

Trust-wide Risk Register													You Matter, We Care													Register contains 13 entries in total.												
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Entry number	Entry Ref.	Cross-referenced risks	What Strategic Priority does the risk affect?	Initial Risk Date	How was the risk identified?	IBP Description of risk	REVISED Issue behind the risk	REVISED Specific risk	Inherent probability	Inherent severity	Inherent Rating	Risk "Lead"	CURRENT CONTROLS (Actions already in place to mitigate risk)	Current probability	Current severity	Current rating	PLANNED CONTROLS (Further actions to mitigate risk)	Date actions to be delivered	PROGRESS (Record of current and planned actions and results)	Date of risk review	Target probability	Target severity	Target rating	Risk change from last review	Risk Score Change (from last review)	Control Risk (Score change from inherent to target)	Target Risk Order											
7	IBP05			01 June 2013	IBP 7.4 National, economic & policy	The future national economic environment reduces resources to the NHS and/or increases the NHS efficiency targets	Both a short term current challenge (existing £20 billion NHS efficiency challenge) and a future medium/long term challenge of further major efficiency requirements (£30 billion reported by David Nicholson in July 2013). Whilst this is a national challenge it translates to AWP on a local level via our current commissioning contractual income and also our ability to be agile and innovative in addressing the growing population numbers that need treating within a shrinking financial envelope. Changes to welfare reform will also impact on AWP given increasing numbers of service users who will no longer have access to state benefits alongside considerable impact on social care. The challenge to AWP is to deliver c.4.5% cost reduction plans from 13/14 onwards.	Failure to identify, agree and implement CIPs (Cost Improvement Plans).	3	3	9	Dir Finance	Short term – system controls are (a) the business planning process from which Cost Improvement Plans are identified, developed and agreed (b) the establishment of the Programme Management Office (c) the Trust Information Quality system and associated performance management through SMT, ET, Finance and Planning Committee and the Board (d) the Quality and Standards Committee that ensures CIPs do not adversely impact on quality and finally (e) through operational locality and corporate management structures effectively owning and implementing CIPs (note this risk is also covered by risk FIN 07).	4	3	12	The high level planned controls are appropriate, however the key issue is the robustness and rigour underlying some of these controls and the newness of a significant number of the appointments on which these controls rely on. Therefore it is recommended that SMT provide additional oversight and action to ensure the implementation of the short term Cost Improvement Programme in 2013/14 and 2014/15. Medium/Long term – 2015/16 and beyond. The controls build on the short term controls but also include (a) the Trust Quality Academy which will identify effective clinical interventions along care pathways (b) West of England Academic Health Science Network which will facilitate the sharing of innovation and good practice (c) the further development of the Trust's workforce strategy which will ensure the Trust's staff align to the needs of service users and carers in a sustainable way and (d) further development of the Trusts Organisational Development strategy which will include work-streams that ensure the Trust has the culture and tools to eliminate waste in the delivery of services.	30th Sept 2013	The Trust's short term governance systems and processes are working because a significant issue has been identified around the implementation of the March 2013 CIP programme for 2013/14. The key short term challenges are to ensure (a) the 2013/14 programme target of £9.3m is achieved and (b) ensure the 2014/15 CIP is reassessed and owned. This is evidenced by the Finance and Planning Committee requesting that all CIPs approved in March 2013 under the old SBU management structures were owned by the new Locality management teams that came into being in April 2013. The in year performance has been monitored and a significant CIP shortfall of £4.8m is identified as part of a wider year end forecast. The Executive Team was committed to producing an appropriate mitigation plan by the October F&P meeting. However, this action was brought forward to the September Trust Board where a financial recovery framework was agreed.	Jan-14	3	3	9	Updated	Increase	+ 0	1											
8	IBP09			01 June 2013	IBP 7.4 Service delivery & resource management	Failure to adopt new working practices both for front-line clinical and non-clinical support services, to meet future NHS efficiency targets	Lack of effective planning historically which has not taken a systematic approach to identification of savings through efficiency targets. A lack of ownership of plans to achieve targets outside of the Finance department has resulted in localities/SDUs not being fully engaged with financial plans.	Failure to plan and systematically deliver Cost Improvement Plans (CIPs) across localities.	4	4	16	Dir Operations	Leadership development programme in place for new Clinical Directors to enable them to support change and new working practice Quality Academy to play active role in facilitating clinical pathway redesign through the Pathway Leads Corporate restructure to provide better support to front line services and review all practices to minimise bureaucracy Local ownership provides relevant opportunities to review working practices and develop new	3	4	12	Planned Finance workshops with triumvirates to agree rules of engagement between Operations and Finance Establishment of the Programme Management Office (PMO) to manage CIPs organisation-wide Forward planning for 2014/15 and 2015/16 CIPs Review of mechanisms used for budget setting	01-Apr-14	Head of PMO is now in post and the establishment of the PMO is underway Greater ownership and improved understanding of locality budgets can be seen Proactive management of external recruitment in hand. Finance reporting indicates an improving position in year.	Dec-13	2	4	8	Updated	Increase	- 8	4											
