

'You matter, we care'

Trust Board Meeting (Part 1)	Date: 27 August 2014
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Title:	Trust-wide Risk Register
Item:	BD/14/138

Executive Director lead and presenter	Iain Tulley, Chief Executive
Report author(s)	Hannah Dennis, Corporate Governance, Risk and Legal Manager

History:	N/A
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This report is for:	
Decision	X
Discussion	
To Note	

The following impacts have been identified and assessed in relation to this report:	
Equality	<i>None identified.</i>
Quality	<i>Risks captured and impacts assessed within risk register.</i>
Privacy	<i>None identified.</i>

<p>Executive Summary of key issues</p> <p>The Trust-wide Risk Register is presented for review and challenge by the Board. Executive risk registers have been reviewed by Executive Directors and the meeting of the Executive Team on 20 August 2014. Further detail on this is contained within the report. It is recommended that the Board note the report and appendices and therefore the current risk position of the Trust.</p> <p>The following appendices are provided with this report:</p> <ol style="list-style-type: none"> Trust-wide Risk Register, August 2014 – risks divided by strategic priority Trust-wide Risk Register, August 2014 – risks sorted from high to low scoring <p>The Board is asked to note the report.</p>

This report addresses these Strategic Priorities:	
We will deliver the best care	X
We will support and develop our staff	X
We will continually improve what we do	X
We will use our resources wisely	X
We will be future focussed	X

1. Trust-wide Risk Register – Risk Profile

The risks currently captured on the Trust-wide risk register are plotted on the risk matrix below to illustrate the distribution of our risks:

		RISK RANKING MATRIX				
SEVERITY		VERY LOW 1	MINOR 2	MODERATE 3	HIGH 4	VERY HIGH 5
PROBABILITY OF OCCURRENCE	ALMOST CERTAIN 5					
	LIKELY 4					
	POSSIBLE 3			IBP12 TW7 TW4	TW6 TW3	TW2
	UNLIKELY 2			IBP08	TW1 IBP13 TW5	
	RARE 1					

2. New risks

The following risks have been identified and captured on the Trust-wide risk register in July 2014:

Risk reference	Specific risk	How the risk was identified
TW5	Failure by the Trust to address all quality governance requirements	Executive Team review of Trust-wide risk register, to replace risk IBP17 reflecting current Trust risk
TW6	Failure to identify, agree and implement and systematically deliver CIPs (Cost Improvement Plans) at Trust and locality level.	Executive Team review of Trust-wide risk register, to replace risks IBP05 and IBP09 to reflect current Trust risk
TW7	Inability to provide sufficient and appropriately qualified staff to maintain effective service delivery	Executive Team assessment of emerging risk

3. Risks identified in the Integrated Business Plan (IBP)

The below table sets out the risks which were identified as key risks to the achievement of Trust plans for the coming 5 year period but which were not captured on Trust risk registers at that time. These risks are now captured on the risk registers identified below:

No.	Risk Register	Risk	Description	Inherent risk score
Group 1: Market driven				
3.	Specialised	Loss of designation for perinatal services	Following development of national specification, the current Trust perinatal service requires development to increase its size to remain financially viable	12
4.	Business Development	Loss making/non-viable business	The Trust recognises that over the next 5 years, there may be some business within the organisation which becomes loss making/not financially viable. This will be due to changes to commissioner contractual arrangements/other service developments/ changes in population need.	12
Group 3: Financial impact				
9.	Trust-wide risk register (inclusion in IBP09)	Impact of cost pressures such as the electronic patient record system, cost of living allowance and the safer staffing review.	Plans are being developed currently to mitigate risks and manage cost pressures.	12
10.	Delivery Executive	Achieving sustainable and cost effective inpatient services.	It is known from commissioning intentions, patient need and quality assessments that there is a need over the next few years to develop inpatient services. This is particularly the case for individuals within B&NES, Bristol, South Gloucestershire and secure services. Work has begun in 2013/14 to develop this, but further work is required from 2014/15 to ensure that cost effective service models can be delivered	12
Group 4: Commissioner led				
12.	Delivery Executive	Continued progress to develop shared care protocols with external partners (GPs)	To reduce unnecessary financial risk to the Trust, the ability to continue to develop shared care agreement protocols with GPs for some service remains key.	12
13.	Business Executive	Finalisations of CCG strategic planning process	There are risks relating to the impact of the content of the CCG 5 year plans. This process is currently underway and it is expected that these plans will be available for the 2015/16 planning process.	8

4. Escalated risks

There were no risks escalated from Executive risk registers to the Trust-wide risk register in August 2014.

