

<b>Trust Board meeting (Part 1)</b>		<b>Date:</b>	<b>25 May 2016</b>
<b>Agenda item</b>	<b>Title</b>	<b>Executive Director lead and presenter</b>	<b>Report author</b>
BD/16/052	Update on Trust Risk Register	Hayley Richards, Chief Executive	Lee Mercer, Head of Risk and Legal Services
<b>This report is for:</b>			
Decision			
Discussion			
To Note		X	
<b>History</b>			
<i>None.</i>			
<b>The following impacts have been identified and assessed within this report</b>			
Equality	X		
Quality	X		
Privacy	X		
<b>Executive summary of key issues</b>			
<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 new Strategic Risk Register in full which has been comprehensively reviewed following the publication of the Trust's 2016/17 objectives.</p> <p>Trust Board is asked to <b>note</b> the report.</p>			
<b>This report addresses these strategic priorities:</b>			
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, referred to as the ‘Trust Risk Register’. The Strategic Risk Register comprises of risks identified in the 2016/17 Annual Governance Statement, Annual Operating Plan and Integrated Business Plan and has now been transferred to the new database system RiskWeb.

## 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	8	12	16	20	
	3	6	9	12	15	
	2	4	6	8	10	
	1	2	3	4	5	

- 1. Deliver the Best Care
- 2. Supporting Our Staff

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

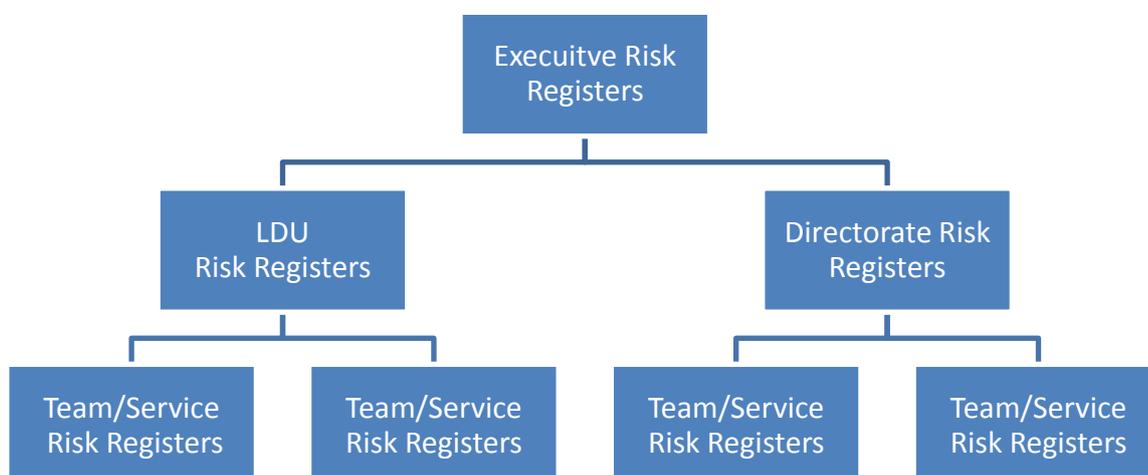
- 3. Continually improving what we do
- 4. Using our resources wisely

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

- 5. Being Future Focused

# 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
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]	<b>[11/05/2016]</b> The Quality Forum continues ensuring good practice is co-ordinated across the organisation. IGG, Quality schedules and Trust-wide meetings are implemented monthly to mitigate the risk.	12
63 (RiskWeb)	Deliver the Best Care	(Formerly BR22) 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]	<b>[19/04/2016]</b> Revision of all governance processes in the locality. System, processes reviewed, new Trust guidance issued. CQC Project group established. Working closely with L&D –developing 5 year programme.	12
BE9	Use 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]	<b>[20/04/2016]</b> 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.	8

## 5 Change to Strategic Risk Register since last month

### 5.1 Change to Strategic Risk Register

Following a comprehensive review of the Strategic Risk Register, risks have been closed, transferred or new risks identified in the 2016/17 AGS, AOP and Integrated Business Plan.

