

Item	Risk title Vulnerability Threat Consequence	Affected objectives			Date identified	Source	Initial risk grade (I x L)			Owners		Current controls	Current gaps in control	Target risk grade (I x L)			Current assurance sources	Current gaps in assurance	Latest assurance	Current risk grade (I x L)		
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1 <b>New</b>	<p><b>CCG commissioning practice</b></p> <p><b>Vulnerability:</b></p> <p>Trust is heavily dependent on CCG commissioning practice, capability, and capacity to manage key contracts/service across the Whole Health Economy</p> <p><b>Threat:</b></p> <ul style="list-style-type: none"> <li>Commissioners seem unable to afford actual levels of demand experienced by the Trust and unable to afford actual 'service' costs, and may under-commission on this basis</li> <li>Commissioners may overestimate impact of demand management/Quality, Innovation, Productivity, and Prevention (QIPP) initiative - plans are not robust or transparent</li> <li>Commissioners likely to market test/tender services in an attempt to reduce their costs</li> <li>Commissioners will use contract levers/ technical challenges in an attempt to avoid payment for activity undertaken</li> <li>Commissioners do not commission out of hospital care appropriately, i.e. high % A&amp;E attendances are patients for Primary Care</li> <li>Commissioners do not commission Mental Healthcare (MH) appropriately, i.e. causing protracted A&amp;E stays for MH patients</li> <li>Commissioning is fragmented and there is little cohesive strategy across the commissioning landscape responsive to Trust needs</li> <li>Commissioners are reluctant to 'sign up' to Whole System obligations, i.e. specific objectives with regard to their 'demand' side responsibilities</li> </ul> <p><b>Consequence:</b></p> <ul style="list-style-type: none"> <li>Trust may fail to deliver against access targets</li> <li>Trust may fail to deliver against financial improvement plan</li> <li>Trust may fail to deliver against quality improvement plans</li> <li>Trust may experience significant service failure</li> <li>Patients may experience safety failures, poor outcomes, unacceptable levels of experience</li> <li>Trust strategic objectives may be inconsistent with those of commissioners.</li> </ul> <p><b>Associated risk register items:</b></p> <p>1824, 835, 1474</p>	✓	✓	✓	30.09.16	RA	4	5	25	07.02.17 Chief Financial Officer  Trust Board	31.01.17 <ul style="list-style-type: none"> <li>Contract clauses used by Trust in defence against CCG penalties and under-commissioning</li> <li>Correspondence with NHS England and upward pressure jointly with other NHS organisations within the local health economy</li> <li>Ensuring CCG practice shortfalls impacting upon Trust are raised through meetings with them and documented through meeting minutes</li> <li>Annual contract negotiations and in year contract management process to identify new and emerging risks, and collective mitigation is agreed where possible</li> </ul>	31.01.17 <ul style="list-style-type: none"> <li>Joint (all main commissioners) 'Strategic Local Health Economy Commissioning Board' or similar is required to: <ul style="list-style-type: none"> <li>Enable transparency</li> <li>Identify risks</li> <li>Enable better risk management</li> </ul> </li> </ul>	4	2	8	31.01.17 <ul style="list-style-type: none"> <li>Reports go to various internal forums, including: <ul style="list-style-type: none"> <li>Performance Management Forum</li> <li>Contract Management Forum</li> </ul> </li> <li>A number of shared/joint groups and committees are in place that try to monitor the situation, i.e.: <ul style="list-style-type: none"> <li>Planned Care Group</li> <li>Unscheduled Care Board</li> <li>Contract Management Group</li> </ul> </li> </ul>	31.01.17 <ul style="list-style-type: none"> <li>Joint (all main commissioners) 'Strategic Local Health Economy Commissioning Board' or similar is required to: <ul style="list-style-type: none"> <li>Enable transparency</li> <li>Identify risks</li> <li>Enable better risk management</li> </ul> </li> </ul>	31.01.17 <ul style="list-style-type: none"> <li>Monthly Contract Management meetings, including: <ul style="list-style-type: none"> <li>NHS England correspondence and responses</li> <li>Re-admissions audit</li> <li>Variance against plan</li> <li>Penalties</li> <li>Challenges</li> </ul> </li> <li>Referral to Treatment times – 'Red, Amber, Green' largely rated as Red throughout 2016</li> <li>A&amp;E 4 hour waits – 'Red, Amber, Green' largely rated as Red throughout 2016</li> <li>Cancelled operations – (last minute – no clinical reason) – 'Red, Amber, Green' rated as Red throughout 2016</li> <li>Number of patients not treated within 28 days of last minute cancellation – 'Red, Amber, Green' rated as Red throughout 2016</li> <li>Delayed Transfers of Care – 'Red, Amber, Green' rated as Red throughout 2016</li> </ul>	5	5	25	

