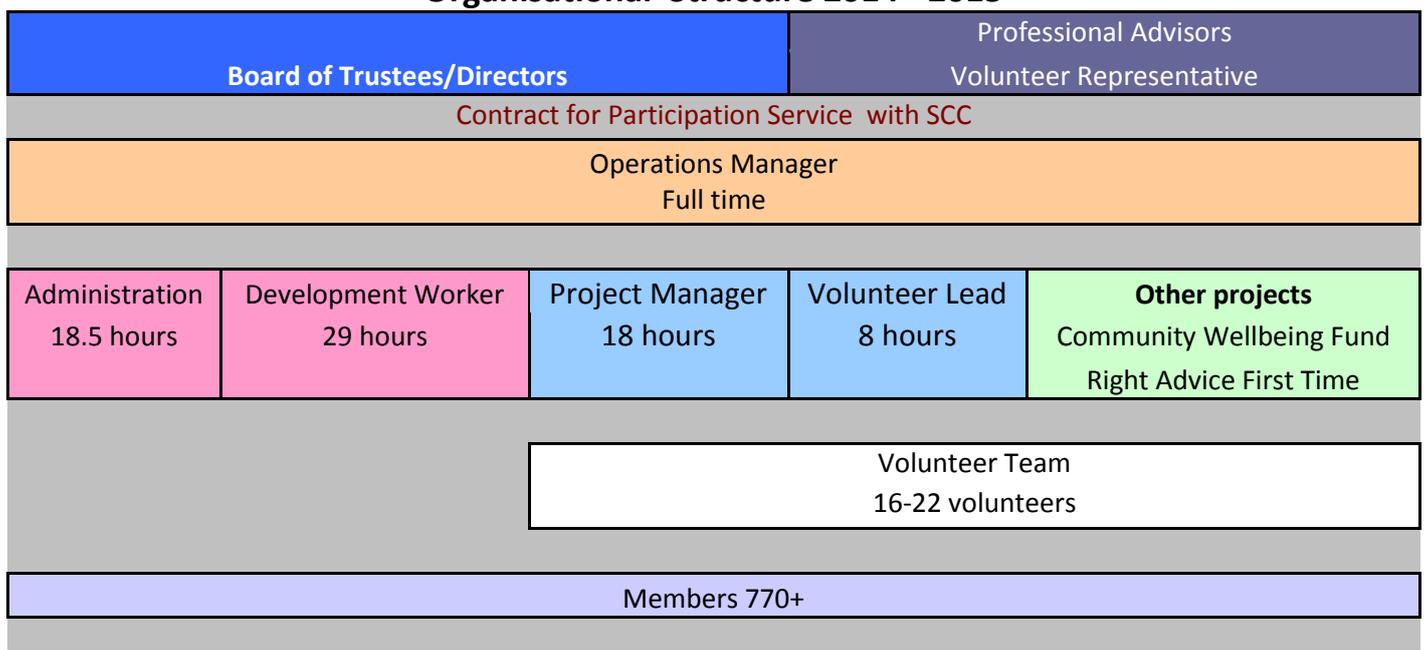As at 1st April 2015 the Network has six members of staff, these are:
1 Operations Manager – 37.5 hours a week
1 Development Worker – 29 hours a week
1 Administration Support – 18.5 hours a week
1 Project Manager - 18 hours a week
1 RAFT Project Manager – 8 hours a week
1 Stafford Toolbox Lead – 8 hours a week
! Volunteer Lead – 8 hours a week

Only the Operations Manager, Development Worker and Administration Support are funded through the main contract with Staffordshire County Council. The other members of staff are funded through individual projects.

The Operations Manager oversees all the activities of the Network and line manages the Development Worker, Project Manager, and Administration Support Worker. The present structure is demonstrated below.

