

Trust Board (Part 1)	Date:	28/10/2015
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Agenda item	Title	Executive Director lead and presenter	Report author
BD/15/165	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

The Trust’s high-level ‘Risk Register’ consists of three Executive Risk Registers (high-level operational risks) and a Strategic Risk Register (longer term risks to the Trust’s strategic priorities).

This report summarises the three Executive Risk Registers. The Strategic Risk Register is reported to Board once a quarter and was last reported in September 2015.

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.

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.

1.3 Key changes

Ref.	Description	Rationale for change	Score
OPS25	Achieving sustainable and cost effective and good quality inpatient services.	[CLOSED] 3 work streams agreed. PD pathway work group established due to meet by end May. Programme plan in hand. Additional capacity sub contracted with Cygnet and contract due to be signed with Priory. OOA manager to start on 18th May to manage both additional capacity as well as repatriation planning for current OOA	9
OPS26	Inability to continue to progress to develop shared care protocols with external partners (GPs)	[CLOSED] Developing shared care protocols is a specific locality issue and is being addressed where appropriate by the locality	12
BR23	If there is a lack of capacity within the recovery teams impacting on case planning and case load management, patients risk receiving poor quality care.	[DE-ESCELATED] De-escalated to the Bristol Locality Risk Register. Score to be reviewed by the Bristol Triumvirate.	16
CE9	Potential for breakdown of pharmacy services, including increased risk of dispensing errors and inability to deliver a safe service.	[INCREASED] Score increased from 6 to 8.	8

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	↔
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	9	↔
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		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.	8	↑
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

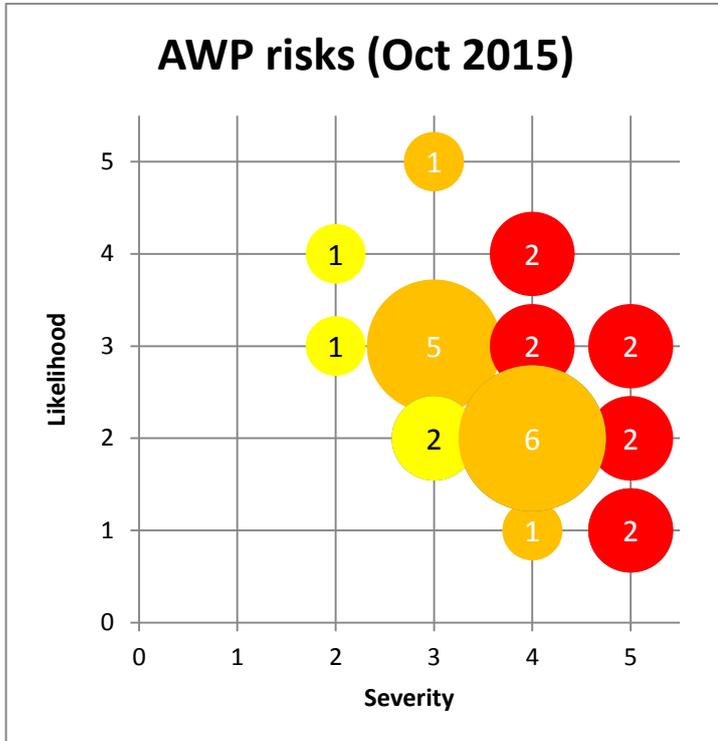
Risk Registers and risk related documents were scrutinised at the following meetings:

Document	Reviewed by	Date	Evidence/location

Directors Team was replaced by the Board Seminar in October.

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, with different colour thresholds, have been agreed in principle in the revised Risk Management Strategy. These will be implemented through a new risk management policy and the supporting RiskWeb database system between October and December.

1.6 Recommendation

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