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2	<b>Estates/fabric of buildings</b>  <b>Vulnerability:</b>  Significant history of unmet maintenance needs across estate and infrastructure  <b>Threat:</b>  <ul style="list-style-type: none"> <li>Poor estates maintenance will lead to unplanned closure of departments/areas</li> <li>Poor infrastructure maintenance will lead to unplanned service interruptions</li> <li>Care is being delivered in sub-optimal conditions, to the detriment of patients and staff</li> <li>Need for urgent, unplanned maintenance diverts resources from planned programmes of remediation</li> </ul> <b>07.02.17</b> <ul style="list-style-type: none"> <li>Lengthy procurement and capital planning processes, and difficulties with joined-up working across the Trust, have slowed progress with estates and buildings maintenance and work required</li> </ul> <b>Consequence:</b>  <ul style="list-style-type: none"> <li>Trust may fail to deliver against access targets</li> <li>Trust may fail to deliver against financial and quality improvement plans</li> <li>Trust may experience significant service failure</li> <li>Trust may be subject to additional regulatory action</li> <li>Trust reputation may deteriorate further</li> <li>Patients may experience safety failures, poor outcomes, unacceptable levels of patient experience</li> </ul> <b>Associated risk register items:</b>  105, 1644, 1403, 1560, 1402, 945, 1386, 1290, 1545, 1243, 1540, 1554	✓	✓	✓	20.06.16	RA	5	4	20	Director of Facilities and Estates  Quality and Performance Committee  Capital Expenditure Committee	<ul style="list-style-type: none"> <li>Capital plan/backlog maintenance programme</li> </ul>	<ul style="list-style-type: none"> <li>Management resource within Facilities and Estates Team</li> <li>Governance arrangements not established in accordance with guidance</li> <li>Current financial resources do not meet organisational requirements for backlog investment to enable backlog investment levels to remain the same or to reduce them</li> <li>No up to date 6 Facet Survey information within the Trust</li> <li>Currently no Service Level Agreements in place across services</li> <li>Incomplete asset register</li> </ul>	4	2	8	<ul style="list-style-type: none"> <li>Patient Led Assessments of the Clinical Environment (PLACE) audits</li> <li>CQC inspection</li> </ul>	<ul style="list-style-type: none"> <li>No up to date 6 Facet Survey information within the Trust</li> </ul>	<ul style="list-style-type: none"> <li>Authorising Engineer reviews for key engineering services in line with requirements of Building engineering in the health sector Health Technical Memorandum 00</li> </ul> <b>07.02.17</b> <ul style="list-style-type: none"> <li>A prioritised list of all work required is to be produced by 21<sup>st</sup> February, for discussion at the Multi-Directorate Meetings, and for escalation to the Board</li> </ul>	5	4	20

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3  <b>New</b>	<b>Overall patient flow through hospital/trust</b>  <b>Vulnerability:</b>  Patient flow through the Trust is not effective  <b>Threat:</b>  <ul style="list-style-type: none"> <li>Demand exceeds capacity, resulting in significantly high bed occupancy</li> <li>Delayed transfers of care</li> </ul> <b>Consequence:</b>  <ul style="list-style-type: none"> <li>High level of patients in situ who no longer require acute care</li> <li>Patients treated/cared for in inappropriate/sub-optimal areas</li> <li>Patients may experience safety failures, poor outcomes, unacceptable quality of patient experience</li> <li>Trust may fail to deliver against financial improvement plans</li> <li>Financial penalties</li> <li>Trust may fail to deliver against access targets</li> <li>Trust may fail to deliver against quality and safety improvement plans</li> <li>Trust may experience significant service failure</li> </ul> <b>Associated risk register items:</b>  682, 681, 1525, 421, 1483, 1709, 407, 1643, 1527, 1614, 1623, 1723, 332, 1694, 983	✓	✓	✓	30.09.16	RA	5	4	20	Chief Operating Officer  Quality & Performance Committee	<b>31.01.17</b>  <ul style="list-style-type: none"> <li>Clinical Transformation Group – 3 work streams to improve patient flow:               <ol style="list-style-type: none"> <li>Capacity:                   <ul style="list-style-type: none"> <li>Launched Hospital at Home initiative</li> <li>Adjusting bed occupancy level balance between RSCH and PRH with aim