

Trust-wide Risk Register													You Matter, We Care													Register contains 11 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?	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												
18	TW1	BANES3	1. Deliver the best care	01 November 2014	Locality knowledge, discussions with commissioner, CQC visit	B&NES has 2 standalone wards (Ward 4, St Martin's & Sycamore Ward, Hillview Lodge) Sycamore ward is not a proper environment for acute mental health care and it also provides beds for older adults with functional mental illness. The environment was the subject of concern from the CQC in Nov 2013.	If the project to re-provide beds and improve the care environment in Sycamore Ward is not progressed, there will be a risk of further CQC concern & a risk that commissioners will consider re-rendering for in-patient care of adults of working age in B&NES	4	4	16	Director of Operations	CQC action plan in place to make intermediate changes. Scoping exercise approved by Investment planning group and in progress with Capita. Paper approved by locality team in preparation for CCG meeting Options paper to presented to B&NES Mental Health Project Group at end of March 2014	3	4	12	To complete provisional works within the ward. To continue with project group which consists of Commissioner, Locality Leadership Team, CSU. To present briefing paper to CCG board end of April 014. Work with the ward team to develop ideas around the environmental changes required	01-May-14	Risk escalated from BANES risk register - April 2014 Paper developed and ready to go to CCG board	Apr-14	2	3	6	Unchanged	No change	- 10	3												
9	IBP13		2. Support and develop staff	01 June 2013	IBP 7.4 Service delivery & resource management	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 services if everyone at AWP feels engaged and plays their part. AWP is undertaking rapid and significant change in its structures, systems, processes and leadership with the aim of providing reliable, high quality services. Changes internally and externally can be destabilising and organisational success is dependent on staff feeling supported and engaged.	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	Programme Director/ Development	Locality/Delivery Unit leadership Workforce planning Effective staff-side partnership working. Organisational Development Programme designed to specifically address alignment of organisational purpose with staff commitment. An extensive staff engagement programme will be initiated as part of this Programme. The Enabling Excellence programme sets out a series of evidence-based initiatives to build shared purpose, develop transformational leaders and embed strategy and ensure alignment with strategic priorities Supervision and Appraisal Task and Finish Group to review and implement changed policy and procedures Clinician Engagement Strategy Staff survey feedback actions - to be agreed by Board in February 2014	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. The Workforce Development Strategy plays a key role in achieving a positive organisational culture. The revised Workforce Strategy will address staff recruitment, development, talent management and workforce planning. New methods for measuring organisational culture will be identified and used to track changes in staff experience. A range of quantitative (survey results, sickness absence rates) and qualitative measures (culture audit) will be utilised to measure the impact of controls. Progress will be mapped through ESEC.	31-May-14	Staff Survey 2013 results do not show significant improvement on 2012 results. Internal survey results provide a real time picture of progress made in developing a positive culture. Quantitative survey results will be complemented by qualitative results (cultural audit). Sickness absence rates provide an indirect measures of staff engagement and satisfaction. Sickness absence is monitored via IQ and shows a downward trajectory. A strategic planning framework based on Trust strategic priorities has been implemented as part of the business planning cycle. The framework has enabled alignment between Trust Strategy and core business of Localities, Specialist Delivery Units and corporate services. Business planning has been positively received and final plans will be available in March 2014.	Apr-14	2	4	8	Unchanged	No change	- 4	1												
1	IBP02		4. Use our resources wisely	01 June 2013	IBP 7.4 Commercial	General mental health services being tendered by Clinical Commissioning Groups (CCGs) introduces a new group of customers who are themselves developing an understanding of what is expected of them and what they wish to achieve. New rules of engagement. New criteria. New commissioners: - CCGs - Local Authorities - Police and Crime Commissioners - NHS England New tendering/procurement regulations New providers via private and 3rd sector	Failure to establish effective and responsive working relationships with CCGs to understand their commissioning intentions and timeframes.	4	4	16	Director of Resources/ Director of Operations	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: • AWP's revised management structure prioritises clinical leadership • Locality structure enables services to be matched to local priorities, to experiment and innovate, and to respond quickly to changing needs • An open and transparent culture encourages dialogue with CCGs and between AWP staff • The "Back to the Floor" programme and Quality Improvement Visits allow Executive Directors to be aware of issues and opportunities apparent at localities. • Sharing of IQ information with commissioners • Service User and Carer involvement at	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 CQPRM with all CCGs and NHS England, supported by PaCMAN internally. Developing contracts, data base and pipeline.	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 October 2013 PacMan is now established and escalates any issues to CPMG monthly The Trust has recently progressed past ISOP stage in the Bristol CCG tendering exercise (lot 1). See also risk register entry IBP01 (Competition), IBP04 (Commercial culture), IBP08 (Innovation), IBP10 (Changing needs of commissioners), STR16 (Tendering and Contracts).	Mar-14	2	3	6	Updated	No change	- 10	3												

