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| Trust Board | | Date: | 24 February 2016 |
| Agenda item | Title | Executive Director lead and presenter | Report author |
| BD/15/251 | Risk Report | Emma Roberts, Director of Corporate Affairs | Lee Mercer, 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 | | | |
| <p><i>[N.B. This report is in a draft and the Business Executive Risk Register will be added once reviewed by the Director of Resources]</i></p> <p>This report summarises the high-level operational risks that sit within the 3 Executive Risk Registers – collectively the Trust’s (operational) Risk Register – noting any significant changes since the last report. The report has been overhauled following a request by the Audit and Risk Committee for more information against each of the risks in the Executive Risk Registers.</p> <p>The Clinical Executive Risk Register was reviewed in full by the Director of Nursing in February. The changes made, together with the rationale for those changes is listed under Section 4.</p> <p>It also includes the Strategic Risk Register in full. The Strategic Risk Register will be comprehensively reviewed following the publication of the Trust’s 2016/17 objectives.</p> <p>Trust 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 Introduction

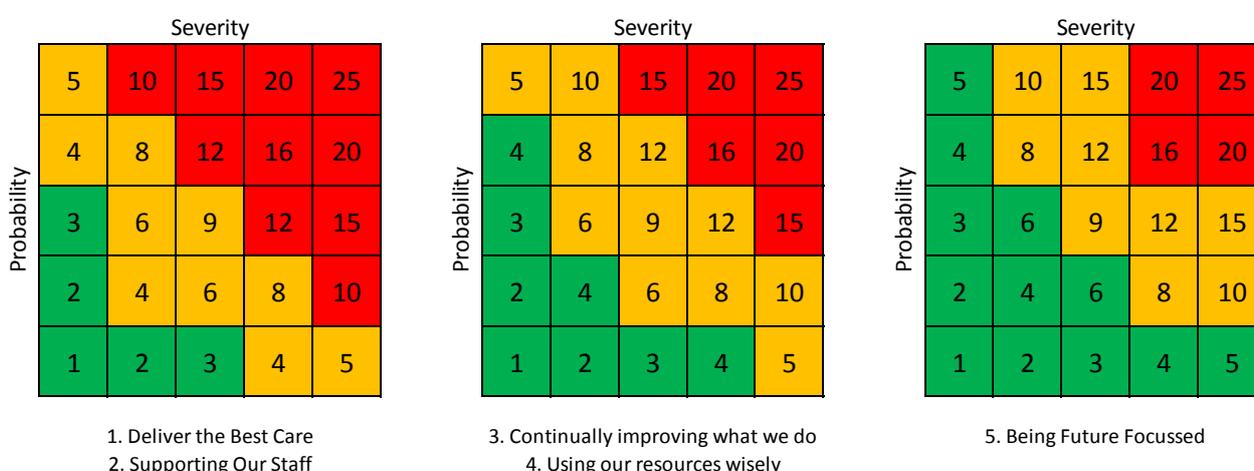
The Risk Report has been redesigned following discussion at the Audit and Risk Committee on 4 February 2016. It continues to contain a summary of our high level operational risk registers – the Clinical, Delivery and Business Executive Risk Registers, collectively the Trust’s (operational) Risk Register – and Strategic Risk Register (Appendix A), but now also includes the actions and progress fields to enable better scrutiny of the risks.

2 Risk Grading

2.1 The new risk matrices

The revised Risk Management Strategy, approved by the Audit and Risk Committee in August, introduced new risk scoring matrices.

The risk grading (red, amber, and green) reflects Trust Board’s appetite to taking risks to each of our strategic priorities (see the Risk Management Strategy). We are least willing to take risks to our strategic priorities of Delivering the Best Care and Supporting Our Staff:



3 Changes to Executive Risk Registers since last month

3.1 Comprehensive review of Clinical Executive Risk Register – February 2016

A comprehensive review of the Clinical Executive Risk Register was undertaken by the Director of Nursing in early February, resulting in a number of risks being closed and three new risks being reported.