Chart 2 – Organisation Structure
Organisational Structure 2014 - 2015

Board of Trustees/Directors	Professional Advisors Volunteer Representative
Contract for Participation Service with SCC	
Operations Manager Full time	

Administration 18.5 hours	Development Worker 29 hours	Project Manager 18 hours	Volunteer Lead 8 hours	Other projects Community Wellbeing Fund Right Advice First Time

Volunteer Team 16-22 volunteers

Members 770+

4.4.3 Volunteers
As at 31 March 2015 the Network has 21 volunteers, 9 are Involvement Champions. They are the Network's eyes and ears in the local area. They;
- Play a key role in Individual Care Experiences
- Promote the Network and the services offered by visiting services
- Are involved in topic focused projects

The Network also has 7 Awareness Champions. They are out in the community providing a greater understanding of mental health and illness to service users and the general public.
They;
- Present the four Awareness Talks the Network delivers
- Present their own Talk covering a topic close to their hearts
- Promote the Network by staffing stands at promotional events
- Contribute to the challenge of stigma and discrimination of mental illness

The Network also has 5 Office Support Volunteers who support the office staff. They
- Help with data entry and report writing
- Contribute to the multi-media quarterly newsletter.

Volunteers also lead on the production of the written newsletter and the recorded version which is posted on the Network's website.

The Network's volunteer programme encourages volunteers to lead on aspects of the services provided by the Network thus providing them with new skills and building more confidence to enable them to go on to obtaining paid work or taking up further education or training.

4.4.4 Membership
Membership of the Network has steadily grown over the last three years by approximately 10% per year. People who have experienced mental illness themselves or have cared for someone with mental illness or who is involved with mental health services in South Staffordshire can become a member of the Network. During 2014 Staffordshire County Council made it clear that the funding to the Network was only for people who had experience of mental illness, or who cared for someone with mental illness AND lived within South Staffordshire area and services should not be provided to people living outside this area. To ensure that the Network complies with the County Council's contract and for clarification within the organisation two categories of Membership were agreed. All members are automatically members of the charity - Charity Members (i.e. 930 at 31 March 2015) and Service Members - those with experience of mental illness AND live within the six districts of South Staffordshire (i.e. 667 as at 31 March 2015).

5   The Need to Change

5.1   National Strategies

Following the publication of the Department of Health strategy document 'Equity and Excellence – Liberating the NHS' in July 2010 the greatest changes in the way the National Health Service is structured have taken place. In April 2013 Primary Care Trusts were abolished and four Clinical Commissioning Groups were formed within South Staffordshire to commission services for this population. The provider arm of the Primary Care Trusts across the whole of Staffordshire was then formed into a separate organisation.

As far as specific policies concerning Mental Health are concerned In February 2011 the Department of Health issued new policy around Mental Health entitled 'No Health Without Mental Health; an outcomes strategy for People of All Ages. This superseded the policy 'New Horizons; A shared vision for Mental Health' which was published in December 2009.

'No Health Without Mental Health' sets out the government's overall approach to improving mental health outcomes and identifies an outcomes framework for mental health services. It identifies 6 main objectives, these are:

1   More people will have good mental health
2   More people with mental health problems will recover
3   More people with mental health problems will have good physical health
4   More people will have positive experience of care and support
5   Fewer people will suffer avoidable harm
6   Fewer people will experience stigma and discrimination.

Since 2003 the NHS has had a duty to involve and consult people about changes to health services. In November 2008 a 'duty to involve' came into force in the form of a change in the law introduced by the local Government and Public Involvement in Health Act 2007. This duty required NHS organisations to involve users of services in:

- The planning and provision of services
- The development and consideration of proposals for changes in the way services are provided; and
- Decisions affecting the operation of services.

