

Trust-wide Risk Register											You Matter, We Care																
Risk Reference				Risk Analysis				Risk Management				Risk Assurance															
Entry number	Entry Ref.	Cross-referenced risks	What Strategic Priority does the risk affect?	Initial Risk Date	How was the risk identified?	REVISED Issue behind the risk	REVISED Specific risk	Inherent probability	Inherent severity	Inherent Rating	Risk "Lead"	CURRENT CONTROLS (Actions already in place to mitigate risk)	Current probability	Current severity	Current rating	PLANNED CONTROLS (Further actions to mitigate risk)	Date actions to be delivered	PROGRESS (Record of current and planned actions and results)	Date of risk review	Target probability	Target severity	Target rating	Risk change from last review	Risk Score Change (from last review)	Control Risk (Score change from inherent to target)	Target Risk Order	
<b>STRATEGIC PRIORITY 1</b>																											
18	TW1	BANES3	1. Deliver the best care	01 November 2014	Locally knowledge, discussions with commissioner, CQC visit	B&NES has 2 standalone wards (Ward 4, St Martin's & Sycamore Ward, Hillview Lodge) Sycamore ward is not an appropriate environment for acute mental health care and it also provides beds for older adults with functional mental illness. Further to LDU concerns the environment was the subject of concern from the CQC in November 2013.  Additionally, there have been 2 serious incidents on the ward within a short space of time, further highlighting the shortfalls within the environment for both staff and patients. CQC hospital inspection June 2014 identified further environmental changes that were required urgently to improve observation and dignity	If the project to re-provide beds and is not progressed and work to improve the care environment in Sycamore Ward is not adequate, there will be a risk of further CQC concern & a risk that commissioners will consider retendering for in-patient care of adults of working age in B&NES.  Risk that due to increased concerns the ward could be decommissioned.	5	5	25	Director of Operations	The Trust has responded immediately to concerns through implementation of the following controls: - number of beds open in ward reduced by 8, with no swing beds leaving 6 male and 9 female - no out of area admissions to Sycamore - all current patients over 65 have been transferred to more suitable services to accommodate their complex needs - no vulnerable person over 65 can be admitted to the ward - all non-vulnerable over 65's are fully health and risk assessed by the Intensive Team prior to admission - CIT team make all referrals to the Intensive Team as gatekeepers to the ward.  Action plan addressing CQC actions is being implemented, with progress reports provided to Quality and Standards Committee monthly. Actions taken include closure of high risk bed areas, described above, and garden improvements and changes.  Compliance checks have been undertaken by the Deputy Director of Nursing and Quality and reported to Quality and Standards Committee, providing assurance that actions have been completed.  Adequate staffing now in place with Modern Matron post filled by an experienced nurse and Ward Manager appointed.  Close oversight by Triumvirate of ward function and performance. Chief Executive has met with the CCG and the Triumvirate has met with the Executive Lead to confirm ongoing management action and manage relationships.  Plan to present preferred options to Local Authority scrutiny panel in September 2014.	2	4	8	To complete provisional works within the ward, including lines of sight and team development to support staff in improving skills. Further works to be considered in light of ligature reviews that have been undertaken. LDU has had further meetings with Estates to progress further provisional changes. Further discussions have been had between the Trust Executive and RUH Executive.  To continue to progress re-provision project with the Executive Lead, Sue Hall.  To respond immediately to all CQC publications to ensure this risk is managed.	30-Sep-14	Interim measures have been taken, including no out of area admissions being accepted and closure of beds. Assurance has been and will continue to be provided confirming actions have been taken and the risk is being managed.  Weekly monitoring of the current position within the ward with the Triumvirate and Operations Director is ongoing.  Scoping of a design for a new building which is both fit for purpose and meets the needs of the CCG both currently and in the future is underway. The Trust is working with a private provider to facilitate the build, and this work is being led by Sue Hall, Director of Resources.  <b>This risk will be de-escalated to the Delivery Executive (Operations) risk register in September 2014.</b>	Aug-14	2	3	6	Updated	Increase	- 19	3	