9	IBP13			01 June 2013	IBP 7.4 Service delivery & resource management	Failure to develop a positive organisational culture which adversely affects staff engagement and satisfaction	A poor organisational culture results from a disconnect between the values and priorities of the organisation with those of its staff. At its extreme poor organisational culture leads to inappropriate behaviour illustrated by the findings of the Francis Inquiry. "You matter, we care" will only translate into high-quality	Failure to develop a positive organisational culture (in which staff values and motivations resonate with the values and priorities of the organisation) will have a negative impact on staff engagement and satisfaction. This may have a negative impact on service quality.	3	4	12	Prog Dir Development	Locality/Delivery Unit leadership Workforce planning Effective staff-side partnership working. Organisational Development Programme designed to specifically address alignment of organisational	3	4	12	The Enabling Excellence Programme specifies organisation wide interventions to build shared purpose and develop leaders and managers at every level of the organisation. An innovative communication and engagement plan is being developed to build a high degree of awareness with Trust purpose and priorities. Greater external access to IQ reports will allow commissioners to scrutinise outcomes. Partnership working to be developed. Commencement of Quality huddles to review live information Establishment of Quality Academy post Ops consultation Celebration events to engage wider stakeholders PacMan	28-Feb-14	Staff Survey 2013 results will be available in February 2014, however, following a period of significant organisational change we do not anticipate an improvement in 2013 results. Internal survey results provide a real time picture of progress made in developing a positive culture. Quantitative survey results will be	Jan-14	2	4	8	Unchanged	No change	- 4	4											
1	IBP02			01 June 2013	IBP 7.4 Commercial	General mental health services being tendered by Clinical Commissioning Groups (CCGs)	General mental health services introduces a new group of customers who are themselves developing an understanding of what is expected of them and what they wish to achieve.	Failure to establish effective and responsive working relationships with CCGs as they develop their locality understanding.	4	4	16	Dir Bus Dev/ Dir Ops	The key control is to inspire confidence in AWP as the existing contract holder, by ensuring that our services are responsive, locally-focussed, effective, and demonstrate value for money, and so establishing AWP as a provider that CCGs need to engage with. Controls already in place to meet those objectives include:	3	3	9	Greater external access to IQ reports will allow commissioners to scrutinise outcomes. Partnership working to be developed. Commencement of Quality huddles to review live information Establishment of Quality Academy post Ops consultation Celebration events to engage wider stakeholders PacMan	Action is to continue throughout the year and beyond.	8 LDUs are established and governance structures are in place. Revised management structures are in place and regular LMT and SMT minutes are held and minuted. IQ is being shared with commissioners and at local performance meetings Ops consultation complete Quality huddles commenced on 2nd	Dec-13	3	3	9	Updated	No change	- 7	1											

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2	IBP15			01 June 2013	IBP 7.4 Partnerships	Failure of partners to demand-manage which passes risk onto the Trust through agreed contracts	Non-PbR contracts for commissioned services may fix the price for services irrespective of the level of demand. Where demand is driven by a third party (e.g. GP referrals) who is not constrained by costs, the risk is that demand may exceed expected capacity but the Trust cannot recover the additional costs.	Failure to ensure that the contracts we accept do not commit us to meeting unconstrained demand from partners without appropriate reimbursement. See also IBP04	4	4	16	Director of Finance	Creation of Business Development function Learning from tender experience Effective partnership relationship management Locality/Delivery Unit Business Plans	3	3	9	Effective costing and planning systems understood and in place Reduction in reference costs	01-Apr-14	Robust contract planning round in 13/14 highlighted a number of cost pressures which were agreed by the commissioners. Those not included in the 13/14 contract are being further explored in 14/15. Performance and Contact Management Meeting in place within AWP to review and monitor activity against contractual commitments and demonstrate where this is off track No other penalties were accepted in the 13/14 contract other than national ones.	Jan-14	3	3	9	Unchanged	No change	- 7	1		