In addition in 2011 the National Institute for Clinical Excellence (NICE) published Guidance No 136 ; Service User Experience in Mental Health., improving the experience of care for people using adult NHS mental health services. This followed on from Lord Darzi's report 'High Quality Care for All' (2008) which highlighted the importance of the entire service user experience within the NHS, the NHS Constitution (2009-2010) which was one of Lord Darzi's recommendations and describes what staff, service users and the public can expect from the NHS. In addition the Kings Fund developed a comprehensive policy resource 'Seeing the Person in the Patient; the point of

care review paper (2008) and some of the topics explored in this paper were used in the development of the NICE guidance No 136. The NICE Guidance includes recommendations concerned with ensuring a good service user experience with the recognition that such advice should sit alongside evidence of clinical and cost effectiveness.

In 2012 Parliament passed the Public Services (Social Values) Act 2012 which "*required public authorities to have regard to economic, social and environmental well-being in connection with public service contracts; and for connected purposed*". This puts the responsibility onto public services to ensure that all services they procure must consider the well-being of the local population and they must have insight and feedback on the services they do provide.

The publication of the Francis report in early 2013 following the Enquiry into the Mid Staffordshire Foundation Trust gave a strong indication that the priority must be the need to put patients first at all times.*' It is a significant part of the Stafford story that patients and relatives felt excluded from effective participation in the patients' care. The concept of patient and public involvement in health service provision starts and should be at its most effective at the front line.'*

The Network is an independent organisation which can ensure that service users of mental health services are consulted and their voice heard. Users of mental health services are sometimes reluctant to speak out to the organisations which provide their services but as an independent organisation their views can be fed back to providers and commissioners of the services through the Network.

5.2   Staffordshire County Council Strategies
During the summer of 2015 Staffordshire County Council published their mental health strategy entitled 'Mental Health is Everybody's Business. This was a joint strategy with the six Clinical Commissioning Groups in Staffordshire as well as Stoke on Trent City Council. The vision of this strategy was:
- People will be healthier and more independent
- They will feel safer, happier and more supported in and by their communities
- They will be able to access more, and appropriate, employment.

The Network contributes towards these goals by providing support for people with mental illness. It provides a voice for them regarding the services available and through the volunteer programme equips service users with the confidence and skills to undertake further education or apply for paid employment.

Staffordshire County council have also issued a Staffordshire Outcomes Framework for Mental Health Services based on the objectives contained in 'No Health without Mental Health'.(DofH Feb 2011) which was an outcomes strategy for People of All Ages. This superseded the policy 'New Horizons; A shared vision for Mental Health' which was published in December 2009.

However, Staffordshire County Council has subsequently used criteria within the National Institute for Clinical Excellence Guidance No 136 to prepare their own Outcomes Framework for Mental Health Service Users. This Outcomes Framework formed the basis for the tender process which commenced in September 2014 for contracts post March 2015. The 13 outcomes included in Staffordshire County Council's Outcomes Framework are:

1 People using mental health services feel optimistic
2 People using mental health services feel they are treated with empathy, dignity and respect.
3 People using mental health services are actively involved in shared decision making
4 People using mental health services feel confident that the views of service users are used to monitor and improve services
5 People using mental health services understand the assessment process, their diagnosis and treatment options
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The Network submitted a bid against this framework and was successful in obtaining a three year contract commenting 1 April 2015 with a possible extension for a further year. However the funding included in this contract is only 93% of the funding which the Network has received in previous years so additional funding will need to be obtained in order for the organisation to continue.

5.3 Organisational Level
At an organisational level although the funding from the Staffordshire County Council contract provides the majority of core funding there is still a shortfall of some 7%. In addition the contract requires the Network to work differently than it has in the past. It requires a more individual approach to helping service users, not just recording comments and ticking boxes as has been the case but following through comments to providers and commissioners. In addition more one to one interviews on service users' perceptions of the services they use and identifying any gaps and more volunteers are to be encouraged to lead on the delivery of services. This new service has been named 'Your Voice' to enable our members to identify the fact that the Network is working differently but still there to help and support them.

Different data is required to be collected for the new contract and a new database to enable this data to be easily input and extracted to provide

evidence to our funders is necessary. Staff and volunteers have all required training to understand the new service.