19	TW2	OPS17	1. Deliver the best care	08 January 2014	unresolving on going bed pressure and increased DTOC	Steady demand for older adult inpatient bed capacity and increased number of delayed transfers of care (DTOC).  Increased acuity on inpatient units reducing the patient flow through the IPU.  Increased length of stay, linked to DTOC.  Bed escalation processes not creating sufficient capacity to manage demand.  Closure of beds on Laurel Ward due to highly complex patient population	Failure to manage capacity leading to further pressure on existing resources and a requirement to use out-of-area beds for adult, PICU and older adults, potentially compromising patient care and creating significant pressures on beds across the Trust.	4	4	16	Director of Operations	Trustwide escalation policy being reviewed and rewritten.  Bed pressures and DTOC are standing items on CQPM agenda, ensuring ongoing conversation with Commissioners on these issues.  Ongoing discussions with local authorities regarding DTOC, both locally and Trustwide.  Bed Management Group and action plan established to take urgent action against a number of different issues relating to access, bed escalation, bed management, care coordination and discharge. Actions taken include repatriation of Service Users, daily reporting on bed usage and daily ward rounds in conjunction with intensive teams. Localities are discussing this weekly and reporting to Quality and Standards Committee on performance and actions taken.	3	4	12	Repatriate out of locality patients back to home locality by 31st August.  Review intensive services in relation to gatekeeping and Facilitated Early Discharge procedure.  Agree target bed occupancy based on staffing and risk.  Work with LA partners to facilitate discharge of DTOC.  Review out of hours arrangements for intensive teams including switchboard monitoring	30-Sep-14	Discussions with Commissioners in hand and Commissioner/AWP working group established.  Local Authority escalation commenced for DTOC.  Management of local issues continues to be overseen by Triumvirates with Director of Operations supporting.	Aug-14	3	2	6	New		- 10	9	
22	TW5		1. Deliver the best care	01 June 2013	IBP 7.4 Registration & licensing	Post-Francis and Keogh, the regulatory and quality standards required of healthcare providers are under intense public scrutiny and political pressure. The role of regulators is likely to change, perhaps at very short notice, and the standard-setting bodies themselves may increase in number or in the level of their demands.  The Trust has been inspected by the Chief Inspector of Hospitals who has indicated a number of areas where improvement is required. The Trust's ability to provide assurance that it has taken required action is reliant on its quality governance systems.	Failure by the Trust to address all quality governance requirements	3	4	12	Director of Nursing	Monitoring of compliance via information reported through IQ system, resulting in escalation of issues seen through indicators  Quality and Standards Committee work plan ensures scrutiny of quality issues  Quality Improvement visits by Executive Team and Non-Executive Directors  Continued scrutiny of QGAF compliance by Trust Board and Quality and Standards Committee  Locality Management Teams respond to local standards through Care Quality Review Meetings etc.  Ongoing programme of mock CQC inspections and 15 Steps inspections  Monthly monitoring of staffing levels by Quality and Standards Committee and Trust Board.  Procedures for responding to external and internal inspections have been approved  Rapid response to feedback following Chief Inspector of Hospitals inspection	2	4	8	QGAF self assessment to be refreshed in line with recently published MONITOR guidance  Developing assessment tool to evaluate compliance with Outcome 16 at locality level  Redesign Action Plan template for Trust wide use to have focus on Outcomes and assurance and less focus on describing process.  Emma Adams to work with HoPPS to ensure new Procedures for inspection are embedded in to Governance practices for Localities	30-Sep-14	Refresh of QGAF underway and evidence being collated to confirm compliance with requirements.  The development of the tool to assess compliance with CQC outcome 16 is underway to respond to high level concerns that compliance with this outcome is not robust trust-wide (new Domain is Well Led).  Clinical Executive to redesign action plan template.  CQC feedback has been responded to through clear action planning and documented completion of actions.	Aug-14	1	3	3	New		- 9	14	

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22	TW7		1. Deliver the best care	19 August 2014	Executive Team	Recruitment challenges across the Trust are creating local pressures for delivery of services, including: - ongoing significant challenges for recruitment of staff throughout Wiltshire, especially in Salisbury - recruitment of staff to Bristol services - difficulty in recruiting staff to Forensic (Secure) services  Safer staffing has defined safe staffing levels for all wards.	Inability to provide sufficient and appropriately qualified staff to maintain effective service delivery	4	3	12	Director of Operations	Recruitment strategy being developed for Wiltshire and Secure services with support from HR.  Bristol now beginning to implement new staffing model.  Workforce planning through annual business planning cycle.  Succession planning and workforce development underway. Team development pilot being established in Secure Services to support staff and support effective retention.  Active recruitment in place across the 3 areas.	3	3	9	Targeted recruitment campaigns in Secure services and Wiltshire  Funding from Health Education South West to support apprenticeships  Review of job descriptions for bands 2 and 3 Health Care Assistants Active retention strategies	31-Oct-14	Approx 35 staff recruited to in Secure services to date awaiting commencement.  Bristol working through implementation phase of new service model.  All band 7 posts recruited to. Will now be recruiting to band 6 posts.	Aug-14	2	2	4	New				