of achieving 90%</li> </ul> </li> <li>Internal Flow:                   <ul style="list-style-type: none"> <li>SAFER patient flow bundle implementation</li> <li>Red and Green Days implementation to track delays and stay value</li> <li>Strengthening site management and escalation</li> </ul> </li> <li>External Flow:                   <ul style="list-style-type: none"> <li>Monthly Accelerated Discharge events</li> <li>Stranded Patient Metric 7 day reviews</li> <li>Weekly DTOC (Delayed Transfers of Care) meetings</li> <li>PRH Hospital Discharge Project</li> <li>RSCH Discharge Improvement Project</li> </ul> </li> </ol> </li> </ul>	<b>31.01.17</b>  <ul style="list-style-type: none"> <li>Externally:               <ul style="list-style-type: none"> <li>Insufficient core capacity in community</li> <li>Insufficient Elderly Mentally Ill (EMI) capacity externally, particularly for those with dementia</li> <li>System escalation needs to be strengthened</li> </ul> </li> <li>Internally:               <ul style="list-style-type: none"> <li>Clinical engagement has a significant impact on timing of flow</li> <li>Silos of excellence around SAFER bundle need to be shared across the Trust at ward level</li> </ul> </li> </ul> <b>07.02.2017</b>  <ul style="list-style-type: none"> <li>3Ts Urgent Care Centre pathway in development</li> </ul>	4	2	8	<b>31.01.17</b>  <ul style="list-style-type: none"> <li>Red and Green Day tracking to monitor delays and stay value</li> </ul>	<b>31.01.17</b>  <ul style="list-style-type: none"> <li>Joint local health economy Board or similar is required to:               <ul style="list-style-type: none"> <li>Facilitate and improve swift patient discharge</li> <li>Reduce unnecessary A&amp;E visits</li> </ul> </li> </ul>	<b>31.01.17</b>  <ul style="list-style-type: none"> <li>Referral to Treatment times – ‘Red, Amber, Green’ largely rated as Red throughout 2016</li> <li>A&amp;E 4 hour waits – ‘Red, Amber, Green’ largely rated as Red throughout 2016</li> <li>Cancelled operations – (last minute – no clinical reason) – ‘Red, Amber, Green’ rated as Red throughout 2016</li> <li>Number of patients not treated within 28 days of last minute cancellation – ‘Red, Amber, Green’ rated as Red throughout 2016</li> <li>Delayed Transfers of Care – ‘Red, Amber, Green’ rated as Red throughout 2016</li> </ul>	4	5	20

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4  <b>New</b>	<b>Absence of strategic vision</b>  <b>Vulnerability:</b>  There is no up to date formalised strategic vision for the Trust  <b>Threat:</b>  <ul style="list-style-type: none"> <li>Trust cannot prioritise use of resources efficiently/effectively</li> <li>Trust faces unexpected threats from external and internal challenges</li> </ul> <b>Consequence:</b>  <ul style="list-style-type: none"> <li>Trust may divert attention and resources to ultimately unproductive objectives/practice</li> <li>Trust is unable to maintain identity/status</li> <li>Trust may fail to deliver against access targets</li> <li>Trust may fail to deliver against financial improvement plan</li> <li>Trust may fail to deliver against quality improvement plans</li> <li>Trust may experience significant service failure</li> <li>Patients may experience safety failures, poor outcomes, unacceptable levels of experience</li> </ul> <b>Associated risk register items:</b>  1825, 1474	✓	✓	✓	30.09.16	RA	4	5	20	<b>07.02.17</b> Chief Executive  Trust Programmes Board  Trust Board	<b>31.01.17</b> <ul style="list-style-type: none"> <li>Clinical Strategy and other Board approved functional strategies</li> <li>Clinical Transformation Programme</li> <li>2017/18 Operational Plan</li> </ul>	<b>31.01.17</b> <ul style="list-style-type: none"> <li>Strategic priorities agreed but not widely owned and shared</li> <li>Clinical Strategy not updated since March 2014 (undergoing refresh)</li> </ul>	4 2 8	<b>31.01.17</b> <ul style="list-style-type: none"> <li>Monthly report to Trust Programmes Board on Clinical Transformation Programme</li> </ul>	<b>31.01.17</b> <ul style="list-style-type: none"> <li>Need to translate and align priorities and progress into Strategic Objectives</li> <li>Need to report on progress against Strategic Objectives to Trust Programmes Board and Board of Directors regularly</li> </ul>	<b>31.01.17</b> <ul style="list-style-type: none"> <li>Strategic Priorities agreed by the Board in December as part of the 2017/18 Operational Plan</li> </ul>	4	5	20		