The Head of Risk and Legal Services also met with the Director of Resources, Interim Director of Operations and the Interim Medical Director to support them in updating their risk registers.

| Ref. | SP | Description | Rationale for change | Score |
|------|--------------------------|---|---|-------|
| CE2 | 1. Deliver the Best Care | Potential damage to partnership relationships if Trust fails to comply with legal requirements of Care Act 2015 | [Transferred from the Clinical Executive Risk Register to the Social Work Risk Register] De-escalated from the Clinical Executive Risk Register to the Social Work Risk Register as not one of the most significant Clinical Executive risks. Phil Wilshire, Head of Social Work, to review the risk. | 8 |

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|------|--------------------------|--|---|----|
| CE4 | 1. Deliver the Best Care | 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. | [Risk closed] Target risk score of 5 reached. Ligature points have been identified and plans to mitigate the risks associated with ligature points are in place. A new risk CE15 has been raised around the robustness of management processes surrounding ligature points. | 5↓ |
| CE8 | 1. Deliver the Best Care | Trust standards for Information Governance, NHS record keeping standards, safeguarding may not be adhered to by Bristol Mental Health. The management of risk across the care pathway could be compromised if different standards are adopted. | [Risk closed] This risk has been superceded by the issues highlighted in the recent unannounced CQC visit. New risk CE16 has been raised to address the CQC warning notice. | 9 |
| CE10 | 1. Deliver the Best Care | The Trust will not achieve an overall rating of 'Good' and will be placed in special measures. | [Risk closed] Closed following discussion with Andrew Dean, Director of Nursing. Whilst there remains a risk that the Trust will not achieve a rating of good, the risk that the Trust will be placed in special measures is less. The risk has been superceded by Risk CE16 concerning the Trust's recent CQC warning notice. | 10 |
| CE11 | 1. Deliver the Best Care | 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 | [Risk closed] Closed following discussion with Andrew Dean, Director of Nursing. The Trust has not had to formally report any ward being short of staff, is employing bank or agency staff to mitigate the risks of being short of substantive staff. | 12 |
| CE12 | 1. Deliver the Best Care | The Safety Thermometer highlights that the Trust is an outlier compared to other Trusts and as a result more patients may be at risk of harm from care | [Risk closed] Closed following discussion with Andrew Dean, Director of Nursing. This was largely a theoretical risk linked to difference in reporting (the Trust reporting falls from elderly wards only, others trusts including all of their wards). The Trust's reporting arrangements are now in line with other trusts and we are no longer an outlier. | 8 |

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|-------|--------------------------|--|------------|----|
| CE15 | 1. Deliver the Best Care | If the processes for managing ligature points across the estate are not robust then service users may come to harm and the Trust may be subject to action from the CQC. | [new risk] | 12 |
| CE16 | 1. Deliver the Best Care | If we are unable to resolve the issues identified in the CQC s29 Warning Notice issued in December then we may receive a negative rating from the CQC. | [new risk] | 16 |
| CE17 | 1. Deliver the Best Care | If we are unable to improve our estate then we will not meet national standards for privacy, dignity and single sex accommodation and be subject to action from the CQC. | [new risk] | 8 |
| CE18 | 1. Deliver the Best Care | If we are unable to communicate effectively across our disparate sites and localities we will not be able to share good practice and improving our services will be made more difficult. | [new risk] | 12 |
| FIN6 | 4. Using Our Resources | Failure to control or predict cash flow leading to non-payment of creditors, breaching of statutory targets on cash, and potential impact on the capital programme. | [new risk] | 16 |
| FIN22 | 4. Using Our Resources | Mitigating actions are required to cover an unmitigated £4.7m forecast variance. £2.7m is required to achieve revised breakeven forecast. | [new risk] | 16 |

4 Trust Risk Register (comprised of Clinical, Delivery and Business Executive Risk Registers)

N.B. Controls and actions may be cribbed from the full text available on the executive risk registers.