<b>STRATEGIC PRIORITY 2</b>																											
9	IBP13		2. Support and develop staff	01 June 2013	IBP 7.4 Service delivery & resource management	A poor organisational culture results from a disconnect between the values and priorities of the organisation with those of its staff. At its extreme poor organisational culture leads to inappropriate behaviour illustrated by the findings of the Francis Inquiry. "You matter, we care" will only translate into high-quality services if everyone at AWP feels engaged and plays their part.  AWP is undertaking rapid and significant change in its structures, systems, processes and leadership with the aim of providing reliable, high quality services. Changes internally and externally can be destabilising and organisational success is dependent on staff feeling supported and engaged.	Failure to develop a positive organisational culture (in which staff values and motivations resonate with the values and priorities of the organisation) will have a negative impact on staff engagement and satisfaction. This may have a negative impact on service quality.	3	4	12	Director of Organisational Development	Locality/Delivery Unit leadership maintain focus on staff engagement  Implemented Staff Friends and Family Test to monitor engagement.  Workforce planning processes supporting cultural change.  Effective staff-side partnership working.  Organisational Development Programme, Enabling Excellence, includes staff engagement, team development and leadership development programmes.  New methods for measuring organisational culture have been identified and to track changes in staff engagement and culture. Measures monitored via ESEC.  Revised Supervision and Appraisal policies implemented to improve engagement, staff development and ensure alignment with strategic priorities.  Staff survey 6 improvement themes agreed by Board in February 2014. Progress reviewed by ESEC (June 2014).  Ongoing benchmarking with other NHS Trusts.	2	4	8	Team Development Programme to commence September 2014; priority areas include Secure Services and Bristol Services  Accredited ILMS Leadership and Management Programme, November 2014 - December 2015; priority focus ward managers/ community team leaders/ service managers/ modern matrons. (Collaboration with University of the West of England)  Feedback to all staff on actions taken in light of 2013 Staff Survey (September 2013).  Annual Staff Survey to commence 29 September - entire staff group invited to respond for the second year.	31-Dec-14	Staff Friends and family test adopted as our internal staff survey and results from the May/June show early signs of improvement. The percentage of staff reporting that quality of care is the organisation's top priority has increased from 56% in November 2013 to 70% June 2014.  Sickness absence rates provide an indirect measures of staff engagement and satisfaction. Sickness absence shows a downward trend.  Positive feedback on Supervision and Appraisal policies and documentation.	Aug-14	1	4	4	Unchanged	No change	- 4	1	
<b>STRATEGIC PRIORITY 3</b>																											
14	IBP17		3. Continually improve what we do	01 June 2013	IBP 7.4 Registration & licensing	Post-Francis and Keogh, the regulatory and quality standards required of healthcare providers are under intense public scrutiny and political pressure. The role of regulators is likely to change, perhaps at very short notice, and the standard-setting bodies themselves may increase in number or in the level of their demands.	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.	2	4	8	Director of Nursing	Monitoring of compliance via information reported through IQ system  Quality and Standards Committee work plan to scrutinise quality issues  Quality Improvement visits by Executive Team and Non-Executive Directors  Continued scrutiny of QGAF compliance  Locality Management Teams can respond to local standards through Care Quality Review Meetings etc.  Audit and Risk Committee reports  Ongoing programme of mock CQC inspections and 15 Steps inspections  Monthly monitoring of Staffing Levels.  Procedures for responding to external and internal inspections have been approved	3	4	12	QGAF self assessment to be refreshed in line with recently published MONITOR guidance  Developing assessment tool to evaluate compliance with Outcome 16 at locality level  Redesign Action Plan template for Trust wide use to have focus on Outcomes and assurance and less focus on describing process.  Emma Adams to work with HoPPS to ensure new Procedures for inspection are embedded in to Governance practices for Localities	30-Jun-14	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.	Aug-14	1	3	3	Closed	No change	- 5	14	

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<b>STRATEGIC PRIORITY 4</b>																											
