

Trust Board		Date:	27 April 2016
Agenda item	Title	Executive Director lead and presenter	Report author
BD/16/017	Update on Trust Risk Register	Hayley Richards, Chief Executive	Lee Mercer, Head of Risk and Legal Services
This report is for:			
Decision			
Discussion			
To Note		X	
History			
<i>None.</i>			
The following impacts have been identified and assessed within this report			
Equality	X		
Quality	X		
Privacy	X		
Executive summary of key issues			
<p>This report summarises the high-level operational risks that sit within the three Executive Risk Registers noting any significant changes since the last report.</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

This report summarises the high-level operational risk registers – the Clinical, Delivery and Business Executive Risk Registers, sometimes referred to as the ‘Trust Risk Register’. It also includes the Strategic Risk Register in full, comprising risks identified in the Annual Governance Statement, Annual Operating Plan and Integrated Business Plan.

All strategic risks will be comprehensively reviewed on publication of 2016/17 annual objectives, the annual governance statement and the new annual operating plan.

A revised Risk Management Policy, to support the Risk Management Strategy, was approved at the Audit and Risk Committee on the 15th April 2016.

1.1 Linking risks to Committees

The Corporate Affairs team are looking at ways to better link risks to Board Committees to strengthen the oversight of risks. It is likely that all risks on the executive and strategic risk registers will have a ‘Board Committee’ category added which will enable the creation of tailored reports for the A&R, Q&S and F&P committees.

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:

		Severity				
		5	10	15	20	25
Probability	4	5	10	15	20	25
	3	4	8	12	16	20
	2	3	6	9	12	15
	1	2	4	6	8	10
	0	1	2	3	4	5

1. Deliver the Best Care
2. Supporting Our Staff

		Severity				
		5	10	15	20	25
Probability	4	5	10	15	20	25
	3	4	8	12	16	20
	2	3	6	9	12	15
	1	2	4	6	8	10
	0	1	2	3	4	5

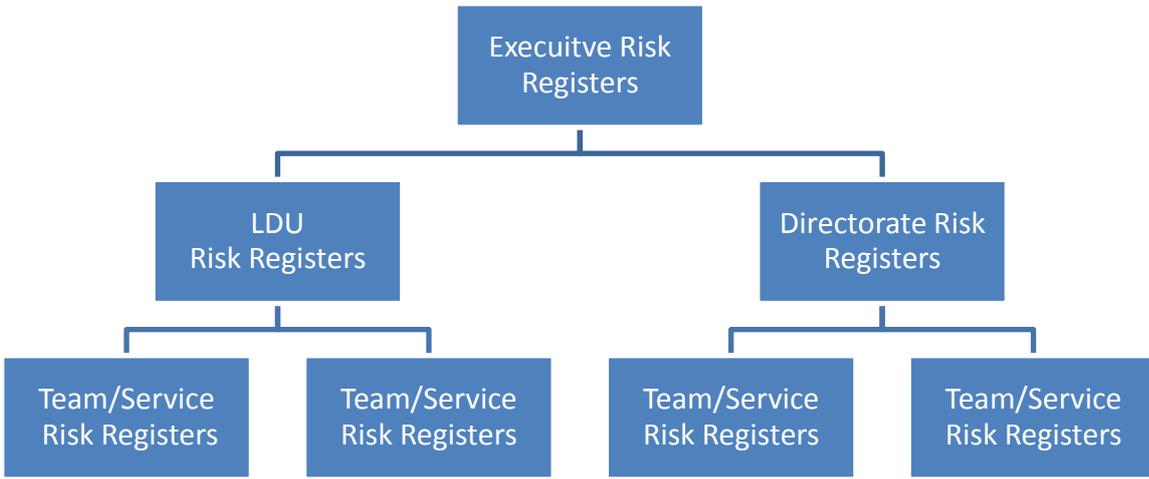
3. Continually improving what we do
4. Using our resources wisely

		Severity				
		5	10	15	20	25
Probability	4	5	10	15	20	25
	3	4	8	12	16	20
	2	3	6	9	12	15
	1	2	4	6	8	10
	0	1	2	3	4	5

5. Being Future Focussed

3 Risk Register structure

3.1 Three levels of risk register



3.2 The Trust Risk Register

The three executive risk registers are colloquially known as the 'Trust Risk Register'.



This reports sets out the risks contained in the Executive Risk Registers in full. It also identifies the top risks contained within those risks registers, by score.