Ref.	Priority	Description	Rationale for change	Score
TW15	Deliver The Best Care	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.	<b>[12/05/16] Risk to be closed</b> Superseded by Risk CE16 on Clinical Executive Risk Register	5
AGS1	Deliver The Best Care	Serious quality failure event if the Trust's quality system fails to proactively identify areas of poor practice.	<b>[12/05/16] Risk to be closed</b> This risk lacks specificity and has largely been superseded by risks CE5 and CE18 on the Clinical Executive Risk Register.	15
AGS2	Deliver The Best Care	Lack of engagement of management and staff to deliver the actions of the quality improvement priorities.	<b>[12/05/16] Risk to be closed</b> Superseded by Risk CE18 on the Clinical Executive Risk Register.	8
AGS3	Support and develop staff	Clinical and professional standards will not be maintained as a result of failure to release staff to attend training.	<b>[12/05/16] Risk to be closed</b> Superseded by Risk L&D 01 on the Organisational Development Risk Register	12
AGS4	Use our resources wisely	Failure to deliver all of the Trust's plans if we are unable to reduce apportioned costs.	<b>[12/05/2016]</b> Risk to be transferred to the Finance Risk Register.	9
AGS5	Continually Improve What We Do	Inability to develop our services if funding for service improvement is not identified.	<b>[12/05/16] Risk to be closed</b> Superseded by Risk BE9 on the Business Executive Risk Register and FIN8 on the Finance Risk Register	9
AGS6	Be Future Focussed	Failure to maximise our position in the health economy if we are unable to respond to opportunities for growth and development.	<b>[12/05/16] Risk to be closed</b> Superseded by Risk BE9 on the Business Executive Risk Register.	8
AGS7	Use our Resources Wisely	The Trust becomes a loss making or financially non-viable business.	<b>[12/05/16] Risk to be closed</b> Linked to Risk FIN7, FIN16 and FIN18 and superseded by new AOP 16/17 risk on retaining existing and gaining new business.	5
AGS8	Be Future Focussed	Insufficient organisational resilience/flexibility to respond to significant downturns in funding.	<b>[12/05/16] Risk to be closed</b> Linked to Risk FIN7, FIN16, FIN18 and superseded by new AOP 16/17 risk on retaining existing and gaining new business.	4

IBP12	Use our Resources Wisely	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.	<b>[12/05/16] Transfer</b> Risk to be transferred to the Estates and Facilities Risk Register.	6
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## 6 Other significant risks

### New Risk added to the Clinical Executive Risk Register:

Ref.	Priority	Risk	Updates	Score
CE20	Deliver The Best Care	If we fail to address the low roof risk that we have recently encountered across various sites then more service users may either abscond over a roof or physically damage themselves by falling off a roof. [Clinical Executive Risk Register]	<b>[11/08/16] New Risk</b> Controls implemented: <ul style="list-style-type: none"> <li>• Audit of all roof spaces.</li> <li>• Audit of all incidents of all service users climbing on roofs.</li> <li>• Roofs identified that need immediate action/remediation.</li> </ul>	16