1	IBP02		4. Use our resources wisely	01 June 2013	Commercial	General mental health services being tendered by Clinical Commissioning Groups (CCGs) introduces a new group of customers who are themselves developing an understanding of what is expected of them and what they wish to achieve.  New rules of engagement.  New criteria.  New commissioners: - CCGs - Local Authorities - Police and Crime Commissioners - NHS England  New tendering/procurement regulations  New providers via private and 3rd sector	Failure to implement effective and responsive working relationships with CCGs to understand their commissioning intentions and timeframes.	4	4	16	Director of Resources/Director of Operations	The key control is to inspire confidence in AWP as the existing contract holder, by ensuring that our services are responsive, locally-focused, effective, and demonstrate value for money, and so establishing AWP as a provider that CCGs need to engage with.  Controls already in place to meet those objectives include: - AWP's revised management structure prioritises clinical leadership - Locality structure enables services to be matched to local priorities, to experiment and innovate, and to respond quickly to changing needs - An open and transparent culture encourages dialogue with CCGs and between AWP staff - Sharing of IQ information with commissioners  Greater transparency of financial positions and costs.  CQPM meeting held monthly with commissioners and weekly meetings are held in localities. This is supported by PaCMAN internally. Relationships with commissioners have been strengthened through these regular meetings, and this has been positively supported by the Trust's success in winning the tender for delivering services in Bristol.	2	3	6			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.	Aug-14	2	3	6	Closed	No change	- 10	3	
2	IBP15		4. Use our resources wisely	01 June 2013	Partnerships	Non-PbR contracts for commissioned services may fix the price for services irrespective of the level of demand. Where demand is driven by a third party (e.g. GP referrals) who is not constrained by costs, the risk is that demand may exceed expected capacity but the Trust cannot recover the additional costs.	Failure to ensure that the contracts we accept do not commit us to meeting unconstrained demand from partners without appropriate reimbursement.  See also IBP04	4	4	16	Director of Resources	Creation of a central business development function to support localities in contracting and tendering.  Learning from tender experience  Effective partnership relationship management  Locality/delivery unit business plans including a Business Development Plan.  Tender evaluation process which details financial and operational risks associated with bidding for new contacts  Effective costing and planning systems understood and in place  Regular reporting on tendering activity to SMT and Finance and Planning Committee.  Highlighting cost and activity pressures to CCGs via locality meetings and CPQM.  Early overview of tenders on the horizon.	2	2	4			Robust contracting planning in 13/14 highlighted a number of cost pressures which were agreed by the commissioners. Those not included in the 13/14 contract are being further explored in 14/15.  Performance and contract management meeting now in place to review and monitor activity against contractual commitments and demonstrate where this is off track. No other penalties were accepted in the 13/14 contract other than national ones.  Delivery of business plans and objectives will be monitored and managed throughout the coming year.	Aug-14	2	2	4	Closed	No change	- 12	10	
8	IBP09		4. Use our resources wisely	01 June 2013	Service delivery & resource management	Lack of effective planning historically which has not taken a systematic approach to identification of savings through efficiency targets. A lack of ownership of plans to achieve targets outside of the Finance department has resulted in localities/SDUs not being fully engaged with financial plans.  Impact of cost pressures such as the electronic patient record system, cost of living allowance and the safer staffing review may also affect the Trust's ability to achieve targets.	Failure to plan and systematically deliver Cost Improvement Plans (CIPs) across localities.	4	4	16	Director of Resources	Leadership development programme in place for new Clinical Directors to enable them to support change and new working practice  Corporate restructure to provide better support to front line services and review all practices to minimise bureaucracy  Local ownership provides relevant opportunities to review working practices and develop new approaches  IQ System provides an accessible focus on quality and drives continuous improvement  Weekly CIP assurance process in place  Business Planning process underway  Weekly recruitment panel in place  Coordinating CIP development process for 14/15 and 15/16 with detailed PIDs, QIAs and defined delivery plans & leads.  Monthly monitoring via PMO & Ops of CIP delivery against budgets.	3	3	9			This risk has been closed following review and a new risk combining this and IBP05 has been captured below as TW6.	Aug-14	2	4	8	Closed	Increase	- 8	1	

