Trust-wide Risk Register — **You Matter, We Care**

Risk Reference						Risk Analysis					Risk Management							Risk Assurance								
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
STRATEGIC PRIORITY 1																										
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 an appropriate environment for acute mental health care and it also provides beds for older adults with functional mental illness. Further to LDU concerns the environment was the subject of concern from the CQC in November 2013. Additionally, there have been 2 serious incidents on the ward within a short space of time, further highlighting the shortfalls within the environment for both staff and patients.CQC hospital inspection June 2014 identified further environmental changes that were required urgently to improve observation and dignity	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 retendering for in-patient care of adults of working age in B&NES. Risk that due to increased concerns that the ward could be decommissioned.	5	5	25	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. Modern Matron post has been filled by an experienced nurse. Options paper presented to B&NES Mental Health Project Group at end of March 2014. Close oversight by triumvirate of ward function and performance. Recruitment to vacant posts progressed - ward manager now in post. Project group which consists of Commissioner, Locality Leadership Team, CSU - AWP project manager and executive leads now identified. Plan to present preferred options to local authority scrutiny panel in September 2014. Interim measures - no out of area admissions to Sycamore, no vulnerable person over 65 to be admitted, all non-vulnerable over 65's will be fully health and risk assesed by the intensive team prior to admission.The CIT team to make all referrals to intensive team as gatekeepers to Sycamore ward. All current patinets over 65 to be transferred to more suitable services to accomodate their complex needs. Agreed closure of 8 beds with no swing beds leaving 6 male and 9 female. Environmental changes include closure of high risk bed areas, improvement of sight lines and garden improvements and changes. Further works to be considered in light of ligature reviews that have been undertaken.	3	4	12	*To complete provisional works within the ward.* *To continue with project group which consists of Commissioner, Locaility Leadership Team, CSU.* *To progress reprovision project urgently with executive lead.*	30-Sep-14	Recruitment to ward team in hand.Ward Manager appointed. Ward Manager commences 16th June 2014 Weeklymonitoring with triumvirate and Operations Director. LDU has had further meetings with estates to progress further provisional changes. Further dicussions have been had between AWP exec and RUH exec. CSU taking lead to take to CCG Operational Leadership Team /Board Chief Exec to meet with CCG - triumvirate to meet with exec lead.	Jul-14	2	3	6	Updated	Increase	- 19	3
19	TW2	OPS17	1. Deliver the best care	08 January 2014	unresolving on going bed pressure and increased DTOC	Increased demand for older adult inpatient bed capacity. Increased number of DTOC.Increased acuity on inpatient units reducing the patient flow through the IPU. Bed escalation processes not creating sufficient capacity to manage demand. Closure of beds on Laurel Ward due to highly complex patient population	Failure to match demand with capacity would lead to pressure on existing resources and a requirement to use out-of-area beds for adult, PICU and older adults, potentially compromising patient care.	4	4	16	Director of Operations	Trustwide escalation to red against current escalation policy. Discussions held with commissioners. Consideration given to black escalation discussed with commissioners. On going discussions with local authoritys regarding DTOC both locally and Trustwide. Bed management and occupancy project being established to take urgent action against a number of different isuues relating to access, bed escalation, bed management, care coordination and discharge. Consideration on whether to block purchase private beds.	4	4	16	*Repatriate out of locality patients back to home locality over a 4 week period.* *Review intensive services in relation to gatekeeping and FED.* *Agree target bed occupancy based on staffing and risk.* *Work with LA partners to facilitate discharge of DTOC.* *Review out of hours arrangements for intensive teams including switchboard monitoring*	31-Jul-14	Risk escalated from Delivery Executive risk register and updated. Discussions with Commissioners in hand and Commissioner/AWP working group established. Project group established. LA escalation commenced for DTOC	Jun-14	3	2	6	New		- 10	9
STRATEGIC PRIORITY 2																										
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	Director of Organisational Development	Locality/Delivery Unit leadership actively promoting staff engagament Implemented Staff Friends and Family Test to monitor engagement. Workforce planning processes. Effective staff-side partnership working. Organisational Development Programme, Enabling Excellence, is designed to specifically address alignment of organisational purpose with staff commitment. An extensive staff engagement programme will be initiated as part of this Programme. New methods for measuring organisational culture have been identified and to track changes in staff engagement and culture. Measures monitored via ESEC. Revised Supervision and Appraisal policies implemented to improve engagement, staff development and ensure alignment with strategic priorities. Staff survey 6 improvement themes agreed by Board in February 2014. Progress reviewed by ESEC (June 2014). Benchmarking with other NHS Trusts complete.	3	4	12	*A Staff Experience and Engagement Strategy has been developed. Implementation will commence in August. 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 Workforce Development Strategy responds to the Clinical Startegy, takes account of the development needs of our entire workforce and responds to key policy documents e.g. Cavendish Review.*	30-Sep-14	Internal survey results provide a real time picture of progress made in developing a positive culture. Staff Friends and family test has been adopted as the internal staff survey and results from the May/June July show early signs of improvement. The greatest improvement is the percentage of staff reporting that quality of care is the organisations top priority (56% November 2013, 70% June 2014). Sickness absence rates provide an indirect measures of staff engagement and satisfaction. Sickness absence is monitored via IQ and shows a downward trajectory (3.79% April 2014). 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 are now in place. Positive feedback on Supervision and Appraisal policies and documentation.	Jul-14	2	4	8	Unchanged	No change	- 4	1

