

Senior Management Team	Date:	16/09/15
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Agenda item	Title	Executive Director lead and presenter	Report author
TB/15/144	Executive Risk Registers – A Review	Emma Roberts, Director of Corporate Affairs	Lee Mercer, Interim Head of Risk and Legal Services

This report is for:

Decision	
Discussion	X
To Note	

History

None.

The following impacts have been identified and assessed within this report

Equality	X
Quality	X
Privacy	X

Executive summary of key issues

This report summarises the high-level cross department operational risks that sit within the 3 Executive Risk Registers, noting any significant changes since the last report.

It also includes the Strategic Risk Register in full for review.

Trust Board are asked to reflect on whether the risks set out accurately represent the risks to the Trust’s objectives and that the risks are being appropriately managed.

Trust Board are asked to **discuss** the report.

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 Introduction

1.1 This report

The format of this report has been significantly revised to provide a shorter, more focussed report, on the high-level risks identified in the three executive risk registers:

- Delivery Executive Risk Register
- Clinical Executive Risk Register
- Business Executive Risk Register

These are the highest level of risk registers which include operational risks.

In addition to the high-level, operational Executive Risk Registers, the Strategic Risk Register, has been included in full at Appendix A.

Each LDU Risk Register is scrutinised in detail at the Audit and Risk Committee on a rolling programme.

1.2 Risk Register Dashboard

On the following page, the Risk Register Dashboard is a high-level summary of the risks contained in the Executive Risk Registers.

The processes for how Risk Registers are compiled will change shortly with the phased introduction of RiskWeb. RiskWeb is a module of the Safeguard system by Ulysses. The adoption of a database system will mean that all risks will kept in the same place and it will be much easy for triumvirate management to have oversight of all of the risks raised in their localities.

It will also have email reminders, a more robust audit trail and better quality control of the information added to registers with data validation and mandatory fields.

1.3 Changes to Executive Risk Registers since last month

Ref.	Description	Rationale for change	Score
OPS26	Increased demand on Trust-wide bed base leading to an increase in patients being admitted out of home locality and our Trust [Delivery Executive Risk Register]	<ul style="list-style-type: none">• Twice-weekly bed management conference calls• Bed escalation procedure• Out-of-Trust placement manager role	↓9
TW2	Failure to manage capacity leading to pressure on resources and need to use out-of-area beds for adult, PICU and older adults, potentially compromising care. [Delivery Executive Risk Register]	<ul style="list-style-type: none">• Twice-weekly bed meeting• Virtual wards on RiO• Admission to home locality where possible	↓6
TW16	Lack of system continuity for RiO clinical record resulting in Trust failing to have access to an electronic patient record [Clinical Executive Risk Register]	<ul style="list-style-type: none">• IM&T and Clinical Systems Strategy• HSCIC management of contract• EPR Programme Board• Programme management	↓6 [CLOSED]

Risk Register Dashboard

DELIVERY EXECUTIVE RISK REGISTER - DIRECTOR OF OPERATIONS		KEY CONTROLS	Score	+/-
OPS24	If bank staff are not adequately trained this will compromise the quality and safety of our care.	1. Bank staff induction 2. Bank staff stat/mand training 3. Plan to fast track training	9	↔
OPS25	If we cannot develop cost effective and sustainable inpatient services we may not be able to retain the services in the future.	1. PD pathway working group 2. Additional capacity sub-contracted with Cygnet 3. OOA Manager recruited 4. Agreement with Priory to be signed.	9	↔
OPS26	Increased demand for inpatient capacity	1. Twice-weekly bed management	9	↓
BR23	The capacity within the recovery teams has lead to a variety of concerns with case planning and case load management	1. Trust IQ system 2. Monthly quality meeting 3. Team visits by Bristol HOPP 4. Additional staffing agreed	16	↔
BR22	The new service model is significantly different from current service delivery and requires a major shift in ways of working for staff and change of culture	1. Engagement with stakeholders 2. Interim CD and Service User Director in post 3. Project management process	16	↔
TW2	Failure to manage capacity leading to pressure on resources and need to use out-of-area beds for adult, PICU and older adults, potentially compromising care.	1. Twice weekly bed meeting 2. Virtual wards on RiO 3. Admission to home locality where possible	6	↓
TW7	Inability to provide sufficient and appropriately qualified staff to maintain effective service delivery despite significant activity to increase recruitment.	1. Recruitment strategy 2. Roster policy e-training 3. Workforce planning 4. Staff benefits programme	9	↔