The Network is in the fortunate position that it can continue to operate at the same level of staffing as previously due to some under spends in previous years, however, this is not sustainable and new funding needs to be obtained from other sources.

6   Strategic Direction of the Network

For the previous three years (2012-13, 2013-14 and 2014-15) annual business plans have been produced based on the fact that core funding has been received annually from Staffordshire County Council. The original contract the Network had with the County Council was merely rolled over with the understanding that at some stage there would be a tendering process for this contract. Funding for 2014-2015 was the last year that this contract was rolled over and from 1 April 2015, having been successful in the tendering process, the Network's contract with the County Council was in place. The funding under the new contract is financially less than in the previous years but is for three years with a possible rollover for a fourth. This gives the Network some certainty of funding for three years assuming the contract requirements are met and can therefore produce a three year strategic plan to agree the way forward.

The ethos and purpose of the Network has always been to act as a voice for people with mental illness living in the six districts of South Staffordshire. This must remain the overriding aim and it must continue to direct and support the membership. One of the key advantages the Network has over other organisations is that is independent and it is important that it retains this independence.

The strategic direction of the Network is guided by involving everyone in the Network. It includes members, volunteers, staff, and trustees. The information included in this plan comes from meetings with all these groups of people. Two away days have taken place in recent years, one on the 27 November 2012 and another on the 26 November 2013. Facilitators were employed at these Away days where the future direction of the Network was discussed.

The Network relies heavily on volunteers who carry out a lot of the day to day work of the organisation and whom the trustees and staff value immensely. Their input into the away days and regular Network meetings is invaluable and their comments have been included in this document.

Two key elements which came out of the away days were:

1. To do more work with young people, giving talks at sixth forms and colleges.
2. Work within the criminal justice system

Both of these areas would include talks on mental health and reducing stigma and discrimination.

In addition on 11 June 2014 an extraordinary Trust Board meeting was held to discuss future funding options. It was obvious that there was a great deal of enthusiasm for more funding to be obtained to enable the work the Network undertakes to continue and become more sustainable. Discussions took place about possible avenues to explore and topics to bid for to obtain additional funding. The discussions at this Meeting have also been considered in this document.

It is obvious therefore that to enable the Network to continue its important role some additional, long term funding must be secured.

6.1 Trustees

The number of Trustees the Network has should remain between 7 and 10 to ensure that there are always sufficient Trustees to be quorate for Board Meetings. All trustees should support the Chair of the Trustee Board and contribute to the running of the Network by taking on specific responsibilities.

6.2 Staff

With the shortfall in core funding from 1 April 2015 the aim must be to secure additional funding.

Assuming sufficient funding is secured a future organisation change could include:

1. Project managers to contribute to individual bids and to manage the individual project ensuring outcomes are met and managing the volunteers working on that project
2. A Programme or Business Manager who would oversee all the projects receiving exception reports from the project managers and ensuring the smooth running of the organisation. They would seek more funding to ensure the sustainability of the organisation and report directly to the Trustee Board.
3. A training/development worker, who would develop the work of the Network, representing the Network at relevant meetings, identify opportunities for additional funding and contribute to future bids. In addition they will undertake all the training both within the organisation and to external agencies.
4. An administrator/office manager to undertake all the office administration.

It is not anticipated that all staff will be full time but that working patterns will be adapted to suit the needs of the Network including ensuring that members and the public can contact the Network at least during office hours. A possible organisational chart to reflect the above may appear like the chart below;

Chart No 3 – Possible Future Organisational Chart

Organisational Structure 2016-2017

Board of Trustees/Directors			Professional Advisors
			Volunteer Representative
Programme/Business Manager			
Administration Support			
Project Manager	Project Manager	Project Manager	Training/Development Worker
Your Voice	CCG and other Projects	RAFT and Toolbox Projects	Attending Meetings Providing Training
Volunteer Lead			
20-30 volunteers			
Members 1200+			

6.3   Volunteers

A team of dedicated volunteers would be required to carry out the relevant projects and to ensure that people with mental health issues know about the Network and its functions.