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STRATEGIC PRIORITY 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.	The Trust has been inspected by the Chief Inspector of Hospitals who has indicated a number of areas where improvement is required. Processes to sign off actions to provide assurance must be improved.	2	4	8	Director of Nursing	Monitoring of compliance via information reported through IQ system Quality and Standards Committee work plan to scrutinise quality issues Quality Improvement visits by Executive Team and Non-Executive Directors Continued scrutiny of QGAF compliance Locality Management Teams can respond to local standards through Care Quality Review Meetings etc. Audit and Risk Committee reports Ongoing programme of mock CQC inspections and 15 Steps inspections Monthly moitoring of Staffing Levels. Procedures for responding to external and internal inspections have been approved	3	4	12	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 Redesign Action Plan template for Trust wide use to have focus on Outcomes and assurance and less focus on describing process. Emma Adams to work with HoPPS to ensure new Procedures for inspection are embedded in to Governance practicies for Localities	30-Jun-14	Refresh of QGAF underway and evidence being collated to confirm compliance with requirements. 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 (new Domain is Well Led). Clinical Executive to redesign action plan template	Jun-14	1	3	3	Unchanged	No change	- 5	12
STRATEGIC PRIORITY 4																										
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 • Quality Academy established • 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. • Fortnightly of Quality Huddles reviews live information • Sharing of IQ information with commissioners • Service User and Carer involvement at all levels of the organisation, and celebration events held annually to engage wider stakeholders Greater transparancy of financial positions and costs.	3	3	9	*Greater external access to IQ reports will allow commissioners to scrutinise outcomes.* *Partnership working to be developed. CPMG 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.	The Trust has recently progressed past ISOP stage in the Bristol CCG tendering exercise (lot 1). See also risk register entry IBP04 (Commercial culture), IBP08 (Innovation), IBP10 (Changing needs of commissioners), STR16 (Tendering and Contracts).	Jun-14	2	3	6	Updated	No change	- 10	3
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.	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 Resources	Creation of a central business development function to support localities in contracting and tendering. Learning from tender experience Effective partnership relationship management Locality/delivery unit business plans including a Business Development Plan. Tender evaluation process which details financial and operational risks associated with bidding for new contacts Effective costing and planning systems understood and in place Regular reporting on tendering activity to SMT and Finance and Planning Committee. Highlighting cost and activity pressures to CCGs via locality meetings and CPQM. Early overview of tenders on the horizon.	2	3	6	*Maximising workforce efficiencies through service redesign and skill mixing.* *Streamlining pathways and processes which would lead to a reduction in reference costs/overheads within the trust to make the trust more price competitive.* *Working with partners to develop service offerings and increase the opportunity to bid for services.*	30-Jun-14	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. 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. Delivery of business plans and objectives will be monitored and managed throughout the coming year.	Jun-14	2	2	4	Unchanged	No change	- 12	9

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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.	4	4	16	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 bureacracy 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. Monthly monitoring via PMO & Ops of CIP delivery against budgets.	3	3	9			2 Yr CIP plans were signed off by the Trust Board in March 2014 and reported to the TDA as part of our annual operating plan return. The PMO is providing the reporting to F&P on the delivery of these plans monthly.	Jun-14	2	4	8	Updated	Increase	- 8	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. 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.	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 with operational managers Monthly monitoring of estates KPI's Complaints and incidents analysis	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*	30-Jun-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. The revised Estates Strategy is to be presented to Finance and Planning Committee in June 2014	Jun-14	2	3	6	Updated	No change	- 6	3

