

Trust-wide Risk Register										You Matter, We Care										Risk Management										Risk Assurance									
Entry number	Entry Ref.	Cross-referenced risks	CQC domain	What Strategic Priority does the risk affect?	Initial Risk Date	How was the risk identified?	Does this risk have safeguarding implications?	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)												
23	TW7		Effective	1. Deliver the best care	19 August 2014	Executive Team	No	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.  Recruitment activity is not consistently resulting in an increase in the overall number of staff as the turnover rate remains high	Inability to provide sufficient and appropriately qualified staff to maintain effective service delivery, despite significant activity to increase recruitment.	4	4	16	Director of Operations	<u>Oversight Actions</u> Recruitment Strategy has been updated and approved. Recruitment strategy rolling out for Wiltshire and Secure services with support from HR. Over recruitment where more than one suitable applicant is identified.  Safer Staffing numbers agreed every six months and reported to Board monthly. Bristol has implemented a new staffing model, however recruitment challenges persist particularly in regard to recovery navigators.  Active recruitment in place across the 3 areas.  Roster Policy includes escalation steps  Specific actions in corporate actions of the Quality Improvement Plan Bed reductions to ensure the quality of care  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.  Pharmacy - Programme of reviews underway looking at safety sustainability This includes business review of staff wellbeing. Working with the TDA Chief Pharmacist on hospital pharmacy standards.  <u>Turnover</u> Work being undertaken by Organisational Development to reduce turnover outlining Trust benefits and branding  OD actions include Leadership, improved appraisal, team development programmes staff friends and family test.	3	4	12	<i>Implement actions detailed in the Recruitment Strategy, including targeted recruitment campaigns in Secure services and Wiltshire</i>  <i>Funding from Health Education South West to support apprenticeships</i>  <i>Review of job descriptions for bands 2 and 3 Health Care Assistants</i> <i>Active retention strategies</i>  <i>Continue to liaise with CCG commissioners re further bed reduction</i>  <i>Acute Pathway review</i>  <i>TDA Risk mitigation measures</i>  <i>New Roles being identified</i>  <i>Work collaboratively with all other providers</i>  <i>Twice yearly review of Safer Staffing Numbers</i>	31-Mar-15	Recruitment campaign underway for Secure and Wiltshire services with £3000k 'golden hello' in national and regional press. 'Refer a friend' also commencing during February. Recruitment is ongoing but candidates for band 5 nursing posts are particularly difficult. This is a national and regional issue.  Bristol working through implementation phase of new service model. Current delays in recruiting recovery navigators resolving with Second Step.  Twice monthly recruitment meetings now taking place. Secure Service visiting Northern Ireland following identification of surplus of RMNs. DN and Wilts MD to meet with commissioners re beds in Wiltshire.  New roles workshop took place on 9th January. Pilot for new inpatient social worker role to commence April 2015 on Juniper North Somerset Locality leading on piloting Social Workers working on wards. 3rd review of Safer Staffing Numbers has commenced in time for April approval. New process to enable review of planned numbers in response to requests from LDU following services changes being implemented.	17/02/2015	2	2	6	Updated	No Change	- 12												
19	TW2	OPS17	Safe	1. Deliver the best care	08 January 2014	Unresolved on going bed pressure and increased DTOC	No	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	Bed pressures and DTOC are standing items on CQPM agenda. Agreement in principle for AWP to block purchase from the private sector flexible beds achieved, due diligence with provider now underway. DTOC protocols from local authorities and CCGs relieved,  Virtual wards for all localities now established on RiO for daily management and oversight of all OOA.  Weekly meetings with LA and CCG partners now in place with all localities.  Daily sitrep in place for OOA and DTOCs. Acute care pathway diagnostic completed.  Admission to home locality for acute adult inpatients remains in place.  Trust considering best way to present live bed state.	3	3	9	<i>Acute care pathway diagnostic recommendations to F&amp;P in Feb and then onward to Trust Board recommending a programme approach will be established under the PMO to take forward recommendations. TDA visiting the Trust on 24th and 25th Feb to further support this work.</i>	01-Mar-15	Management of local issues continues to be overseen by Triumvirates with Director of Operations supporting.  Acute care pathway diagnostic concluded and will be presented to F&P committee on 20th Feb 2015. Commissioners have defined local enhanced procedures for managing DTOC. TDA working with the Trust enhance the systems issues effecting the capacity and flow issues  Acute adult admissions to home locality having positive impact on locality management of demand and capacity admissions to home locality where ever possible.  Intensive Team standard operating procedure agreed through Ops SMT	17/02/2015	3	2	6	Updated	No Change	- 10												
23	TW6		Well-Led	4. Use our resources wisely	19 August 2014	Executive Team - merge of IBP05 & IBP09	No	Impact of cost pressures such as the electronic patient record system, cost of living allowance and the safer staffing review may affect the Trust's ability to achieve targets, as does the continued requirement for increasing efficiency.  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 annually	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.	3	3	9	<i>ILMS programme for Leadership and Management to be introduced for Clinical Directors, which will include managing resources wisely.</i>  <i>CIPs have been allocated between local targets at 2% and Trust Wide schemes at 3%.</i>  <i>An Executive led Assurance process is in place to oversee the delivery of the in year plans and progress for following year.</i>  <i>An external review of our ref cost data has been commissioned to ensure our cost collection, allocation and clustering data is accurate. This is overseen by a short term working group/deep dive session being held with NEDs and Execs to understand areas of concern in our figures.</i>	31-Jan-15	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.  All localities have been charged with developing the detailed plans for their 15/16 schemes and Corporate areas are supporting developing the trust wide initiatives. These will be presented to Ops SMT in January and February 2015.  Controls implemented to date have resulted in the Trust bringing its cost savings to target during the year, with 97% of recurrent CIPs reported.  Through discussion, the Executive Team has determined that it will seek to close this risk in March 2015, subject to progress seen until this time.	17/02/2015	2	3	6	Updated	No Change	- 10												