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23		TW6	4. Use our resources wisely	19 August 2014	Executive Team - merge of IBP05 & IBP09	Lack of effective planning historically which has not taken a systematic approach to identification of savings through efficiency targets. A lack of ownership of plans to achieve targets outside of the Finance department has resulted in localities/SDUs not being fully engaged with financial plans.  Impact of cost pressures such as the electronic patient record system, cost of living allowance and the safer staffing review may also affect the Trust's ability to achieve targets.  The challenge to AWP is to deliver c.4.5% cost reduction plans from 13/14 onwards.	Failure to identify, agree and implement and systematically deliver CIPs (Cost Improvement Plans) at Trust and locality level.	4	4	16	Director of Resources	Corporate restructure undertaken to provide better support to front line services and review all practices to minimise bureaucracy  Induction and leadership development programme in place for new Clinical Directors to enable them to support change and new working practice. Local ownership provides relevant opportunities to review working practices and develop new approaches  Business planning process from which Cost Improvement Plans are identified, developed and agreed is in place.  IQ System provides an accessible focus on quality and drives continuous improvement.  Programme Management Office (PMO) managing CIPs through: - Weekly CIP assurance process in place - Weekly recruitment panel in place - Coordinating CIP development process for 14/15 and 15/16 with detailed PIDs, QIAs and defined delivery plans & leads. - Monthly monitoring via PMO & Ops of CIP delivery against budgets.  QIA process for CIPs has ensured clinical buy-in to CIPs, supported by a bi-annual review of locality performance. The Quality and Standards Committee has oversight of QIAs, ensuring that CIPs do not adversely impact on quality and finally.	3	3	9	ILM5 programme for Leadership and Management to be introduced for Clinical Directors, which will include managing resources wisely.	31-Oct-13	Two year CIP plans were signed off by the Trust Board in March 2014 and reported to the TDA as part of our annual operating plan return.  The PMO is providing the reporting to the Finance and Planning Committee on the delivery of these plans monthly. Processes in place to oversee the delivery of CIPs are ongoing.  The Strategy Summit will be held ahead of the business planning process commencing, and CIPs will be developed earlier for 2015/16.	Aug-14	2	4	8	New	- 8	1		
13	IBP12		4. Use our resources wisely	01 June 2013	IBP 7.4 Service delivery & resource management	Buildings and estates not only enable or constrain actual service delivery and response to changing demands, they have a significant impact on organisational culture.  The Trust's Estates Strategy sets out how we will ensure our estate is fit for purpose. Our plans to redesign services will require fundamental reassessment of how we use buildings.	The impact of continuing to deliver services within a sub-optimal estate, and failure to ensure productive use of the Trust's estate to manage demand and cost, and ensure fitness for purpose.	3	4	12	Director of Resources	Trust IBP including service strategy and Locality/Corporate Business Plans  Response to future tenders focuses on the need to use estate wisely, Information Quality (IQ) system which includes reporting on estate CQC standards  Trust Board Quality Improvement visits to clinical areas, "back to the floor" programme supported by senior managers  PLACE assessments  Monthly monitoring of PFI  Regular estates and facilities meetings with operational managers  Monthly monitoring of estates KPI's  Complaints and incidents analysis	3	3	9	Trust-wide strategic estates review underway by Capita.  Updated current estates plan via Business Planning to be developed  Discussions with CCGs to utilise all Health related estates usage in each locality to be undertaken	30-Sep-14	All current controls are in place and working effectively, however a possible issue of front line staff "not expecting things to change i.e. low expectations" may mean certain estates issues are not identified or carried through e.g. repairs.  The current risk score has been increased as further challenges regarding the estate have become apparent, specifically in relation to the adequacy of the estate.  The Estates Strategy is currently under review, and the rationalisation of the Trust's estate will also be confirmed following the outcome of the strategic estates review by Capita.	Aug-14	2	3	6	Updated	No change	- 6	3	
<b>STRATEGIC PRIORITY 5</b>																											
5	IBP16		5. Be future focused	01 June 2013	IBP 7.4 Partnerships	The new healthcare market means that there is now a greater range of prospective partners from inside and outside the NHS, and so the complexities of partnership relations are increasing.	Failure to create and maintain relationships with partners which leads to poor reputation.	3	4	12	Director of Resources	Quality and performance management (QIS)  Effective partnership relationship management  Locality/Delivery Unit Business Plans  Locality/CCG/partner meetings  Chair/CEO quarterly CCG meetings  CEO meetings with other stakeholders regularly, e.g. Las, Police and Crime Commissioner, Healthwatch  Employed a DRE lead for the Trust who will engage and advise on the wider partnership agenda across AWP.  Engagement leads being identified across the Trust in line with the Engagement Strategy which covers all stakeholders.	2	3	6			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.	Aug-14	2	3	6	Closed	No change	- 6	3	