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5	<p><b>Failure to set up the Programme Management Office (PMO) and deliver the four programmes that form the basis of the Trust's integrated recovery plan</b></p> <p><b>Vulnerability:</b></p> <ul style="list-style-type: none"> <li>PMO capacity: Since August 2016, the PMO has been populated with a mix of interims and substantive staff and all posts are being recruited to substantively, however there is a significant amount of work to deliver within the four programmes</li> </ul> <p><b>Threat:</b></p> <ul style="list-style-type: none"> <li>Leadership capability and capacity: Significant number of initiatives across several areas leading to potentially insufficient resource to execute programmes</li> <li>Momentum and resilience: There is initial motivation for change but may be difficult to sustain new ways of working and pace in the long term</li> </ul> <p><b>Consequence:</b></p> <ul style="list-style-type: none"> <li>Integrated recovery plan not delivered</li> <li>Patients may experience service failures, poor outcomes and unacceptable levels of patient experience</li> </ul> <p><b>Associated risk register items:</b></p> <p>419, 1774, 1723</p>	✓	✓	✓	20.06.16	RA	5	4	20	<p>Director of Strategy</p> <p>Trust Programme Board</p>	<ul style="list-style-type: none"> <li>First round of recruitment led to 5 permanent appointments being made</li> <li>Programme Briefs created</li> </ul>	<ul style="list-style-type: none"> <li>All additional programme tools such as: <ul style="list-style-type: none"> <li>detailed plans</li> <li>dependencies</li> <li>robust approach to the management of issues and risks</li> </ul> </li> </ul> <p><b>31.01.17</b></p> <ul style="list-style-type: none"> <li>Second round of recruitment put on hold in November 2016 as posts within the PMO considered as suitable alternative employment for staff at risk</li> <li>PMO only has 12 posts filled out of the 21 posts needed</li> </ul>	3	1	3	<ul style="list-style-type: none"> <li>Reports to: <ul style="list-style-type: none"> <li>Trust Programme Board</li> <li>Quality and Safety Improvement Programme Board</li> <li>Financial Transformation Programme Board</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Programme Boards not yet set up for the other two programmes but will be in place by November 2016</li> </ul> <p><b>31.01.17</b></p> <ul style="list-style-type: none"> <li>Programme Boards not yet set up for the other two programmes but will be in place by March 2017</li> </ul>	<ul style="list-style-type: none"> <li>Financial Transformation Programme Board held on 21 September 2016 and Quality and Safety Improvement Programme Board 4 October 2016</li> </ul> <p><b>31.01.17</b></p> <ul style="list-style-type: none"> <li>Financial Transformation Programme Board held on 17 January 2017</li> <li>Quality and Safety Improvement Programme Board held on 3 January 2017</li> <li>Trust Programme Board held on 12 January 2017</li> </ul> <p><b>07.02.2017</b></p> <ul style="list-style-type: none"> <li>Western Sussex reviewing PMO, as no resources to support workforce</li> </ul>	5	4	20

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6	<p><b>Missed targets due to inability to cope with increased demand through change in NICE criteria for cancer referral</b></p> <p><b>Vulnerability:</b></p> <p>NICE have changed the national criteria and targets for cancer referrals (NG12) so that tests must be carried out within 2 weeks</p> <p><b>Threat:</b></p> <p>The number of cancer patient referrals into the hospital will increase without systems adjustment to cope</p> <p><b>Consequence:</b></p> <p>Patients suffer:</p> <ul style="list-style-type: none"> <li>delayed/missed diagnosis</li> <li>impaired outcomes</li> <li>reduced patient experience</li> <li>stress and/or distress</li> <li>discomfort</li> </ul> <p>Trust suffers:</p> <ul style="list-style-type: none"> <li>target to test within 2 weeks not met</li> </ul> <p><b>07.02.2017</b></p> <ul style="list-style-type: none"> <li>all associated targets not met, e.g. 31 day standard, breast symptom 2 week standard, 62 day screening standard, etc</li> </ul> <p><b>Associated risk register items:</b></p> <p>1782</p>	✓	✓	✓	12.09.16	RA	5	4	20	<p>Clinical Director for Cancer Services</p> <p>Quality &amp; Performance Committee</p> <p>Patient Safety Committee</p>	<ul style="list-style-type: none"> <li>Raised with Sussex Cancer Board and CCGs to find alternative models of service provision</li> <li>Trust reps met with Western Sussex Hospitals NHS Foundation Trust (WSHT), East Sussex Healthcare NHS Trust (EST), and Surrey and Sussex Healthcare NHS Trust (SASH) reps, and agreed that model needs to be dedicated rapid diagnostic centres, and that none of the trusts could deal with a 10-15% increase in demand without radically changing the method of delivery</li> <li>Agreed to work together in the Sustainability and Transformation Plan (STP) footprint to provide a provisional plan</li> <li>Project planning over next few weeks whilst awaiting CCG info</li> <li>Want to explore electronic solutions for referral</li> </ul>	<ul style="list-style-type: none"> <li>Potential increase in demand un-quantified - significant risk for non-cancer 2ww referrals (for example for patients with suspected aneurysms, etc.)