The number of volunteers working for the Network will change depending on the number of individual projects the Network is undertaking at any one time. A strong Volunteer Programme with a strong lead will be in place which supports all the volunteers, provides motivation and support, identifies any skill gaps and ensures these are filled. A clear line management structure will be in place to ensure volunteers are aware to whom they are responsible. Volunteers will been encouraged to extend their skill base and move on to re-entering education or training of obtaining paid employment.

6.4   Membership

According to the Staffordshire Observatory data there were 634,348 people living in South Staffordshire in 2013. Given that one in four people will suffer from mental illness at some time that gives a potential membership for the Network of over 158,000 people.   Charity membership of the Network can be increased considerably which would promote the organisation to a wider audience. Charity members receive the Network News electronically so would not involve any additional costs to the organisation.

From 1st April 2015 all new members should receive Network News electronically by default and only posted out when specifically requested.

According to the Staffordshire Observatory figures over 30% of people living in two of South Staffordshire districts live in rural areas, these being Stafford and South Staffordshire. Almost 30% (29.5%) of people who live in Lichfield are also classed as living in a rural area. This makes these people more difficult to involve. The Network should consider how it can reach more people in outlying areas.
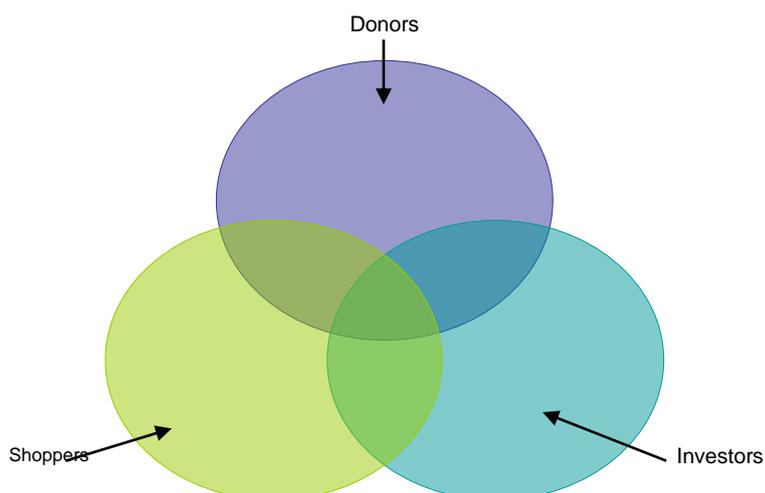
6.5   Funding

Historically the Network has relied on Staffordshire County Council for its core funding. Small amounts of money have been applied for from different organisations for specific projects but these have usually been short term.

Funding for charities is usually obtained in one of three ways;

1. By an organisation or someone who wishes to invest in the organisation.(Investors)
2. Someone who just wants to purchase one of the products on a one off basis. (Shoppers)
3. Donations, either as a one off donation or as a regular donation because they have a specific interest in the work of the organisation.(Donors)

Most charities use a combination of all three to acquire sufficient funding. This analogy can be demonstrated as below:

Chart 4 – Funding

Investors

In the case of the Network the County Council could be seen as an investor as they contribute to the core funding. They appear to be supportive of the organisation.

Shoppers

Individual projects, i.e. CCG money and training could be seen as people wanting to purchase items.

The RAFT toolbox project with Lichfield CAB can be seen as the CAB purchasing the Network's intelligence. However a partnership has been established which may result in more funding opportunities with the other partners in this project. Partnership working could then become more investment into the organisation rather than just purchasing.

Training will probably always be something people purchase from the Network. However whilst providing training to an organisation (at a proper costed rate) there is the possibility that a partnership could be formed and joint funding for a project applied for.