| 4.1 Clinical Executive Risk Register | | | | | | | | | | | | |
|--------------------------------------|-----------------------------|----------|---|--|-------------|----------|--------|--|----------|--|----------|--------|
| Ref. | Priority | Raised | Description | Current Controls | Probability | Severity | Rating | Actions | Deadline | Progress | Reviewed | Target |
| CE5 | 4. Use our resources wisely | 01/07/14 | If our quality governance processes are not integrated and data is not triangulated from all sources we may fail to identify and rectify issues losing an opportunity to prevent harm | <ol style="list-style-type: none"> 1. 5 domains of quality measures now include additional broader set of quality measures 2. Information for Quality (IQ) system 3. Check and Challenge process in place 4. Clinical Audit Programme 5. Inspection Programme and Quality Walk Rounds 6. Quality Visits 7. Critical Incident Overview Group 8. Quality Improvement Plan (incorporating CQC Actions). 9. Quality tracker in place that identifies top clinical quality issues 10. Intergrated Governance Group 11. Quality Dashboard reported to the Quality and Standards Committee. 12. Quality Board in place. | 2 | 3 | 6 | <ol style="list-style-type: none"> 1. Director of Nursing and Quality to conduct comprehensive review of the Trust's quality arrangements. 2. Revision to management group structures under development following review by DAC Beachcroft. 3. IQ - CQC section of IQ being reviewed to incorporate Intelligent Reporting metrics utilised by the CQC. 4. Service line compliance and consistent practice standards to be developed and achieved through the development of Clinical networks overseen by the Quality Board. | 30/09/16 | <ol style="list-style-type: none"> 1. Workshop held with CCGs on improving the RCA process. 2. Nursing and Quality Directorate restructure ongoing. 3. Quality Standards being developed and published. | 10/02/16 | 4 |

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|-----|--------------------------|----------|---|--|---|---|---|---|---|----------|----------|---|
| CE9 | 1. Deliver the best care | 01/10/14 | <p>If the management and governance structures in Pharmacy are not effective then we will not be able to deliver a safe service and dispensing errors may increase.</p> | <ol style="list-style-type: none"> 1. HR Business Partner sighted on recruitment strategy including targeting local providers and international recruitment. 2. Two pharmacy development days have addressed underlying tensions and to sought and responded to feedback from staff. 3. All vacancies are advertised without delay. 4. Seconded Pharmacy Operational Manager is working with senior Pharmacy leaders to optimise performance, training etc. 5. Senior Clinical Pharmacists temporarily support dispensary staff on rotation and proposed new structure will obviate this need to release clinical pharmacy time. 6. Medical Director reviews dispensing errors and locality response via CIOG, holding to account through CD presentation of Patient Safety Plan to group. | 4 | 2 | 6 | <ol style="list-style-type: none"> 1. Comprehensive pharmacy action plan in place available from the Acting Chief Pharmacist | <ol style="list-style-type: none"> 1. Risk reworded following discussion with Tim Williams. Completed actions removed. 2. Pharmacy action plan on target. 3. Acting Chief Pharmacist in post. 4. Peer support being provided by neighbouring Chief Pharmacists. | 23/05/16 | 04/02/16 | 3 |
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|------|--------------------------|----------|--|--|---|---|----|--|----------|---|----------|---|
| CE15 | 1. Deliver the best care | 10/02/16 | If the processes for managing ligature points across the estate are not robust then service users may come to harm and the Trust may be subject to action from the CQC. | <ol style="list-style-type: none"> 1. Anti-Ligature Group reporting to the Trust's Design Group to maintain oversight of management processes for ligatures. 2. All sites undertake annual Manchester environmental assessment, including internal & external environments. 3. Wards have staff who are trained in the use of the Manchester Tool. 4. A extensive programme of capital works commenced in 2014 and continues into 2016/17. 5. Mitigating actions where ligature risk remains. | 3 | 4 | 12 | <ol style="list-style-type: none"> 1. Capital Programme in place for 2016/17 informed by incidents, Manchester tool assessments, pilots and learning from other Trusts. 2. CQC task list sets out actions for ligature points. 3. Further actions identified by the Anti-Ligature Group | 31/03/17 | [11/02/16] New risk raised by Andrew Dean, Director of Nursing, to replace risk CE4. | 10/02/16 | 8 |
| CE16 | 1. Deliver the best care | 10/02/16 | If we are unable to resolve the issues identified in the CQC s29 Warning Notice issued in December then we may receive a negative rating from the CQC. | <ol style="list-style-type: none"> 1. CQC programme and team in place | 4 | 4 | 16 | <ol style="list-style-type: none"> 1. CQC Action Plan in place | 23/05/16 | [11/02/16] New risk added following discussion with Andrew Dean, Director of Nursing, on 10/2 | 10/02/16 | 8 |
| CE17 | 1. Deliver the best care | 10/02/16 | If we are unable to improve our estate then we will not meet national standards for privacy, dignity and single sex accommodation and be subject to action from the CQC. | <ol style="list-style-type: none"> 1. Integrated Governance Group 2. Mitigation plan in place | 4 | 2 | 8 | <ol style="list-style-type: none"> 1. Mitigation plan being developed. TDA have approved the plan. The CCGs have provided comments. Will need to be approved by the CQC. | 30/06/16 | [11/02/16] New risk added following discussion with Andrew Dean, Director of Nursing, on 10/2 | 10/02/16 | 6 |