BUSINESS EXECUTIVE RISK REGISTER - DIRECTOR OF RESOURCES		KEY CONTROLS	Score	+/-
BE6	Delay in recruitment activity results in loss of newly appointed staff	1. Automation of recruitment processes	8	↔
BE7	High reference cost: Trust 2013-14 draft reference cost is 128, making AWP the highest MH Trust across the country. The Trust needs to ensure that it fully understands what is driving this high position compared to other MH Trusts, so that actions can be planned to address the situation (if deemed necessary) in 2014-15	1. Review of national guidance 2. Review of apportionment methodologies 3. Validation of activity data 4. Post-hoc analysis of results	15	↔
BE8	Loss of Bath NHS House or Callington Road IT facilities (fire, flood etc.) and subsequent failure of DR plan and resilience measures	1. Disaster recovery plan 2. Back-up hot site 3. Business continuity meetings 4. Back up systems and resilience	10	↔
BE9	Trust capacity and capability to respond to large scale tender opportunities not previously delivered on such a scale within AWP (linked to risk above)	1. Bid qualification and prioritisation process. 2. External support on bidding	16	↔

CLINICAL EXECUTIVE RISK REGISTER - DIRECTOR OF NURSING, MEDICAL DIRECT KEY CONTROLS		Score	+/-	
CE2	Potential damage to partnership relationships if Trust fails to comply with legal requirements of Care Act 2015	1. Cross-locality project group 2. Local leads in place	8	↔
CE4	Service Users may be at risk due to a number of residual ligature points across the estate.	1. Annual Manchester environmental assessment 2. Training for staff on process 3. External review of ligature policy 4. Rapid assessment and mitigation of immediate risks	15	↔
CE5	If there are gaps in our quality governance system the Trust will not be able to assure itself as to the quality and safety of its services in all areas.	1. Integrated assurance framework 2. Check and challenge 3. Quality Walkarounds 4. Learning from incidents	6	↔
CE8	If different standards for information governance, record keeping and safeguard are adopted in Bristol Mental Health the management of risk across the whole care pathway may be compromised.	1. Clinical Standards Team 2. Safeguarding Team	9	↔
CE9	Potential for break down of pharmacy services, including increased risk of dispensing errors and inability to deliver a safe service.	1. Pharmacy development day 2. Seconded Operational Manager 3. Review of dispensing errors 4. Week in Focus on medication management.	6	↔
CE10	The Trust does not achieve an overall rating of Good and will be placed in special measures.	1. Week in Focus 2. Quality walkarounds 3. Quality Improvement Group	10	↔
CE11	If we are unable to staff all areas of the Trust with sufficient staff in all our ward areas the quality of care that we deliver will decline.	1. Recruitment strategy 2. Roster policy 3. Bed reductions 4. Staff benefits scheme	12	↔
CE12	The Safety Thermometer highlights that the Trust is an outlier [in terms of service user falls] compared to other Trusts and as a result	1. Staff induction and training 2. Nominated Falls Champion	8	↔

SYSTEM LEADER RISK REGISTER		KEY CONTROLS	Score	+/-
SL1	Failure to appoint system leader / current interim system leader and programme manager contracted to end of December.		2	↔

Notes

- Some risks have been summarised. See original risk register for full details.
- +/- = change in risk score from last month.
- If approved by Board, the Trust Risk Register will be closed in favour of the three operation Executive Risk Registers and Strategy Risk Register. The three risks currently on the register will repatriated to one of the Executive Risk Registers.
- Score = current score
- List of controls are not exhaustive and other controls may be listed in the relevant risk register.