</li> <li>Sussex Cancer Board has yet to meet re: predicted increase in demand, and how they wish to fund and meet this - they feel they have addressed this in the new commissioning round, although details not yet available; more information has been requested of them</li> <li>Need to decide how Trust can meet the rising demand in diagnostics (imaging, pathology and endoscopy), out-patients and surgery/oncology; difficult to predict accurately but carrying out an options appraisal for a 5%, 10% and 15% increase in demand</li> <li>Launch is likely to be in October, but the plan is not confirmed/agreed in any business planning for the relevant directorates and therefore remains a risk</li> </ul>	4	2	8	<p><b>31.01.17</b></p> <ul style="list-style-type: none"> <li>Launch of revised service provision model is likely to be April 17</li> </ul>	<ul style="list-style-type: none"> <li>Need to guide and monitor the process, through an agreed triage platform, to mitigate significant impact on any one specific modality</li> <li>Initial CCG modelling has seen growth of up to 30%, but given that the baseline is unclear this may or may not be a concern</li> <li>The current proposal from the CCG is that there is a different referral form for each suspected tumour group, which presents risks around mistakes and errors; currently there is a single referral form which is well-recognised across the local health economy and reduces the risk of inappropriate referrals; whichever model is chosen, the impact of the changes will need monitoring</li> </ul> <p><b>31.01.17</b></p> <ul style="list-style-type: none"> <li>Revised service provision model due in April 17 is not yet confirmed/agreed in any business planning for the relevant directorates</li> </ul>	<p><b>31.01.17</b></p> <ul style="list-style-type: none"> <li>Initial internal modelling in conjunction with CCG's has confirmed growth of up to 43%, with the impact much lower for Oncology, but greater for Referral to Treatment targets</li> </ul>	4	4	16



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7	<b>Recruitment and retention of staff</b>  <b>Vulnerability:</b>  Trust has pockets of under-recruitment and high levels of staff vacancies  <b>Threat:</b> <ul style="list-style-type: none"> <li>Trust does not have enough suitably qualified staff available to deliver high levels of Quality in "business as usual" services</li> <li>Trust does not have enough suitably qualified staff available to deliver to implement recovery plans</li> </ul> <b>Consequence:</b> <ul style="list-style-type: none"> <li>Trust may fail to deliver against access targets</li> <li>Trust may fail to deliver against financial and quality improvement plans</li> <li>Trust may experience significant service failure</li> <li>Patients may experience safety failures, poor outcomes, unacceptable levels of patient experience</li> </ul> <b>Associated risk register items:</b>  1620, 1636, 1708, 1657, 1565, 1564, 1402	✓	✓	✓	20.06.16	RA	4	5	20	<b>07.02.17</b> Director of Human Resources  Quality and Performance Committee  Trust Programme Board	<ul style="list-style-type: none"> <li>Workforce KPIs</li> <li>Extensive workforce modernisation programme (piloting and developing new roles)</li> <li>Development of Workforce and Leadership Programme</li> </ul>	<ul style="list-style-type: none"> <li>Absence of clear recruitment and retention plans in all "hot spot areas"</li> <li>Lack of release time to attend educational programmes</li> </ul>	4	2	8	<ul style="list-style-type: none"> <li>Workforce KPI's</li> <li>Exit interviews</li> <li>Safer nursing and midwifery staffing reports</li> </ul>	<ul style="list-style-type: none"> <li>Plan to refresh Trust's vision, values and strategy under discussion</li> <li>"One Stop" recruitment shops will be rolled out across high volume recruitment areas (e.g. nursing and soft Facilities Management)</li> <li>Chief Nurse's 'Refer a Friend' Initiative to be implemented</li> <li>Attraction of candidates through a vacancy landing page/microsite can be improved with the development of the extranet via Comms. Team</li> </ul> <b>07.02.17</b> <ul style="list-style-type: none"> <li>International Recruitment Business Case going through lengthy procurement process which is impeding progress</li> </ul>	<ul style="list-style-type: none"> <li>Comprehensive