5. De-escalated risks

The below risks have been identified for de-escalation this month:

Risk reference	Specific risk	De-escalation reason
TW3	Impact of changes to NHS England commissioner intentions for specialised services from 2015	Risk assessed as currently appropriate to Specialised services LDU but not for the Trust at a strategic level at this time.
TW4	Competition increasing from open market place for specialised services	As above.

6. Closed risks

Risk reference	Specific risk	Narrative
IBP02	Failure to implement effective and responsive working relationships with CCGs to understand their commissioning intentions and timeframes.	The Trust has been awarded the System Leader role for Lot 1 and won services across remaining Lots. Strong working relationships have been developed with commissioners and partners. The risk has therefore been mitigated to a level within its risk appetite.
IBP04	Failure to create and maintain a commercial culture, literacy and infrastructure within the Trust that ensures the Trust is fully aware of the short-term, medium-term and long-term commercial risks of all tenders and contracts.	Business Development Framework in operational use, and Tender Decision Criteria launched in May 2013 and used in a number of tenders. Controls are assessed as adequate to sufficiently mitigate this risk.
IBP05	Failure to identify, agree and implement CIPs (Cost Improvement Plans).	This risk has been closed following review and a new risk combining this and IBP05 has been captured below as TW6.
IBP09	Failure to plan and systematically	This risk has been closed

	deliver Cost Improvement Plans (CIPs) across localities.	following review and a new risk combining this and IBP05 has been captured below as TW6.
IBP15	Failure to ensure that the contracts we accept do not commit us to meeting unconstrained demand from partners without appropriate reimbursement.	Robust controls have been implemented and this risk has been reduced to a level within the Trust's risk appetite.
IBP16	Failure to create and maintain relationships with partners which leads to poor reputation.	As IBP02, strong relationships have been built and controls implemented internally to sufficiently mitigate this risk.
IBP17	The Trust has been inspected by the Chief Inspector of Hospitals who has indicated a number of areas where improvement is required. Processes to sign off actions to provide assurance must be improved.	This risk has been closed following review and replaced with risk TW5 which reflects the current, strategic risk to the Trust. The local issues relating to this risk are captured within the Clinical Executive risk register.

7. Movements in month

The below table provides a comparison of risk score from the previous month with the current assessed risk:

Risk	Inherent Score	Current Score April 2014	Current Score July 2014			Current Score August 2014		
			Probability	Severity	Risk Score	Probability	Severity	Risk Score
IBP02	16	9	3	3	9	Closed August 2014		
IBP04	12	6	2	3	6	Closed August 2014		
IBP05	12	12	3	3	9	Closed August 2014		
IBP09	16	12	3	3	9	Closed August 2014		
IBP12	12	9	3	3	9	3	3	9
IBP13	12	12	3	4	12	2	4	8
IBP15	16	6	2	3	6	Closed August 2014		
IBP16	12	9	3	3	9	Closed August 2014		
IBP17	8	8	3	4	12	Closed August 2014		
TW1	25	Escl. May 2014	3	4	12	2	4	8
TW2	16	Escl. June 2014	4	4	16	3	4	12
TW3	16	New July 2014	4	3	12	3	3	9
TW4	16	New July 2014	3	3	9	3	3	9
TW5	12	New August 2014				2	4	8
TW6	12	New August 2014				3	3	9
TW7	12	New August 2014				3	3	9

8. Recommendation

The Board is asked to **note** the current risk position, supported by the attached appendices.