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8	IBP09		4. Use our resources wisely	01 June 2013	IBP 7.4 Service delivery & resource management	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.	3	4	12	Director of Resources	Leadership development programme in place for new Clinical Directors to enable them to support change and new working practice 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 approaches IQ System provides an accessible focus on quality and drives continuous improvement Weekly CIP assurance process in place Business Planning process underway Weekly recruitment panel in place Coordinating CIP development process for 14/15 and 15/16 with detailed PIDs, QIAs and defined delivery plans & leads.	3	3	9	Monthly monitoring via PMO & Ops of CIP delivery against budgets.	01-Apr-14	Plans in development for presentation to F&P on 21 February & to Board on 26 February. Budget setting in hand through locality planning via business plans.	Feb-14	2	4	8	Updated	Increase	- 4	1												
13	IBP12		4. Use our resources wisely	01 June 2013	IBP 7.4 Service delivery & resource management	Buildings and estates not only enable or constrain actual service delivery and response to changing demands, they have a significant impact on organisational culture.	Failure to provide a reduced, more flexible estate, based on a hub-and-spoke model of service provision.	3	4	12	Director of Resources	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	3	3	9	Trust-wide strategic estates review. Updated current estates plan via Business Planning Discussions with CCGs to utilise all Health related estates usage in each locality	01-Apr-14	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. The current risk score has been increased as further challenges regarding the estate have become apparent, specifically in relation to the adequacy of the estate	Mar-14	2	3	6	Updated	No change	- 6	3												
5	IBP16		5. Be future focused	01 June 2013	IBP 7.4 Partnerships	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	Director of Resources	Quality and performance management (QIS) Effective partnership relationship management Locality/Delivery Unit Business Plans Locality/CCG/partner meetings Chair/CEO quarterly CCG meetings CEO meetings with other stakeholders regularly, e.g. Las, Police and Crime Commissioner, Healthwatch	3	3	9	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.	Mar-14	2	3	6	Unchanged	No change	- 6	3												

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7	IBP05		5. Be future focused	01 June 2013	IBP 7.4 National, economic & policy	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).	4	3	12	Director of Resources	Short term – system controls are: The business planning process from which Cost Improvement Plans are identified, developed and agreed The establishment of the Programme Management Office The Trust Information Quality system and associated performance management through SMT, ET, Finance and Planning Committee and the Board Quality and Standards Committee ensures CIPs do not adversely impact on quality and finally Operational locality and corporate management structures effectively owning and implementing CIP's (note this risk is also covered by risk FIN 07). SMT provide additional oversight and action to ensure the implementation of the short term Cost Improvement Programme in 2013/14 and 2014/15.	3	3	9	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 CIP's 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. This risk has been redefined and rescored. At this time it is felt the inherent risk score was not correct at the time of the risk being defined. The current risk score reflects the appropriate score as identified by the current risk owner.	Mar-14	2	3	6	Updated	Increase	- 6	3				
14	IBP17		3. Continually improve what we do	01 June 2013	IBP 7.4 Registration & licensing	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	Director of 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 Programme of mock CQC inspections 15 Steps inspections	2	4	8	QGAF self assessment to be refreshed in line with recently published MONITOR guidance Developing assessment tool to evaluate compliance with Outcome 16 at locality level	30-Apr-14	5 15 Steps inspections and 16 mock CQC inspections have been completed. The development of the tool to assess compliance with CQC outcome 16 is underway to respond to high level concerns that compliance with this outcome is not robust trust-wide.	Feb-14	1	3	3	Unchanged	No change	- 5	11				