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6	IBP04		5. Be future focused	01 June 2013	IBP 7.4 Commercial	In order to maintain our viability as a sustainable enterprise in a competitive market, we need to understand the realities of commercial risk - for example, market share does not guarantee profitability, and not all tenders and contracts provide balanced outcomes for all parties involved.	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.	4	3	12	Director of Resources	Developing of the IBP including a market analysis by an independent consultant which helped shape the locality business plans for 13/14 Organisational Development programme to address the gaps in staff skills to ensure the Trust is fit for purpose Clinical Engagement being harnessed through Professional Council and development of Health Partnerships. Quality Academy established to promote excellence in care. Creation of Business Development function to support localities Learning from tender experience Commercial awareness and training embedded in the Trust from corporate and operational teams Refresh of the business planning process to ensure strategic vision, commissioner requirements and joint needs assessments are incorporated Specific training on bid development, writing and shaping innovate service offerings Investment framework and embedding process. Better understanding of cost drivers and activity data through PbR/reference costs projects.	2	3	6			Business Development Framework in operational use Tender Decision Criteria launched in May 2013 and used in a number of tenders	Aug-14	2	3	6	Closed	No change	- 6	3
7	IBP05		5. Be future focused	01 June 2013	IBP 7.4 National, economic & policy	Both a short term current challenge (existing £20 billion NHS efficiency challenge) and a future medium/long term challenge of further major efficiency requirements (£30 billion reported by David Nicholson in July 2013). Whilst this is a national challenge it translates to AWP on a local level via our current commissioning contractual income and also our ability to be agile and innovative in addressing the growing population numbers that need treating within a shrinking financial envelope. Changes to welfare reform will also impact on AWP given increasing numbers of service users who will no longer have access to state benefits alongside considerable impact on social care. The challenge to AWP is to deliver c.4.5% cost reduction plans from 13/14 onwards.	Failure to identify, agree and implement CIPs (Cost Improvement Plans).	4	3	12	Director of Resources	Short term – system controls are: The business planning process from which Cost Improvement Plans are identified, developed and agreed The establishment of the Programme Management Office The Trust Information Quality system and associated performance management through SMT, ET, Finance and Planning Committee and the Board Quality and Standards Committee ensures CIPs do not adversely impact on quality and finally Operational locality and corporate management structures effectively owning and implementing CIP's (note this risk is also covered by risk FIN 07). SMT provide additional oversight and action to ensure the implementation of the short term Cost Improvement Programme in 2013/14 and 2014/15.	3	3	9	Medium/Long term – 2015/16 and beyond. The controls build on the short term controls but also include (a) the Trust Quality Academy which will identify effective clinical interventions along care pathways (b) West of England Academic Health Science Network which will facilitate the sharing of innovation and good practice (c) the further development of the Trust's workforce strategy which will ensure the Trust's staff align to the needs of service users and carers in a sustainable way and (d) further development of the Trusts Organisational Development strategy which will include work-streams that ensure the Trust has the culture and tools to eliminate waste in the delivery of services.	30th Sept 2013	This risk has been closed following review and a new risk combining this and IBP05 has been captured below as TW6.	Aug-14	2	3	6	Closed	Increase	- 6	3
20	TW3		5. Be future focused	01 June 2014	IBP, risk 11, Commissioner Led, Ch. 7	It is widely expected that there will be an increase in competition across the specialised services commissioned by NHS England from 2015, although this has yet to be confirmed. This potentially is a risk to the Trust's business, particularly in relation to secure services. Additionally the move from Specialist Commissioning arrangements to NHSE regarding how resources are allocated regionally, has been highlighted to The Trust by the TDA as a risk.	