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|------|-----------------------------------|----------|--|--|---|---|----|--|----------|---|----------|---|
| CE18 | 3. Continually improve what we do | 10/02/16 | If we are unable to communicate effectively across our disparate sites and localities we will not be able to share good practice and improving our services will be made more difficult. | 1. Integrated Governance Group bringing all 8 localities together. 2. Quality Forum 3. 5 domains of quality measures consistent across all localities. | 3 | 4 | 12 | 1. Trust Quality Standards in development, each standard published when ready. | 31/03/17 | [11/02/16] New risk added following discussion with Andrew Dean, Director of Nursing, on 10/2 | 10/02/16 | 4 |
|------|-----------------------------------|----------|--|--|---|---|----|--|----------|---|----------|---|

4.2 Delivery Executive Risk Register

| Ref. | Priority | Raised | Description | Current Controls | Probability | Severity | Rating | Actions | Deadline | Progress | Reviewed | Target |
|------|----------|--------|-------------|------------------|-------------|----------|--------|---------|----------|----------|----------|--------|
|------|----------|--------|-------------|------------------|-------------|----------|--------|---------|----------|----------|----------|--------|

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|----|--------------------------|------------|---|---|---|---|---|------------------------------------|------------|--|------------|---|
| 62 | 1. Deliver The Best Care | 18/06/2014 | <p>If the Trust has bank staff who are insufficiently trained delivering care to service users, this may affect the quality of care delivered and safety of staff at work.</p> <p>(Formerly Risk OPS24)</p> | <ol style="list-style-type: none"> 1. On-going identification of bank staff for whom training requirements are out of date. 2. PMVA - location of courses is an issue for Bank staff but L&D struggle with locations with enough space. We have: <ol style="list-style-type: none"> a) identified individual on Bank who can be retrained to deliver PMVA, 3. Resource from Bank admin team reminding and working hard to get staff trained. 4. Bank shifts offered involving smaller sessions - 5 days per week. 5. Bank office to do telephone reminders for staff booked. | 3 | 3 | 9 | Training handbook to be developed. | 01/12/2015 | Email received from Gill Halsey 21.01.16. Update - Issue ongoing. Continuing challenges posed by Bank workers not having a contract. | 21/01/2016 | 4 |
|----|--------------------------|------------|---|---|---|---|---|------------------------------------|------------|--|------------|---|