workforce modernisation programme underway to develop new/extended roles to fill local/national labour market gaps; HR Business Partners working with Directorates to identify workforce plans for "hot spot" areas</li> </ul> <b>31.01.17</b> <ul style="list-style-type: none"> <li>12 month project underway (HEKSS funded) to improve recruitment/retention of Newly Qualified Practitioners</li> <li>Direct-Entry Apprentice programme is helping to fill vacancies at Band 1/2</li> <li>Proposal in development to undertake 'pool' recruitment of some/all A&amp;C staff Bands 2-4/5</li> <li>The Trust is currently implementing the Trac Recruitment System which will go live on 27th &amp; 28th February; the system will make the process easier, faster, reduce cost of recruitment, improve communication with applicants, enhance KPI reporting and meets CQC and NHS Employers standards</li> <li>Nursing Consultation has closed, with mutual agreement for all changes achieved; further discussion with staff-side is required to bring in to force the Rostering Policy</li> <li>Review of the Trust's Exit interview process and improve upon the existing model</li> <li>A Head of Temporary Staffing has been appointed</li> <li>Full operational hours Bank office function is being undertaken</li> </ul>	4	4	16

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8	<p><b>Widespread/key IT systems failure</b></p> <p><b>Vulnerability:</b></p> <p>Significant history of unmet maintenance/ service/upgrade needs across the Trust</p> <p><b>Threat:</b></p> <ul style="list-style-type: none"> <li>Systems breakdown (specific and general, e.g. Outlook) will lead to unplanned service interruptions</li> <li>Systems with known management issues: <ul style="list-style-type: none"> <li>- MetaVision</li> <li>- Endoscopy</li> <li>- Diabetes</li> <li>- System1</li> <li>- Ophthalmology</li> </ul> </li> <li>Systems malfunction may lead to inaccurate diagnostic information and inappropriate treatment</li> </ul> <p><b>Consequence:</b></p> <ul style="list-style-type: none"> <li>Trust may fail to deliver against access targets</li> <li>Trust may fail to deliver against financial and quality improvement plans</li> <li>Trust may experience significant service failure</li> <li>Trust may be subject to additional regulatory action</li> <li>Trust reputation may deteriorate further</li> <li>Patients may experience safety failures, poor outcomes, unacceptable levels of patient experience</li> </ul> <p><b>Associated risk register items:</b></p> <p>1823, 1091, 1382, 1606, 1602</p>	✓	✓	✓	20.09.16	RA	5	4	20	<p><b>07.02.17</b></p> <p>Senior Information Risk Officer (Chief Operating Officer)</p> <p>Information Governance Committee</p>	<ul style="list-style-type: none"> <li>Responsible owners, Information Asset Owner (IAA) and Information Asset Administrators (IAO) manage upgrade schedules</li> <li>IT change board</li> <li>System Managers meetings with some focus on systems with known management issues: <ul style="list-style-type: none"> <li>- MetaVision</li> <li>- Endoscopy</li> <li>- Diabetes</li> <li>- System1</li> <li>- Ophthalmology</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Not all Information systems have IAA and IAO's or the budget for the roles</li> <li>Ad-hoc approach to supplier and system management</li> </ul>	3	2	6	<ul style="list-style-type: none"> <li>Information Governance Committee oversight</li> </ul> <p><b>07.02.17</b></p> <ul style="list-style-type: none"> <li>Information Management and Technology Steering Committee introduced</li> </ul>	<ul style="list-style-type: none"> <li>Lack of regular reporting against system management</li> </ul>	<ul style="list-style-type: none"> <li>None as yet due to the risk only recently being managed formally</li> </ul> <p><b>07.02.17</b></p> <ul style="list-style-type: none"> <li>Information Management and Technology Steering Committee met in January</li> </ul>	4	4	16



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		Delivery of access targets	Delivery of FIP	Delivery of Q&S Improvement plan			Impact	Likelihood	Total				Impact	Likelihood	Total				Impact	Likelihood	Total