1.4 Assurances

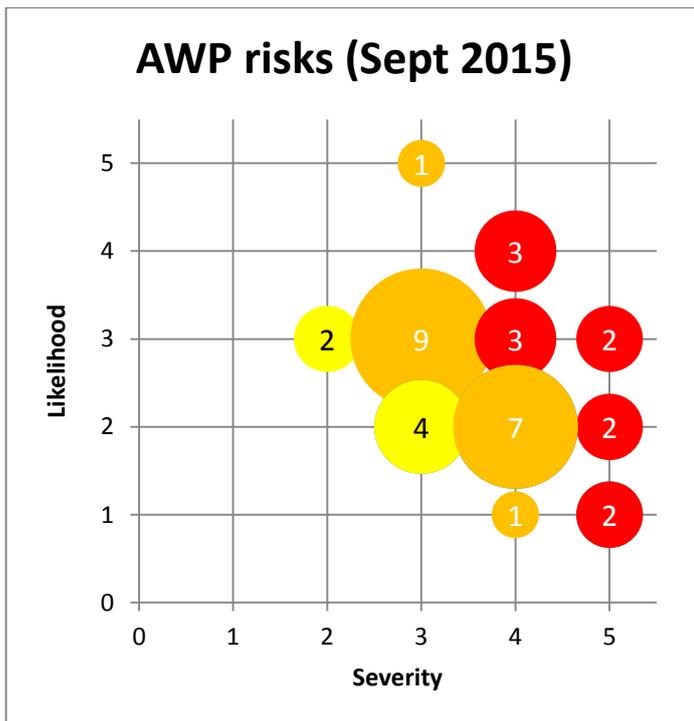
Risk Registers and risk related documents were scrutinised at the following meetings:

Document	Reviewed by	Date	Evidence/location
Risk Report and Strategic Risk Register	Trust Board	04/08/15	Minutes/Corporate Affairs
Risk Report and Strategic Risk Register	Audit and Risk Committee	06/08/15	Minutes/Corporate Affairs

An internal audit of risk management processes is due to report back shortly.

1.5 Risk profile

Spread of risks from the Executive Risk Registers and Strategic Risk Register.



		SEVERITY				
		1	2	3	4	5
PROBABILITY	5	5	10	15	20	25
	4	4	8	12	16	20
	3	3	6	9	12	15
	2	2	4	6	8	10
	1	1	2	3	4	5

As to be expected, risks that appear on the high-level Executive Risk Register are skewed towards higher scores of the risk matrix provide assurance that the Executive Team are focussed on the most significant risks. New risk matrices have been agreed in principle in the revised Risk Management Strategy and these will be implemented through a new risk management policy and the supporting RiskWeb database system between October and December.

The implementation of a new database for recording risks will present an opportunity to review all risks currently on our risk registers to ensure they are described and scored accurately. Between now and December, the Interim Head of Risk and Legal Services will meet with each Triumvirate to support senior managers to review and rationalise their risks.

1.6 Recommendation

Trust Board are kindly asked to **discuss** the report.

Appendix 1 – Strategic Risk Register (Sept 2015)

Ref.*	Date identified*	Description*	Owner*	Current Controls*	Probability*	Severity*	Rating*	Actions*	Last Reviewed Date*	Target rating*
IBP13	01/06/13	Failure to develop a positive organisational culture, as reflected in Staff Friends and Family and annual Staff Survey Results, will have a negative impact on staff recruitment and retention; implementation of service development plans; and relationships with commissioners, partners and regulators.	Director of Organisational Development	<ol style="list-style-type: none"> 1. Locality staff engagement plans 2. Workforce planning and development team 3. Effective staff-side partnership working 4. Organisational Development Programme 5. Staff engagement: Internal and external awards, e.g. Team of the Month; 6. Bright Ideas/ L&D opportunities (bursary); 7. Revised supervision and appraisal (behaviours framework introduced) , 8. Health and wellbeing programmes. 9. Team development programme 10. ILM 5 programme 11. New Occupational Health Provider 12. Workplace Wellbeing Charter (6/8 standards achieved); 13. Staff Benefits scheme 14. Development HIVE launched on 11 March (NHS Change Day); 15. Bullying and Harassment Policy 	2	4	8	<p><i>Finalise Locality Workforce Development Plans (April 2015)</i></p> <p><i>Revised Internal and External Communications Strategy</i></p> <p><i>Benchmarking with other NHS Trusts.</i></p>	04/08/15	4