Donors

To date the Network has not received donations to any great extent. Small amounts have been received in the past but these have been very few and far between in recent years. However this is something which could be considered. Initially it may be as simply as registering for Gift Aid (so the Network could recoup tax) and adding a 'donate' button on to the website. The Trust Board could also consider the possibility of holding fund raising activities such as quizzes etc. to generate additional funding. One Trustee may take the responsibility for organising these income generation events.

6.6.   Risks

A risk analysis was undertaken in October 2015 based on the Charity Commission's guidelines. The Risk Analysis is attached as Appendix A. The main risks identified in this Risk Analysis were:

1   Loss of key staff (1.5). With so few staff employed losing key staff has a large impact on the organisation.
2   Capacity and use of resources (2.3). This is also a risk as the existing office does get overcrowded but a rota system as been put in place and additional space is rented on an ad hoc basis.
3   Dependency on income sources (3.4). The organisation presently relies on Staffordshire County Council for its core funding. However additional funding is being applied for.

7 Summary Actions 2015 to 2018

During the period 2015 to 2018 the Network will need to adjust to the external pressures put upon it. It will primarily need to deliver the new service funded by the County Council 'Your Voice' but it will also need to explore and obtain additional funding.

Trustees
- Retain a core membership of between 7 and 9 Trustees.
- Ensure trustees feel supported and have a role to play in the running of the organisation

Staff
- Consider the roles and responsibilities of staff and whether changes to the structure need to be made.

Office and Support Systems
- Ensure robust systems are in place to record, follow through, and report back on activities under the County Council contract. Also ensure that all staff and volunteers have access to this database and can use it effectively.
- Investigate the possibility of a branch office or larger office if more substantive funding becomes available.
- Consider an IT support contract from an external source.

Volunteers
- Ensure that the Volunteer Programme is robust, that volunteers are supported and fully equipped and confident to undertake the necessary tasks required for the relevant project.
- Ensure adequate leadership and motivation for volunteers
- Ensure training is available as required.

Membership
- Increase the membership to reach more people but because of the increasing use of electronic communications, all new members should receive Network News electronically.

Funding
- Work with partner organisations to explore joint funding opportunities (similar in process to RAFT). As obtaining funding has become more difficult for all organisations joint projects with shared resources may be more cost effective.
- Obtain more core funding from at least one other source for a project similar in size and funding to 'Your Voice' to run in parallel. This could mean shared management overheads and extended staff roles.
- Investigate the possibility of undertaking specific fund raising activities to include service users and members of the public.

Additional
- Under the Your Voice contract the Network will need to be in touch with people who are normally hard to reach, these could be younger people and/or people in the criminal justice system. Initially this could be giving talks to sixth forms, colleges and providing training to non warders in the prison service about mental illness and reducing stigma and discrimination.

The structure of the organisation will need to change if the above suggestions are taken up. This would give a clearer structure and provide some resilience and flexibility to the Network

8 Conclusion

The service the Network provides has been identified as much needed not only by mental health service users but also the general public and commissioners. Within the organisation there is a great deal of commitment and enthusiasm for the work carried out. External organisations, i.e. Healthwatch, Clinical Commissioning Groups, South Staffordshire and Shropshire Foundation Trust etc. respect the independence and integrity of the Network. For these reasons it is important that the Network not only continues to carry out its valuable work but expands to help more people, is flexible to take on new challenges and adequately funded to be resilient in the future.