3	IBP01			01 June 2013	IBP 7.4 Commercial	Competition increasing from the new NHS and the introduction of any qualified provider (AQP)	Competition is increasing. The NHS market-place is now open to "any qualified provider", and in response we need to have a "commercial" awareness of the range and breadth of our actual and potential competitors and partners across the NHS, voluntary sector and for-profit sector.	Failure to gather and utilise market intelligence which informs the Trust's ability to recognise and respond quickly, effectively and appropriately to market threats and opportunities.	4	3	12	Dir Bus Dev	Business Development Framework Business planning process IBP and local IBPs Development of local relationships with commissioners to understand intentions	3	2	6	Development of Business Development Directorate to support localities in business planning, horizon scanning, information around upcoming opportunities. Increased relationships within local health economies to understand need and influencing commissioners plans.	01-Mar-14	Locality meetings in place with commissioners Weekly update to SMT of all procurement opportunities Tender Decision Framework and Process in place.	Nov-13	3	2	6	Unchanged	No change	- 6	6		
4	IBP03			01 June 2013	IBP 7.4 Commercial	Changes to national commissioning policy for specialised services - impact of PbR could lead to reduced funding from 2015/16.	Changes to national commissioning policy for specialised services - PbR has the potential to reduce the Trust's total income, and competition means we may lose services which in turn will also reduce our total income and so the resources we have available.	Failure to maintain a total level of income which enables the Trust to sustain its delivery of a full range of services and skills.	3	4	12	Director of Finance	Viability Review Fully participating in national commissioning in specialist commissioning (Julian Walker) CIPs	3	2	6	Improving relationships with commissioners to understand their needs and procurement intentions at the earliest opportunity Evidence delivery of good quality care from AWP to reduce the desire to recommission from another provider Understand our costs of delivering services which appear currently high	01-Mar-14	Service Review underway led by clinicians and supported by Business Development Directorate leading to a strategy to be brought to the board in November 2013 Work underway to understand costs and reference cost drivers in the trust	Dec-13	2	2	4	Unchanged	No change	- 8	9		
5	IBP16			01 June 2013	IBP 7.4 Partnerships	Inability to create and maintain relationships with partners which leads to poor reputation	The new healthcare market means that there is now a greater range of prospective partners from inside and outside the NHS, and so the complexities of partnership relations are increasing.	Failure to create and maintain relationships with partners which leads to poor reputation.	3	4	12	Dir Bus Dev	Quality and performance management (QIS) Effective partnership relationship management Locality/Delivery Unit Business Plans	2	3	6	Employed a DRE lead for the Trust who will engage and advise on the wider partnership agenda across AWP. Engagement leads being identified across the Trust in line with the Engagement Strategy which covers all stakeholders.	01-Mar-14	The Trust has worked hard to improve its relationships with its partners and is continuing to do so. It has recognised that, in the past, it has been viewed as insular, that it has failed to listen, and therefore has not inspired confidence among its partners. We believe, from feedback from our commissioners, that this is not now the case, and through the process of Commissioner Convergence, our commitment to continued partnership working will be evidenced.	Nov-13	2	3	6	Unchanged	No change	- 6	6		

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6	IBP04			01 June 2013	IBP 7.4 Commercial	Failure to create a commercial culture and infrastructure within the Trust, to support the retaining of existing contracts and winning of new contracts	In order to maintain our viability as a sustainable enterprise in a competitive market, we need to understand the realities of commercial risk - for example, market share does not guarantee profitability, and not all tenders and contracts provide balanced outcomes for all parties involved.	Failure to create and maintain a commercial culture, literacy and infrastructure within the Trust that ensures the Trust is fully aware of the short-term, medium-term and long-term commercial risks of all tenders and contracts.	4	3	12	Dir Bus Dev	Developing of the IBP including a market analysis by an independent consultant which helped shape the locality business plans for 13/14 Establishment of a Clinical Academy to promote excellence in care Organisational Development programme to address the gaps in staff skills to ensure the Trust is fit for purpose Clinical Engagement being harnessed through Professional Council and development of Health Partnerships Creation of Business Development function to support localities Learning from tender experience	2	3	6	Commercial awareness and training embedded in the Trust from corporate and operational teams Refresh of the business planning process to ensure strategic vision, commissioner requirements and joint needs assessments are incorporated Specific training on bid development, writing and shaping innovate service offerings	Ongoing	Business Development Framework in operational use Tender Decision Criteria launched in May 2013 and used in a number of tenders	Nov-13	1	3	3	Unchanged	No change	- 9	11			