4 Top scoring risks

The highest scoring risks on the three executive risk registers this month are:

Ref.	Priority	Risk	Updates	Score
FIN 6	Using Our Resources Wisely	If we fail to control or predict our cash flow leading to non-payment of creditors then we will breach our statutory targets on cash, and have potential impact on the capital programme. [Business Executive Risk Register]	[20/04/16] Cash flow forecasting now part of monthly finance report. 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. Weekly cash meetings chaired by Director of Resources in place.	12
CE18	Continually Improving What We Do	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. [Clinical Executive Risk Register]	[14/04/16] Quality Forum is taking place to ensure good practice coordinated across the organisation.	12

5 Changes to Executive Risk Registers since last month

5.1 Changes to executive risk registers

Ref.	SP	Description	Rationale for change	Score
CE16	Deliver The Best Care	If we are unable to learn from issues raised by the CQC then we will not make necessary improvements to our service. [Clinical Executive Risk Register]	[14/04/16] Reviewed by Director of Nursing. Progress is being made against the CQC Action Plan with actions on target for the May inspection. [Rating reduced to amber]	8

CE19	Deliver The Best Care	Uncompleted 231 compliant / partially compliant remaining actions from the CQC task list [Clinical Executive Risk Register]	[14/04/16] Reviewed by Director of Nursing. To be closed on the Clinical Executive Risk Register and relocated to the CQC Risk Register. [Closed]	9
63	Deliver The Best Care	If staff cannot be effectively engaged in Bristol then changes cannot be made to meet the requirements of the new service model. [Delivery Executive Risk Register]	[19/04/16] Risk reviewed by Mark Bunker on behalf of Sarah Branton. Review of governance process in locality completed. TOR revised and updated. Trust guidance issued. CQC project group set up. BMAG Meetings and Medical Leads Meetings now established and running. Regular bitesize communications issued to staff via email. [Scoring reduced to 12]	12
BE9	Using Our Resources Wisely	If we do not have the capacity and capability to respond to large scale tender opportunities we will not be able to grow our business. [Business Executive Risk Register]	[20/04/16] Executive Team reviewing team structure and capacity needed to address tender business for 16/17 to include proposal in budget. 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. [Scoring reduced to 8]	8

6 Other significant risks

From the Medical Education Risk Register:

Ref.	Priority	Risk	Updates	Score
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ME6	Deliver the Best Care	<p>If concerns over quality of nursing care on Imber ward are not resolved then junior medical staff from will be removed from April 2016 and the ward may not be able to remain open.</p>	<p>Following discussion at Trust Board in March this risk was considered by the Medical Director for adding to the Clinical Executive Risk Register. However, Tim Williams is satisfied that the issues have largely been resolved and therefore the risk of the junior doctors being removed is low. As a result it has not been added to the Clinical Executive Risk Register. The Director of Medical Education will update the risk on the Medical Education Risk Register, and it is anticipated that the score will be reduced.</p>	16 (To be revised)
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7 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 risk register.

7.1 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"> 5 domains of quality measures Information for Quality (IQ) system Check and Challenge process in place Clinical Audit Programme Inspection Programme and Quality Walk Rounds Quality Visits Critical Incident Overview Group Quality Improvement Plan (incorporating CQC Actions). Quality tracker in place that identifies top clinical quality issues Integrated Governance Group Quality Dashboard reported to the Q&S Committee. Quality Board in place. 	2	3	6	<ol style="list-style-type: none"> Director of Nursing and Quality to conduct comprehensive review of the Trust's quality arrangements. Revision to management group structures under development following review by DAC Beachcroft. IQ - CQC section of IQ being reviewed to incorporate Intelligent Reporting metrics utilised by the CQC. 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	<p>[19/04/16] Self-assessments which are completed by LDUs have been scrutinised and triangulated using data from all sources. CQC methodology adopted. Process in place.</p> <p>N&Q consultation complete - a/w outcome from banding panel.</p>	14/04/2016	4

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. An 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	[14/04/16] Reviewed risk with Andrew Dean. Added new controls.	14/04/2016	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 	3	4	12	<ol style="list-style-type: none"> 1. CQC Action Plan in place 	23/05/16	[14/04/16] Quality Forum is taking place to ensure good practice coordinated across the organisation.	14/04/2016	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	[14/04/16] Reviewed by the Director of Nursing and Quality. He has approached the CQC for nationally consistent guidelines on single-sex inspection standards.	14/04/2016	6