Impact of changes to NHS England commissioner intentions for specialised services from 2015	4	4	16	Director of Resources	Positive and proactive relationship with NHSE Regular contract and performance meetings with specialist commissioners which demonstrate significant quality and performance improvements which are now sustained. Early discussions with NHSE regional team regarding the impact on the Trust of the potential funding gap in the commissioning of specialised services in NHSE Secure Services staffing redesign programme in place with consultation outcome published on 18th June CIPs identified and agreed for 2014/15 and in progress for 2015/16 Strong relationships in place with NHS England to develop new ways of working to reduce the risk of tenders. The key control is to inspire confidence in AWP as the existing contract holder, by ensuring that our services are responsive, locally-focussed, effective, and demonstrate value for money, and so establishing AWP as a provider that CCGs need to engage with. The Trust's achievement of the System Leader role for Lot 1 has had a positive impact in this area.	3	3	9	Understand our costs of delivering services to be achieved through resource mapping by the Finance and Information Group reporting to CQPM Ongoing evidence of the delivery of good quality care from AWP to reduce the desire to re-commission from another provider	30-Sep-14	Work underway to understand costs and reference cost drivers in the Trust. Positive working relationships with NHSE regional commissioners Sustained quality and performance improvements Service redesign underway. Risk reviewed by Executive Team in August 2014 and confirmed as local issue for Specialised Services at this time. <b>This risk will be de-escalated to the Specialised Services risk register in September 2014.</b>	Aug-14	2	2	4	Updated	No change	- 12	10

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Entry number	Entry Ref.	Cross-referenced risks	What Strategic Priority does the risk affect?	Initial Risk Date	How was the risk identified?	REVISED Issue behind the risk	REVISED Specific risk	Inherent probability	Inherent severity	Inherent Rating	Risk "Lead"	CURRENT CONTROLS (Actions already in place to mitigate risk)	Current probability	Current severity	Current rating	PLANNED CONTROLS (Further actions to mitigate risk)	Date actions to be delivered	PROGRESS (Record of current and planned actions and results)	Date of risk review	Target probability	Target severity	Target rating	Risk change from last review	Risk Score Change (from last review)	Control Risk (Score change from inherent to target)	Target Risk Order
21	TW4		5. Be future focused	01 June 2014	IBP, risk 1, Market driven	Specialised services have been operating within a competitive environment for some time. Over the next 5 years it is expected that a number of the Trust's current services are likely to be put to competitive tender, in line with competition rules. Services affected will be Drug & Alcohol, ASD, ADHD and Veterans Services.	Competition increasing from open market place for specialised services	4	4	16	Director of Operations	<p>The majority of tendering activity (with the notable exception being Bristol) is undertaken by the Specialist Delivery Unit. The delivery unit has built expertise in evaluating new opportunities and understanding the risks and benefits of these. The introduction of the tender assessment framework last year has enabled this to be aligned with the Trust strategic direction and risks are managed through this process, reporting to the Finance and Planning Committee through to the Board.</p> <p>The development of the Business Intelligence function within the Resources Directorate will significantly support the ability to forward plan the process of tendering which currently is opportunistic.</p> <p>Responding to a successful tender outcome through effective mobilisation requires development</p> <p>Strong relationships in place with NHS England to develop new ways of working to reduce the risk of tenders.</p> <p>Locality relationships with commissioners, supported by locality structures enable rapid service changes as required and the ability to work with commissioners to reshape provision without the need for tendering.</p> <p>CEO and Chair regularly meet with strategic leads within commissioning bodies.</p> <p>Resources restructure underway to ensure tenders and contracts are supported.</p>	3	3	9	<p>Ongoing evidence of the delivery of good quality care from AWP to reduce the desire to re-commission from another provider.</p> <p>Clarity of how AWP is adding value in our existing services through a variety of means requires development.</p> <p>Significant enhancement in 'publicity' and other written material on leaflets, packages, manuals, protocols etc to match those produced by competitors.</p> <p>New role within AWP for Head of Strategy and Business Development to develop partnerships to enable the trust to respond to tenders, growth within our current boundaries and beyond to meet the targets in our IBP.</p> <p>Strengthening of the project management function of the mobilisation process</p>	01-Sep-14	<p>Work is in progress to ensure we are open and transparent with costings of existing services and any new bids and business cases for services.</p> <p>Finance and Information Group which reports to CQPM and SMT reviewing costs of all wards/teams by locality with the CCGS to understand any imbalance in the allocation of our block contract. This is scheduled to be completed by the end of Q1.</p> <p>Risk reviewed by Executive Team in August 2014 and confirmed as local issue for Specialised Services at this time.</p> <p><b><i>This risk will be de-escalated to the Specialised Services risk register in September 2014.</i></b></p>	Aug-14	2	2	4	Updated	No change	- 12	10