IBP12	01/06/13	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.	Director of Resources	<ol style="list-style-type: none"> 1. Trust IBP including service strategy and Locality/Corporate Business Plans 2. Response to future tenders focuses on the need to use estate wisely. 3. Information Quality (IQ) system which includes reporting on estate CQC standards 4. Trust Board Quality Improvement visits to clinical areas, "back to the floor" programme supported by senior managers 5. PLACE assessments 	2	3	6	<p><i>Trust-wide strategic estates Strategy agreed by the Trust Board in December 2014 which enables detailed workplans to follow. As part of the Annual Operating Plan submission each locality has reviewed their estates requirements in line with their business plan for 2015/16. Discussions with CCGs to utilise all Health related estates usage in each locality to be undertaken. The Quality Improvement plan following the recent CQC review contains actions relating to environment and estates requirements to ensure that clinical input is considered</i></p>	04/08/15	3
TW15	23/01/15	Following pilot inspection by the CQC in 2014, the Trust received a number of enforcement and compliance actions that would prevent an overall rating of Good.	Director of Nursing	<ol style="list-style-type: none"> 1. Assurance Framework 2. Well Led Framework 3. Internal Programme of Inspection 4. Quality Improvement Plan supported by Check and Challenge 5. Completion of TDA Quality Workforce Checklist 6. Monthly quality Improvement Group chaired by Lead CCG 	1	5	5	<p><i>Secure external stakeholder involvement in the monthly Quality Improvement Group to address wider system issues related to regulator judgements .</i></p> <p><i>Programme of Compliance Inspections following discussion with Lead CQC inspector on their approach to re-inspection.</i></p>	04/08/15	5

AOP1	23/04/15	Serious quality failure event if the Trust's quality system fails to proactively identify areas of poor practice.	Director of Nursing	<ol style="list-style-type: none"> 1. Patient safety team 2. Incident Management Policy + supporting policy and guidance 3. Risk Management Strategy + supporting policy and guidance 4. Quality Impact Assessment process 5. Quality Walkarounds (executives and NEDs) 6. Week In Focus (mock inspection) 7. Clinical Audit team 8. Integrated Governance Committee 	3	5	15	1. Director of Nursing to undertake a comprehensive review of Trust arrangements for governance and quality.	04/08/15	10
AOP2	23/04/15	Lack of engagement of management and staff to deliver the actions of the quality improvement priorities.	Director of Nursing	<ol style="list-style-type: none"> 1. Week in Focus 2. Quality Walkarounds 3. CQC domain heat map 	2	4	8	1. Director of Nursing to undertake a comprehensive review of Trust arrangements for governance and quality.	04/08/15	4
AOP3	23/04/15	Clinical and professional standards will not be maintained as a result of failure to release staff to attend training.	Director of Organisational Development	<ol style="list-style-type: none"> 1. Programme of statutory and mandatory training 2. Learning and Development policy 3. Learning and Development team 	3	4	12		04/08/15	4
AOP4	23/04/15	Failure to deliver all of the Trust's plans if we are unable to reduce apportioned costs.	Director of Resources	<ol style="list-style-type: none"> 1. Finance and Planning Committee 	3	3	9		04/08/15	6
AOP5	23/04/15	Inability to develop our services if funding for service improvement is not identified.	Director of Resources	<ol style="list-style-type: none"> 1. Business development and strategy team 2. External support on bid process 3. Income generation activity 	3	3	9		04/08/15	6

AOP6	23/04/15	Failure to maximise our in the health economy if we are unable to respond to opportunities for growth and development.	Chief Executive	1. Business development and strategy team 2. External support on bid process 3. Interim Head of Strategy in post	2	4	8	1. Enterprise Strategy to be developed 2. Bid approval process to be developed	04/08/15	4
AOP7	23/04/15	The Trust becomes a loss-making or financially non-viable business.	Director of Resources	1. Finance Team 2. Financial controls 3. Cost-improvement savings (CIPs)	1	5	5	1. Identify new potential tender opportunities to bid for	04/08/15	5
AOP8	23/04/15	Insufficient organisational resilience/flexibility to respond to significant downturns in funding	Chief Executive	1. Income generation activity	1	4	4		04/08/15	4