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6	IBP04		5. Be future focused	01 June 2013	IBP 7.4 Commercial	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	Director of Resources	<p>Developing of the IBP including a market analysis by an independent consultant which helped shape the locality business plans for 13/14</p> <p>Organisational Development programme to address the gaps in staff skills to ensure the Trust is fit for purpose</p> <p>Clinical Engagement being harnessed through Professional Council and development of Health Partnerships</p> <p>Creation of Business Development function to support localities</p> <p>Learning from tender experience</p>	2	3	6	<p>Commercial awareness and training embedded in the Trust from corporate and operational teams</p> <p>Refresh of the business planning process to ensure strategic vision, commissioner requirements and joint needs assessments are incorporated</p> <p>Specific training on bid development, writing and shaping innovate service offerings</p> <p>Establishment of a Clinical Academy to promote excellence in care</p> <p>Investment framework and embedding process.</p> <p>Better understanding of cost drivers and activity data through PbR/reference costs projects.</p>	Ongoing	<p>Business Development Framework in operational use</p> <p>Tender Decision Criteria launched in May 2013 and used in a number of tenders</p>	Mar-14	1	3	3	Unchanged	No change	- 9	11				
2	IBP15		4. Use our resources wisely	01 June 2013	IBP 7.4 Partnerships	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.	<p>Failure to ensure that the contracts we accept do not commit us to meeting unconstrained demand from partners without appropriate reimbursement.</p> <p>See also IBP04</p>	4	4	16	Director of Resources	<p>Creation of a central business development function to support localities in contracting and tendering.</p> <p>Learning from tender experience</p> <p>Effective partnership relationship management</p> <p>Locality/delivery unit business plans including a Business Development Plan.</p> <p>Tender evaluation process which details financial and operational risks associated with bidding for new contacts</p> <p>Effective costing and planning systems understood and in place</p> <p>Regular reporting on tendering activity to SMT and Finance and Planning Committee.</p> <p>Early overview of tenders on the horizon.</p>	2	3	6	<p>Maximising workforce efficiencies through service redesign and skill mixing.</p> <p>Streamlining pathways and processes which would lead to a reduction in reference costs/overheads within the trust to make the trust more price competitive.</p> <p>Working with partners to develop service offerings and increase the opportunity to bid for services.</p> <p>Clarity on the trusts strategic vision for service growth..</p> <p>Highlighting cost and activity pressures to CCGs via locality meetings and CPQM.</p>	01-Apr-14	<p>Robust contracting planning 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.</p> <p>Performance and contract management meeting now in place 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.</p> <p>Delivery of business plans and objectives will be monitored and managed throughout the coming year.</p>	Mar-14	2	2	4	Unchanged	No change	- 12	9				

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4	IBP03		4. Use our resources wisely	01 June 2013	IBP 7.4 Commercial	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 Resources	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	Mar-14	2	2	4	Unchanged	No change	- 8	9			
10	IBP08		4. Use our resources wisely	01 June 2013	IBP 7.4 Service delivery & resource management	Failure to develop a corporate and locality infrastructure that enables the Trust to respond quickly, appropriately and effectively to changing market requirements.	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 Resources	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 Integrated 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. Clinical Strategy, underpinning the Business Development Strategy	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	Mar-14	2	3	6	Unchanged	No change	- 6	3			