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	[14/04/16] Quality Forum is taking place to ensure good practice coordinated across the organisation.	14/04/2016	4
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7.2 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	<ol style="list-style-type: none"> 1. Training handbook to be developed. 2. Additional online training to be implemented 3. Review training arrangements for bank staff 4. Annualised hours for bank workers who do the most hours to be piloted in Fromeside. 	30/04/2016	<p>[Email 13/04/16] received from Gill Halsey:</p> <p>There is slighter more mitigation, certainly by way of new starters as new bank workers cannot start until they have completed all of their basic statutory mandatory training. We have been unable to progress with the internal bank person to deliver bespoke PMVA training. Sally now delivers Physical Health Observation training at the bank induction.</p>	13/04/2016	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. Revision of all governance processes in the locality has been completed including clear meeting structure, TOR updated, new Trust guidance issued. 2. Triumvirate set up team and 1:1 meetings –staff invited to be part of the different workstreams of the CQC work identified. 3. CQC project group set up. 4. Regular BMAG meetings 5. Regular bitesize comms issued to staff via email. 6. Engagement process with staff, service users, carers and other stakeholders 7. Bristol Quality structure 8. User Director appointed. 9. Transition manager in post 10. Training needs analysis for staff. 	4	3	12	<ol style="list-style-type: none"> 1. Working closely with L&D – developing 5 year programme incorporating culture change into this – TNA’s completed, on hold, pending model review and CQC work. 2. Evaluation of Brookland Hall – ongoing. Stokes Croft now accommodating 1 workstream. Easton Comm Centre also being used for meetings and hotdesking. Still looking for longer term option to house all 3 workstreams together in central sector. 	01/12/2015	<p>[19/04/16] Risk reviewed by Mark Bunker on behalf of Sarah Branton.</p> <p>Review of governance process in locality completed. TOR revised and updated. Trust guidance issued.</p> <p>CQC project group set up.</p> <p>BMAG Meetings and Medical Leads Meetings now established and running.</p> <p>Regular bitesize comms issued to staff via email.</p>	19/04/2016	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.	02/05/2016	<p>[17.03.16] ACP now underway. Monthly meetings scheduled involving a range of stakeholders including commissioners.</p> <p>[22.01.16] Acute Care Pathway initiated. Trust Programme Board in place. Revised programme of care (DIOC)</p>	17/03/2016	4

65	1. Deliver The Best Care	19/08/2014	<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	<ol style="list-style-type: none"> 1. Safer Staffing under review by Director of Nursing. Bristol has implemented a new staffing model. Active recruitment in place across the 3 areas. 2. OD actions include Leadership, improved appraisal, team development programme - staff Friends and Family Test. 3. Secure funding from Health Education SW to support apprenticeships. 4. Review of job descriptions for Bands 2 and 3 HCAs. Active retention strategies. 	31/03/2016	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	17/03/2016	2
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7.3 Business Executive Risk Register

Ref.	Priority	Raised	Description	Current Controls	Probability	Severity	Rating	Actions	Deadline	Progress	Reviewed	Target
HR4	Support and Develop Staff	05/11/2014	The recruitment and selection processes do not provide for swift and responsive recruitment activity	1. Recruitment processes have been automated as much as possible to ensure a responsive process is available.	2	4	8	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.	31/03/2016	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	10/03/2016	3

BE7	Use our Resources Wisely	01/10/2014	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 and beyond.01/10/2014	Annual review of national guidance to ensure AWP submits information within the boundaries of the rules. Annual validation of activity data, with some scope for revision if large gaps are uncovered. Post-hoc analysis of results to try and understand the outcome (i.e. why is the Trust so high compared to others).	4	3	12	Improve frequency of reporting on Reference Costs, from annual to quarterly reporting into SMT and F&P Committee. This will allow issues of accuracy and approach to be more visible within the Trust prior to submission, so that the Trust's likely position can be anticipated. This will allow actions to be considered and the results influenced before the end of the financial year (this will impact on 2014-15 results and beyond).	01/12/2014	Quarterly reporting process being implemented, with first cut results in December 2014. Deep Dive Ref Cost group meeting to review output from ward and team dashboards and process review undertaken by CHKS. Post-hoc analysis of results to explore why the Trust has such a high RCI. This analysis will utilise intelligence from a variety of external sources, notably the Health and Social Care Information Centre and the NHS Benchmarking Network's annual report.	18/03/2016	
BE9	1. 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. Executive Team reviewing team structure and capacity needed to address tender business for 16/17 to include proposal in budget	20/04/2016	5

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	10	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.	20/04/2016	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.	3	4	12	1. Weekly monitoring of actions via resources meeting. 2. Financial challenge splash screen on Ourspace. 3. Weekly communications sent to Trust showing progress and where spend is still happening.	31/03/16	Weekly monitoring of actions via resources meeting. Financial challenge splash screen on Ourspace. Weekly communications sent to trust showing progress and where spend is still happening.	10/03/16	4

Appendix 1 – Strategic Risk Register (April 2016)

7.4 Strategic Risk Register to be reviewed

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
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		16/02/16	6

Ref.	Date identified	Description	Owner	Current Controls	Probability	Severity	Rating	Actions	Reviewed Date	Target
AOP5	23/04/15	Inability to develop our services if funding for service improvement is not identified.	Director of Resources	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 1. Business development and strategy team 2. External support on bid process 3. Interim Head of Strategy in post 	2	4	8	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 1. Finance Team 2. Financial controls 3. Cost-improvement savings (CIPs) 	1	5	5	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 1. Income generation activity 	1	4	4		16/02/16	4