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|----|--------------------------|------------|--|--|---|---|----|---|------------|---|------------|---|
| 63 | 1. Deliver The Best Care | 01/07/2014 | If staff cannot be effectively engaged in Bristol then changes cannot be made to meet the requirements of the new service model. (Formerly Risk BR22) | <ol style="list-style-type: none"> 1. Engagement process with staff, service users, carers and other stakeholders 2. Staff side monthly forum set up. 3. Bristol Quality structure 4. Project working group has been set up; transition plans in place. 5. Interim system leadership Clinical Director and Service User Director appointed. 6. Project managers, plan and reporting process in place 7. Transition manager in post 8. Training needs analysis for staff. 9. MD-developed 'transition board' | 4 | 4 | 16 | Culture change programme to be rolled out across Partnership. Integrated management structure being reviewed. | 01/12/2015 | Meetings held in Community Teams (1:1s and focus groups) staff briefings held with Triumvirate. Specific staff engagement strategy being planned. Brookland Hall-space for workstream identified at Stokes Croft. Ongoing search for team base. | 27/01/2016 | 4 |
| 64 | 1. Deliver The Best Care | 08/01/2014 | If the Trust fails to manage capacity then this could lead 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. (Formerly Risk TW2) | <ol style="list-style-type: none"> 1. Twice weekly bed management meeting 2. Escalation protocol 3. Block purchase from the private sector 4. Out of Area Manager seconded to manage 5. Virtual wards for all localities now established on RIO for daily management and oversight of all OOA. 6. Admission to home locality for acute adult inpatients | 2 | 3 | 6 | Acute care pathway programme currently being revised. | 01/12/2015 | Acute Care Pathway initiated. Trust Programme Board in place. Revised programme of care (DIOC) | 22/01/16 | 4 |

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|----|--------------------------|------------|---|---|---|---|---|--|------------|---|------------|---|
| 65 | 1. Deliver The Best Care | 19/08/2014 | Inability to provide sufficient and appropriately qualified staff to maintain effective service delivery, despite significant activity to increase recruitment. (Formerly TW7) | <ol style="list-style-type: none"> 1. Recruitment Strategy in place. 2. Active recruitment in place across the 3 areas. 3. Roster Policy training 4. Workforce planning 5. Pharmacy - Programme of reviews underway 6. Work being undertaken by Organisational Development to reduce turnover outlining Trust benefits and branding. 7. Twice monthly recruitment meetings now taking place. | 3 | 3 | 9 | <p>Safer Staffing under review by Director of Nursing. Bristol has implemented a new staffing model. Active recruitment in place across the 3 areas.</p> <p>OD actions include Leadership, improved appraisal, team development programme - staff Friends and Family Test.</p> | 01/12/2015 | Revised Safer staffing implementation plan being managed by PMO Nursing recruitment and retention group continues to meet and progress workplan for Centralised Nurse Recruitment, Access to Higher, Apprenticeships to support accelerated access to Nurse Training funded by HESW, Overseas Nursing Recruitment, Streamlining Recruitment Process, Supporting Bank - Recruitment | 22/01/2016 | 2 |
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4.3 Business Executive Risk Register

| Ref. | Priority | Raised | Description | Current Controls | Probability | Severity | Rating | Actions | Deadline | Progress | Reviewed | Target |
|------|---------------------------|----------|--|---|-------------|----------|--------|---|----------|---|----------|--------|
| HR4 | Support and Develop Staff | 05/11/14 | The recruitment and selection processes do not provide for swift and responsive recruitment activity | <ol style="list-style-type: none"> 1. Recruitment processes have been automated as much as possible to ensure a responsive process is available. | 2 | 4 | 8 | <ol style="list-style-type: none"> 1. Recruitment lead has produced a guide to pre-planning recruitment to support managers with their elements of their recruitment process. Training tacking place with ER specialists to roll out mini training sessions at operational meetings. | 31/03/16 | Further changes are taking place within the recruitment and selection processes along with the implementation of the electronic recruitment system TRAC should impact positively on time to recruit | 15/02/16 | 3 |