This register contains 10 entries with 0 shown.

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32	TW16	CE13	Safe	5. Be future focused	06 August 2012	Escalation from Clinical Executive Risk Register	Yes	BT contract for RiO provision ends on the 31st October 2015. The Trust requires a replacement system to be in place before the contract ends.	Lack of system continuity for RiO clinical record resulting in Trust failing to have access to an electronic patient record.	3	4	12	Medical Director	Draft IM&T Strategy and Clinical Systems Strategy. HSCIC management of contract. EPR Programme Board, Exec Sponsor fortnightly progress meetings driving progress. Project management in place around three workstreams required to be delivered within timescales, within overall programme management approach. Chief Executive involvement in national Board to address system issues with provider (BT)	2	4	8	RiO RiO iteration (2012) and data warehouse (2008) incompatibility may impact on quality of reports. PW to consider interim solution, pending data warehouse upgrade in 2016. Data centre To mitigate any delay in data centre provision, we will implement alternative temporary hosting environment to facilitate phase 1 testing Hosting Delay to installation of remaining 3 network connections may impact on delivery of internal data centre hosting: IT will investigate options for alternative supplier to Level Three Critical decision point is Mid May 2015 Programme Critical pathway analysis of plans indicates early assumptions on product environment build time were insufficient and additional time needs to be built into delivery plan: to complete further detailed analysis of timeframes and actions to ensure viable contingency plan.	01-Jun-15	RiO RiO kit for interim and live environments has been delivered and is being configured on Interim Servers. Data centre 1 of 5 network connections is in place; Further 1 connection delivery date confirmed as 25.03.15. Installation of second connection will ensure viable continuity plan through provision of an alternative temporary hosting environment. Hosting Failure to secure installation date for remaining 3 connections escalated to Managing Director of supplier, Level Three. Alternative suppliers being considered. Programme Detailed review of implementation plan, timeframes and EPR programme underway; potential slippage reduced to approximately 2 weeks and further mitigations being considered.	11/03/2015	1	4	4	Updated	No Change	- 8											