## 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"> <li>1. 5 domains of quality measures</li> <li>2. Information for Quality (IQ) system</li> <li>3. Check and Challenge process in place</li> <li>4. Clinical Audit Programme</li> <li>5. Inspection Programme and Quality Walk Rounds</li> <li>6. Quality Visits</li> <li>7. Critical Incident Overview Group</li> <li>8. Quality Improvement Plan (incorporating CQC Actions).</li> <li>9. Quality tracker in place that identifies top clinical quality issues</li> <li>10. Integrated Governance Group</li> <li>11. Quality Dashboard reported to the Q&amp;S Committee.</li> <li>12. Quality Board in place.</li> </ol>	2	3	6	<ol style="list-style-type: none"> <li>1. Director of Nursing and Quality to conduct comprehensive review of the Trust's quality arrangements.</li> <li>2. Revision to management group structures under development following review by DAC Beachcroft.</li> <li>3. IQ - CQC section of IQ being reviewed to incorporate Intelligent Reporting metrics utilised by the CQC.</li> <li>4. Service line compliance and consistent practice standards to be developed and achieved through the development of Clinical networks overseen by the Quality Board.</li> </ol>	30/09/16	<p>[11/05/2016] Reviewed by AD</p> <ol style="list-style-type: none"> <li>1) Information triangulated by Governance and Improvement Quality Department.</li> <li>2) Working groups are established if common themes are identified via IGG.</li> <li>3) [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.</li> </ol>	11/05/2016	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"> <li>1. Anti-Ligature Group reporting to the Trust's Design Group to maintain oversight of management processes for ligatures.</li> <li>2. All sites undertake annual Manchester environmental assessment, including internal &amp; external environments.</li> <li>3. Wards have staff who are trained in the use of the Manchester Tool.</li> <li>4. An extensive programme of capital works commenced in 2014 and continues into 2016/17.</li> <li>5. Mitigating actions where ligature risk remains.</li> </ol>	3	4	12	<ol style="list-style-type: none"> <li>1. Capital Programme in place for 2016/17 informed by incidents, Manchester tool assessments, pilots and learning from other Trusts.</li> <li>2. CQC task list sets out actions for ligature points.</li> <li>3. Further actions identified by the Anti-Ligature Group</li> </ol>	31/03/17	<p>[11/05/2016] Reviewed risk with AD:</p> <ol style="list-style-type: none"> <li>1) Audit Plan in place to look at progress.</li> <li>2) Following audit of risk assessment to care plans, the risk score may decrease or remain the same depending on the outcome of the audit.</li> </ol>	11/05/2016	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"> <li>1. CQC programme and team in place</li> </ol>	3	4	12	<ol style="list-style-type: none"> <li>1. CQC Action Plan in place</li> </ol>	23/05/16	<p>[11/05/2016] Reviewed by AD: All actions and progress remain the same.</p> <p>Quality Forum is taking place to ensure good practice coordinated across the organisation.</p>	11/05/2016	

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.	1. Integrated Governance Group 2. Mitigation plan in place	4	2	8	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	[11/05/2016] Reviewed by AD: 1) Protocol of mitigation developed but this should be in tune with national guidance. CCGs are not in disagreement with protocol but AWP is currently constrained by guidance. Awaiting response from CQC to give AWP their stance nationally. 2) NHS England to give their response by the 20 <sup>th</sup> May.  [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.	11/05/2016	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	[11/05/2016] Reviewed by AD: 1) Quality Forum continues ensuring good practice is co-ordinated across the organisation. 2) 2) IGG, quality schedules and Trust-wide meetings implemented monthly to mitigate risk.  [14/04/16] Quality Forum is taking place to ensure good practice coordinated across the organisation.	11/05/2016	4

CE20	1. Deliver the best care	11/05/2016	If we fail to address the low roof risk that we have recently encountered across various sites then more service users will either abscond over a roof or physically damage themselves by falling off a roof.	<ol style="list-style-type: none"> <li>1. Audit of all roof spaces.</li> <li>2. Audit of all incidents of all service users climbing on roofs.</li> <li>3. Roofs have been identified that need immediate actions/remediation.</li> </ol>	4	4	16	<ol style="list-style-type: none"> <li>1. Environment and practice issues identified.</li> <li>2. All roof spaces that have been identified as an environmental risk will have structures in place by 13/05/2016.</li> <li>3. Practice issue to be analysed.</li> <li>4. Guidance and training on levels of observation and expectation following analysis of practice issues.</li> </ol>	11/08/2016	<b>New Risk</b>	11/05/2016	4
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## 7.2 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	6
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

### 7.3 Delivery Risk Register (Appendix 1)

See Appendix 1.

### 7.4 Strategic Risk Register (Appendix 2)

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 has been undertaken cross-reference existing risks to our new objectives and this has been added to the new database system RiskWeb.