South Staffordshire Network for Mental Health
Risk Analysis

1 Governance Risks

	Potential Risk	Potential Impact	Procedures in Place to Mitigate Risk
1.1	Trustee Board lacks relevant skills or commitment	• Charity fails to achieve its purpose • Poor decision making	• Skill analysis completed by Trustees and gaps identified. • Training opportunities to fill gaps • All trustees undertake induction training
1.2	Trustee Board dominated by one or two individuals or by connected individuals	• Trustee board cannot operate effectively • Decisions made outside of the Board • Arbitrary over-riding of control mechanisms	• Quorum of at least 4 Trustees required to make any decisions • Recruitment and make up of Trust Board made in accordance with needs of the charity.
1.3	Conflict of Interests	• Charity unable to pursue its own interests and agenda • Conflict of interest in decision making	• Disclosure of conflict of interest a mandatory item on Trust Board agendas. • Procedure in place for trustee to be asked to leave or not attend meeting if conflict of interest on the agenda.
1.4	Ineffective organisational structure	• Lack of information flow and poor decision making procedures • Remoteness from operational activities • Uncertainty as to roles and duties • Decisions made at inappropriate level or excessive bureaucracy	• Charity has an organisational chart which creates a clear understanding of roles and duties. • Structure of the organisation is reviewed in light of any changes to workloads
1.5	Loss of key staff	• Experience or skills lost • Operational impact on key projects and priorities • Loss of contact base and corporate	• Electronic document systems are kept which information on all plans and projects and are available to other staff. • Notice periods are agreed and handovers take place when staff leave

	Potential Risk	Potential Impact	Procedures in place to Mitigate Risk
		knowledge	• Recruitment process has been reviewed and updated.
1.6	Reporting to Trustees	• Inadequate information resulting in poor quality decision making • Failure of the Trustees to fulfil their control functions • Trustee Board becomes remote and ill informed	• Strategic plan for the charity in place • Staff have clear objectives. • Annual budget set and reviewed quarterly • Projects reported on at Board meetings • Senior staff attend Board meetings • Regular meetings between Board members and senior members of staff.

2 Operational Risks

	Potential Risk	Potential Impact	Procedures in place to Mitigate Risk
2.1	Contract Risk	• Onerous Terms and conditions • Liabilities for non performance • Non compliance with charity's objectives	• Professional advice sought on terms and conditions where appropriate. • Up to date and accurate reports on contract performance are received at each Board meetings.
2.2	Employment Issues	• Employment disputes • Health and safety issues • Claims for injury stress, harassment, unfair dismissal • Equal opportunities and diversity issues • Adequacy of staff training • Low morale • Abuse of vulnerable beneficiaries	• Solid recruitment process in place including checking of references, qualifications etc. • Regular one to ones undertaken with all staff • Job training available and undertaken. • Health and safety training undertaken and monitored regularly • All staff, volunteers and trustees undergo DBS checks • Specialist external organisation contracted to undertake HR activities including disputes • Whistle blowing policy in place
2.3	Capacity and use of resources	• Lack of office space • Equipment obsolescence	• Rota in place for use of desks in office • Additional rooms rented on ad hoc basis as necessary

			• IT equipment monitored to ensure compatible software being used.
2.4	Volunteers	• Lack of competences, training and support • Inadequate vetting and reference procedures • Recruitment and dependency	• All roles agreed with individuals and competences required • Training provided for any missing competences • All volunteers have to have DBS checks and references are checked. • Training provided for all volunteers • Volunteer programme accredited with 'Investing in Volunteers'
2.5	Health, safety and environment	• Injury to staff • Injury to volunteers	• Health and safety policy in place • One staff member training as Health and Safety compliance officer • All staff aware of policy and reporting mechanism
2.6	Disaster recovery and planning	• Computer system failures or loss of data • Destruction of property, equipment, records through fire, etc.	• IT recovery plan in place • Data is backed up in real time and stored remotely, with additional backups performed monthly and stored off site. • Insurance cover renewed annually • Business Continuity plan in place and tested annually
2.7	Procedural and systems documentation	• Lack of awareness of procedures and policies • Actions taken without proper authority	• Policies and procedures are all electronically available and are in paper format available to all staff and volunteers • Policies are reviewed on at least a 3 year basis or more often if legislation changes.
2.8	Information Technology	• Systems fail to meet operational need • Loss/corruption of data • Lack of technical support	• External agency appointed to update system to enable it to meet reporting needs • Data checked regularly to identify any loss or corruption of data. • Data is backed up in real time and stored remotely, with additional backups performed monthly and stored off site so any loss or corruption is minimised.