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|------|-----------------------------|--|---|---|---|----|--|--|----------|---|
| IST9 | 4. Use our Resources Wisely | 01/04/2010 Sustained loss of IT Service for the whole Trust through loss of a data centre | Disaster Recovery Plan. Backup hot site and two data centres. Business Continuity Meetings. Backup systems and resilience | 2 | 5 | 10 | Review, enhance and regularly test DR & BC Plans. Replace Callington Road as hot site (not enough space/cooling/power) | 01/04/16 Consultancy on long term report received. Capital for data centre in 2014-15 plan. Consultants engaged. Business case submitted to IPG. Business case supported by Ops SMT. Additional Business case developed recommending co-hosting, ET and F&P approved Business case. Contract for co-hosted data centre signed and implementation underway. Data Centres now live for for RiO. Migration of existing systems being planned, Telephony migration ordered. Server capacity being built. Citrix migration and increased resilience underway Escalated to Business Executive Risk Register. | 10/02/16 | 5 |
| BE9 | 6. Being Future Focused | 01/07/15 Due to the high level of planned growth - including into core business not currently provided (i.e. CAMHS), the ability of the Trust to prioritise and respond accordingly is key to the long term success of AWP. | The Business Development & Strategy Team has developed a comprehensive bid qualification and prioritisation process which includes an assessment of required resources. For new core business service development external resource has been purchased for limited periods to support the development of the bid response. Regular updates presented to ET and F&P Committee. | 4 | 4 | 16 | Ensure that all opportunities are prioritised. Manage resources effectively and creatively to ensure maximum results. Provide a continuous process of assessment to ensure that available resources can be prioritised and that there is clear justification for any new required resources to deliver. Ensure that ET remain updated on any issues affecting this, and support the prioritisation as identified.. | 31/03/16 Monthly assessment of (or as new business is identified) of prioritisation and required resources to deliver tender response and transition/implementation phase of projects. Continued close working with specialised services to ensure resource requirements can be supported. | 15/02/16 | 5 |

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|-------|-----------------------------|------------|---|--|---|---|----|---|----------|---|----------|---|
| FIN6 | 4. Use Our Resources Wisely | 01/04/2015 | Failure to control or predict cash flow leading to non-payment of creditors, breaching of statutory targets on cash, and potential impact on the capital programme. | Monthly monitoring and reporting to Board and Finance & Planning Committee | 4 | 4 | 16 | The Trust has a planned year end cash position of £7.6m, but will need to revise this forecast downwards by £2.03m to reflect change in I&E forecast. | 31/03/16 | Cash group meet monthly to review rolling 3 year cash model, which gives ample warning to Trust if cash balances are at risk. Major concern remains delivery of CIP plans and asset disposal receipts. Cash flow forecasting now part of monthly finance report. Weekly cash meetings being set up to monitor position to year end. | 15/02/16 | 4 |
| FIN22 | 4. Use Our Resources Wisely | 01/01/2016 | Mitigating actions are required to cover an unmitigated £4.7m forecast variance. £2.7m is required to achieve revised breakeven forecast. | Weekly monitoring of actions via resources meeting. | 4 | 4 | 16 | Weekly monitoring of actions via resources meeting. | 18/03/16 | Weekly monitoring of actions via resources meeting. | 15/02/16 | 4 |