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STRATEGIC PRIORITY 5																										
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 identifed across the Trust in line with the Engagement Strategy which covers all stakeholders.*	30-Jun-14	The revised Estates Strategy and Workplan is being presented to Finance and Planning Committee in June 2014.	Jun-14	2	3	6	Unchanged	No change	- 6	3
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	Developing of the IBP including a market analysis by an independent consultant which helped shape the locality business plans for 13/14 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. Quality Academy established to promote excellence in care. 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* *Investment framework and embedding process.* *Better understanding of cost drivers and activity data through PbR/reference costs projects.*	Ongoing	Business Development Framework in operational use Tender Decision Criteria launched in May 2013 and used in a number of tenders	Jun-14	1	3	3	Unchanged	No change	- 9	12
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	As above.	Jun-14	2	3	6	Updated	Increase	- 6	3

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20	TW3		5. Be future focused	01 June 2014	IBP, risk 11, Commissioner Led, Ch. 7	It is widely expected that there will be an increase in competition across the specialised services commissioned by NHS England from 2015, although this has yet to be confirmed. This potentially is a risk to the Trust's business, particularly in relation to secure services. Additionally the move from Specialist Commissioning arrangements to NHSE regarding how resources are allocated regionally, has been highlighted to The Trust by the TDA as a risk.	Impact of changes to NHS England commissioner intentions for specialised services from 2015	4	4	16	Director of Resources	Positive and proactive relationship with NHSE Regular contract and performance meetings with specialist commissioners which demonstrate significant quality and performance improvements which are now sustained. Early discussions with NHSE regional team regarding the impact on the Trust of the potential funding gap in the commissioning of specialised services in NHSE Secure Services staffing redesign programme in place with consultation outcome published on 18th June CIPs identified and agreed for 2014/15 and in progress for 2015/16 Strong relationships in place with NHS England to develop new ways of working to reduce the risk of tenders.	4	3	12	Understand our costs of delivering services to be achieved through resource mapping by the Finance and Information Group reporting to CQPM Ongoing evidence of the delivery of good quality care from AWP to reduce the desire to re-commission from another provider	01-Jul-14	Work underway to understand costs and reference cost drivers in the Trust. Positive working relationships with NHSE regional commissioners Sustained quality and performance improvements Service redesign	Jun-14	2	2	4	New	No change	- 12	9
21	TW4		5. Be future focused	01 June 2014	IBP, risk 1, Market driven	Specialised services have been operating within a competitive environment for some time. Over the next 5 years it is expected that a number of the Trust's current services are likely to be put to competitive tender, in line with competition rules. Services affected will be Drug & Alcohol, ASD, ADHD and Veterans Services.	Competition increasing from open market place for specialised services	4	4	16	Director of Operations	The majority of tendering activity (with the notable exception being Bristol) is undertaken by the Specialist Delivery Unit. The delivery unit has built expertise in evaluating new opportunities and understanding the risks and benefits of these. The introduction of the tender assessment framework last year has enabled this to be aligned with the Trust strategic direction and risks are managed through this process, reporting to the Finance and Planning Committee through to the Board. The development of the Business Intelligence function within the Resources Directorate will significantly support the ability to forward plan the process of tendering which currently is opportunistic. Responding to a successful tender outcome through effective mobilisation requires development Strong relationships in place with NHS England to develop new ways of working to reduce the risk of tenders. Locality relationships with commissioners, supported by locality structures enable rapid service changes as required and the ability to work with commissioners to reshape provision without the need for tendering. CEO and Chair regularly meet with strategic leads within commissioning bodies. Resources restructure underway to ensure tenders and contracts are supported.	3	3	9	Ongoing evidence of the delivery of good quality care from AWP to reduce the desire to re-commission from another provider. Clarity of how AWP is adding value in our existing services through a variety of means requires development. Significant enhancement in 'publicity' and other written material on leaflets, packages, manuals, protocols etc to match those produced by competitors. New role within AWP for Head of Strategy and Business Development to develop partnerships to enable the trust to respond to tenders, growth within our current boundaries and beyond to meet the targets in our IBP. Strengthening of the project management function of the mobilisation process	01-Sep-14	Work is in progress to ensure we are open and transparent with costings of existing services and any new bids and business cases for services. Finance and Information Group which reports to CQPM and SMT reviewing costs of all wards/teams by locality with the CCGS to understand any imbalance in the allocation of our block contract. This is scheduled to be completed by the end of Q1.	Jun-14	2	2	4	New	No change	- 12	9