10	IBP08			01 June 2013	IBP 7.4 Service delivery & resource management	Inability to innovate service delivery, which impacts on delivery of existing contracts (CQUIN) or winning new contracts		Failure to develop a corporate and locality infrastructure that enables the Trust to respond quickly, appropriately and effectively to changing market requirements.	3	4	12	Director of Finance	Locality Delivery Unit Management Teams (LMTs) now set up, coordinated by the Executive Director of Operations and proving effective New infrastructure has been established for corporate departments and local delivery units. Effectiveness of arrangements are being managed by relevant executive directors Effectiveness of LDU Management Teams is being monitored by the Director of Operations Effective service delivery is being monitored through the Quality Assurance Framework Local performance meetings with commissioners in place to improve relationships and knowledge of the health system in the local areas	2	3	6	Organisational Development Programme will support Corporate Departments as they refocus their support to ensure maximum responsiveness to Local Delivery Units Organisational Development Programme has a specific emphasis on alignment and shared purpose. The Programme will consider the effectiveness of partnership working of Senior Management Team and Professional Council.	01-Apr-14	Through the Trust's clinical academy, a register of experts has been created which will enable the Trust to benefit from the expertise of highly skilled and experienced clinical professionals, for whom innovation in service delivery (alongside alignment with the highest levels of clinical standards) will be key Improvements to the Trusts business planning process will ensure commissioners are involved in strategic direction of the Trust and we are working towards shared goals Engagement and Involvement Strategy involves service users and carers in shaping our services to ensure they are flexible and meet service user and commissioner demands	Jan-14	2	3	6	Unchanged	No change	- 6	6			
12	IBP14			01 June 2013	IBP 7.4 Service delivery & resource management	Inability to effectively plan for emergencies and develop effective business continuity plans	Any organisation can be completely derailed by a sudden emergency or major unexpected event, and this is particularly true of healthcare providers. While some 'emergencies' are almost predictable annual events - "winter pressures", summer heatwaves - others may be unlikely but potentially catastrophic.	Inability to effectively plan for emergencies and develop effective business continuity plans.	2	3	6	Director of Business Development	Trust Resilience Group activity Major Incident Plan and bespoke contingency plans Business continuity plans Local directorate plans	2	3	6	Further training and planned testing.	2013/14 programme of training and testing to be completed by March 2014	Trust wide policies and procedures in place All locality/corporate continuity plans still need to be finalised and communicated 2013/14 training and testing programmes still need to be completed and finally the Trust and Locality on call arrangements still need to be finalised	Nov-13	2	2	4	Unchanged	No change	- 2	9			

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13	IBP12			01 June 2013	IBP 7.4 Service delivery & resource management	Estate not supporting safe and effective services to required standards	Buildings and estates not only enable or constrain actual service delivery and response to changing demands, they have a significant impact on organisational culture. AWP's Estates strategy sets out how we will ensure our estate is fit for purpose. Our plans to redesign services will require fundamental reassessment of how we use buildings.	Failure to provide a reduced, more flexible estate, based on a hub-and-spoke model of service provision.	2	3	6	Director of Business Development	Trust IBP including service strategy, Locality/Corporate Business Plans Response to future tenders focuses on the need to use estate wisely, Information Quality (IQ) system which includes reporting on estate CQC standards Trust Board Quality Improvement visits to clinical areas, "back to the floor" programme supported by senior managers PLACE assessments Monthly monitoring of PFI Regular estates and facilities meetings with operational managers Monthly monitoring of estates KPI's Complaints and incidents analysis	2	2	4	Weekly team huddles may identify operational outstanding estates issues not picked up above.	Huddles to commence September 2013	All current controls are in place and working effectively, however a possible issue of front line staff "not expecting things to change i.e. low expectations" may mean certain estates issues are not identified or carried through e.g. repairs.	Nov-13	2	1	2	Updated	No change	- 4	13		
14	IBP17			01 June 2013	IBP 7.4 Registration & licensing	Failure to achieve and maintain necessary standards	Post-Francis and Keogh, the regulatory and quality standards required of healthcare providers are under intense public scrutiny and political pressure. The role of regulators is likely to change, perhaps at very short notice, and the standard-setting bodies themselves may increase in number or in the level of their demands.	Failure to recognise and respond to the increased focus on quality and the changing landscape of regulatory standards.	2	4	8	Dir Nursing	IQ Quality Information System Q+S Committee work plan to scrutinise quality issues Quality Improvement Visits Current scrutiny of QGAF compliance Locality Management Teams can respond to local standards through Care Quality Review Meetings etc. Audit and Risk Committee reports	1	4	4	QGAF self assessment to be refreshed in line with recently published MONITOR guidance	14-Nov-13	The Huddles have commenced on alternative weeks	Jan-14	1	3	3	Closed	No change	- 5	11		