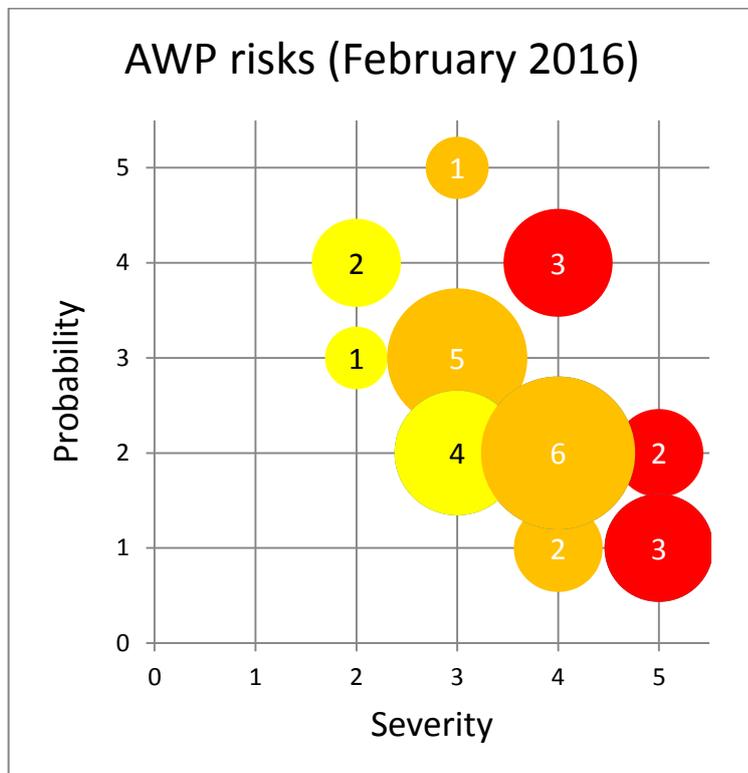
5 Assurances

Risk Registers and risk related documents were reported to the following meetings:

| Document | Reviewed by | Date | Evidence/location |
|-------------|--------------------------|----------|---------------------------|
| Risk Report | Audit and Risk Committee | 04/02/16 | Minutes/Corporate Affairs |

6 Risk Profile

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



7 Recommendation

Trust Board should **note** the report.

Appendix 1 – Strategic Risk Register (February 2016)

7.1 Scheduled for comprehensive review in April 2016

The Strategic Risk register is comprised of longer-term risks taken from the Integrated Business Plan, the Annual Operating Plan and the Annual Governance Statement. The Strategic Risk Register is reported to Trust Board at every meeting.

A comprehensive review and rationalisation of the Strategic Risk Register will be undertaken at the beginning of the 2016/17 to cross-reference existing risks to our new objectives and add any newly identified risks.

| Ref. | Date identified | Description | Owner | Current Controls | Probability | Severity | Rating | Actions | Reviewed Date | Target |
|-------|-----------------|---|--|--|-------------|----------|--------|--|---------------|--------|
| 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 Workforce Development Plans and Dashboard 2. Staff recognition schemes 3. Skills development opportunities 4. Supervision and appraisal 5. Health and Wellbeing Programmes 6. Staff Benefits Scheme 7. Leadership Development 8. Trust-wide Team based Working Programme 9. B&H action: Revised policy widely communicated; B&H hotline introduced 10. Staff feedback 11. Effective staff-side partnership | 2 | 4 | 8 | <ol style="list-style-type: none"> 1. Revised Internal Communications Strategy 2. Culture of Care Barometer in pilot phase 3. Workforce Strategy in development 4. Ongoing benchmarking activity | 16/02/16 | 4 |

| Ref. | Date identified | Description | Owner | Current Controls | Probability | Severity | Rating | Actions | Reviewed Date | Target |
|-------|-----------------|---|-----------------------|--|-------------|----------|--------|---|---------------|--------|
| 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 | <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> | 16/02/16 | 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> | 16/02/16 | 5 |

| Ref. | Date identified | Description | Owner | Current Controls | Probability | Severity | Rating | Actions | Reviewed Date | Target |
|------|-----------------|--|--|--|-------------|----------|--------|--|---------------|--------|
| 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. | 16/02/16 | 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. | 16/02/16 | 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 | | 16/02/16 | 4 |

| Ref. | Date identified | Description | Owner | Current Controls | Probability | Severity | Rating | Actions | Reviewed Date | Target |
|------|-----------------|--|-----------------------|--|-------------|----------|--------|---|---------------|--------|
| AOP4 | 23/04/15 | Failure to deliver all of the Trust's plans if we are unable to reduce apportioned costs. | Director of Resources | 1. Finance and Planning Committee | 3 | 3 | 9 | | 16/02/16 | 6 |
| AOP5 | 23/04/15 | Inability to develop our services if funding for service improvement is not identified. | Director of Resources | 1. Business development and strategy team 2. External support on bid process 3. Income generation activity | 3 | 3 | 9 | | 16/02/16 | 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 | 16/02/16 | 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 | 16/02/16 | 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 | | 16/02/16 | 4 |