9	<p><b>Unexpected service interruption or disruption</b></p> <p><b>Vulnerability:</b></p> <p>Unexpected service interruption or disruption due to:</p> <ul style="list-style-type: none"> <li>pandemic flu or other infectious disease pandemic</li> <li>multiple casualty incident</li> <li>major incident involving chemical, biological, radiological, nuclear (CBRN)/hazardous materials</li> <li>business continuity disruption affecting Trust's ability to provide critical services</li> <li>whole hospital evacuation (mass evacuation of part or all of site due to a major incident on site - covers the strategic planning for whole hospital evacuation and does not cover general fire risks and fire safety), or</li> <li>adverse weather conditions affecting the trust's ability to provide critical services</li> </ul> <p><b>07.02.2017</b></p> <ul style="list-style-type: none"> <li>significant equipment failure, e.g. ventilation equipment, linear accelerators, etc; ventilation equipment failure could amount to ten weeks of downtime, with a loss of income of £7k per day</li> </ul> <p><b>Threat:</b></p> <ul style="list-style-type: none"> <li>Service failure</li> <li>Services overwhelmed</li> </ul> <p><b>Consequence:</b></p> <p>Patients may experience:</p> <ul style="list-style-type: none"> <li>service failures</li> <li>unacceptable levels of care</li> <li>poor outcomes</li> </ul> <p><b>Associated risk register items:</b></p> <p>145, 408, 395</p>	✓	✓	✓	20.06.16	RA	4	4	16	<p>Accountable Emergency Officer (Chief Operating Officer)</p> <p>Resilience Forum</p> <p>Quality &amp; Performance Committee</p>	<ul style="list-style-type: none"> <li>Up to date Flu Plan In place, After Action Reviews post any incident, and the Trust took part in a regional Pandemic Flu Exercise, Sept 2016</li> <li>Major Incident Plan in place, After Action Reviews post any incident, and the trust takes part in yearly Table Top Exercises and 3-yearly Live Exercises</li> <li>Trust has access to the National Stockpile of equipment</li> <li>Business Continuity Plans requested from suppliers when contracts agreed</li> <li>Trust takes part in local Business Continuity Exercises to test plans (Exercise Dark Star March 2016 looked at power failure)</li> <li>A Table Top Exercise for evacuation of all or part of site involving multi-agencies and other local NHS trusts was completed 3 years ago</li> <li>Cold Weather Plan and Heat Wave Plan in place, and communications go out to staff during heat watch and cold watch periods</li> <li>On-going programme of staff training, and the Head of Resilience attends Sussex-wide multi-agency meetings and training</li> </ul> <p><b>31.01.2017</b></p> <ul style="list-style-type: none"> <li>Haz-Mat/CBRN Maintenance programme agreed for 2017</li> <li>Currently advertising for a new band 6 Resilience Manager role to work with the Head of Resilience</li> </ul>	<ul style="list-style-type: none"> <li>The Head of Resilience is working on updating the Trust-wide Business Continuity Plan to align with the new International (ISO) Standard, all critical services must ensure their plans remain up to date, and Facilities and Estates plans must be completed ASAP</li> <li>A draft Trust-Wide Hospital Evacuation Plan needs to be finalised and published, and this needs to include how we would track patients that may be being transferred to other facilities around the country</li> </ul> <p><b>31.01.2017</b></p> <ul style="list-style-type: none"> <li>Draft Haz-Mat/CBRN plan written and signed off by the Resilience Forum - to be approved by QPC Feb 2017</li> </ul>	4	3	12	<ul style="list-style-type: none"> <li>All part of the Emergency Planning, Resilience and Response (EPRR) assurance process (just completed for this year), involving assessment against NHS EPRR Core Standards</li> </ul>	<ul style="list-style-type: none"> <li>Not compliant with core standard (but evidence of progress, and in the EPRR work plan for the next 12 months), for: <ul style="list-style-type: none"> <li>major incident involving CBRN/ hazardous materials</li> <li>business continuity disruption affecting trust's ability to provide critical services</li> <li>whole hospital evacuation (mass evacuation of part or all of site due to a major incident on site)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Fully compliant with core standard for: <ul style="list-style-type: none"> <li>pandemic flu or other infectious disease pandemic</li> <li>adverse weather conditions affecting the trust's ability to provide critical services</li> </ul> </li> </ul>	4	4	16

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		Delivery of access targets	Delivery of FIP	Delivery of Q&S Improvement plan			Impact	Likelihood	Total				Impact	Likelihood	Total				Impact	Likelihood	Total