			• Data backed up weekly so any loss or corruption is only a week old. • Technical support purchased as required. • Disaster recovery plan in place

3 Financial Risks

	Potential Risk	Potential Impact	Procedures in place to Mitigate Risk
3.1	Budgetary control and financial reporting	• Budget does not match key objectives and priorities • Decisions made on inaccurate financial projects or reporting	• Budgets are linked to business plans and contract and project objectives • Budgets are monitored and reported back to Trust Board quarterly
3.2	Reserves policy	• Lack of funds or liquidity to respond to new needs or requirements	• Reserves policy is linked to business plans, activities and identified operational and financial risk • Reserves policy is reviewed at quarterly Board meetings
3.3	Cash flow sensitivities	• Inability to meet commitments • Impact on operational activities	• Cash flow projections are based on prudent assumptions. • Meetings held with treasurer and staff to ensure adequate information flow
3.4	Dependency on income sources	• Cash flow and budget impact of loss of income source	• Major dependency has been identified • Adequate reserves policy is in place • Additional funding to replicate existing funding being sort.
3.5	Pension commitments	• Impact on future cash flows • Failure to meet due dates of payments	• New pensions legislation has been considered and the obligations discussed at Board meeting. • Impact on future cash flows has been taken into account. • Dates for commencing pension payments have been discussed at Board Meetings • Procedures for payment of pensions have been agreed with payroll provider

		Potential Risk	Potential Impact	Procedures in place to Mitigate Risk
3.6		Fraud or error	• Financial loss • Loss of staff moral • Regulatory action • Impact on funding	• Financial control procedures are reviewed regularly • Authorisation levels are set for staff and trustees • A whistle blowing policy is in place

4 Environmental or external factors

	Potential Risk	Potential Impact	Procedures in place to Mitigate Risk
4.1	Public Perception	• Impact on use of services by members • Ability to access grants or contract funding	• We communicate at least quarterly with all our members and volunteers. • The quarterly newsletter gives information about the organisations activities • An annual general meeting and annual report is published regarding the activities and financial standing of the organisation
4.2	Relationship with funders	• Deterioration in relationship may impact on funding	• Regular meetings are held with contract funders where progress on contract is discussed • Projects are fully reported on to the relevant funders • The organisation ensures that it meets the funders terms and conditions.
4.3	Adverse publicity	• Loss of influence • Impact on staff morale • Loss of members confidence	• Complaints policy and procedure in place. • The chair of the Trustee Board is nominated as the organisation's spokesperson
4.4	Government Policy	• Availability of contract and grant funding • Impact of general legislation or regulation on activities undertaken • Role of the voluntary sector	• Trustees and staff monitor proposed legal and regulatory changes • Consider implications of any proposed change in legislation and discuss options available to the organisation

5   Compliance Risk (law and regulation)

		Potential Risk	Potential Impact	Procedures in place to Mitigate Risk
5.1		Compliance with legislation and regulations appropriate to the activities, size and structure of the charity.	• Fines, or penalties • Employee or consumer action for negligence • Reputational risks	• Key legal and regulatory requirements have been identified and adhered to • Key compliance activities have been allocated to either staff or relevant trustees
5.2		Regulatory reporting requirements	• Regulatory action • Reputational risks	• Key personnel appointed to be responsible for regulatory reporting.
5.3		Taxation	• Penalties regarding lack or incorrect payments • Failure to utilise tax exemptions and reliefs	• PAYE compliance procedures are agreed with payroll provider. • Nominated staff member notifies payroll provider of any changes to personnel or terms and conditions • Any relevant tax exemptions or relief are discussed with payroll provider to ensure they are included in calculations.