10 <b>New</b>	<p><b>Uncertainty as Western Sussex Hospitals NHS Foundation Trust take responsibility for the Trust</b></p> <p><b>Vulnerability:</b></p> <p>Retention and deflection of resources and staff during transitional phase with Western Sussex Hospitals, ahead of their Executive Team and Chair formally taking responsibility for the Trust from 1st April 2017</p> <p><b>Threat:</b></p> <ul style="list-style-type: none"> <li>Management resource may be diverted to accommodate issues and work arising from the planned integration of BSUH management with that of Western Sussex Hospitals NHS Foundation Trust</li> <li>Staff may leave the organisation because of uncertainty about their future role</li> <li>Inability to make strategic or investment decisions</li> </ul> <p><b>Consequence:</b></p> <ul style="list-style-type: none"> <li>Gaps in leadership, management and clinical roles</li> <li>Staff experience stress and anxiety</li> <li>Service failure</li> <li>Poor patient experience</li> <li>May affect delivery of access targets</li> <li>May affect delivery of Financial Improvement Plan</li> <li>May affect delivery of Quality and Safety Improvement Plan</li> </ul> <p><b>Associated risk register items:</b></p> <p>1811</p>	✓	✓	✓	10.01.17	RA	4	4	16	<p><b>07.02.2017</b></p> <p>Chief Executive</p> <p>Quality &amp; Performance Committee</p> <p>Trust Board</p>	<ul style="list-style-type: none"> <li>Improvement Oversight Group</li> <li>Chief Executive's Monday Message to all staff</li> <li>Meetings with Western Sussex Hospitals</li> <li>Western Sussex Hospitals due diligence exercise</li> </ul>	<ul style="list-style-type: none"> <li>Agree longer-term arrangement between the 2 Trusts</li> <li>Agree governance and management structure for period from 1<sup>st</sup> April</li> <li>Agree composition of BSUH Board</li> <li>Communicate arrangements, structure, and plan to all staff</li> </ul> <p><b>07.02.2017</b></p> <ul style="list-style-type: none"> <li>Agree management contract</li> </ul>	4	2	8	<ul style="list-style-type: none"> <li>Performance monitoring per usual</li> </ul>	<ul style="list-style-type: none"> <li>The Board will need to monitor performance and quality issues closely during the interim period and take action to mitigate any deterioration noted or lack of required progress</li> </ul>	<ul style="list-style-type: none"> <li>No issues identified as yet, though a number of key management staff are set to leave the organisation</li> </ul>	4	4	16

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		Delivery of access targets	Delivery of FIP	Delivery of Q&S Improvement plan			Impact	Likelihood	Total				Impact	Likelihood	Total				Impact	Likelihood	Total
11  <b>New</b>	<b>Loss of Major Trauma Centre status</b>  <b>Vulnerability:</b> Maintenance of Level 1 Trauma Centre status is essential to delivery of specialist services in Sussex  <b>Threat:</b> <ul style="list-style-type: none"> <li>Trust does not meet the relevant specified standards for a Major Trauma Centre</li> <li>Optimal pathways not followed for major trauma patients</li> </ul> <b>Consequence:</b> <ul style="list-style-type: none"> <li>Trust will no longer be able to support a range of specialised services</li> <li>3Ts programme will be undermined</li> <li>Trust may fail to deliver against access targets</li> <li>Trust may fail to deliver against financial improvement plan</li> <li>Trust may fail to deliver against quality improvement plans</li> <li>Trust may experience significant service failure</li> <li>Patients may experience delays, deterioration, safety failures, poor outcomes, unacceptable levels of experience</li> </ul> <b>Associated risk register items:</b>  1826, 1422	✓	✓	✓	30.09.16	RA	4	4	16	Director of Strategy  Trust Programmes Board  Trust Board	<b>31.01.17</b> <ul style="list-style-type: none"> <li>Annual self-assessment process in place and completed</li> </ul> <b>07.02.2017</b> <ul style="list-style-type: none"> <li>Immediate actions approved by Trust Board in January 2017</li> </ul>	<b>31.01.17</b> <ul style="list-style-type: none"> <li>A number of areas have been highlighted by NHS England whereby the Trust is not fully compliant with Major Trauma Centre guidance</li> </ul>	4	2	8	<b>31.01.17</b> <ul style="list-style-type: none"> <li>Completion and submission of annual self-assessment returns</li> </ul>	<b>31.01.17</b> <ul style="list-style-type: none"> <li>Full action plan to address recommendations in NHS England report (will go to Trust Board in March 2017)</li> </ul>	<b>31.01.17</b> <ul style="list-style-type: none"> <li>Action plan being developed</li> </ul>	4	4	16

Item	Risk title Vulnerability Threat Consequence	Affected objectives			Date identified	Source	Initial risk grade (I x L)			Owners Role Board Committee Other Committees	Current controls	Current gaps in control	Target risk grade (I x L)			Current assurance sources	Current gaps in assurance	Latest assurance	Current risk grade (I x L)		
		Delivery of access targets	Delivery of FIP	Delivery of Q&S Improvement plan			Impact	Likelihood	Total				Impact	Likelihood	Total				Impact	Likelihood	Total
12	<p><b>Leadership capacity</b></p> <p><b>Vulnerability:</b></p> <p>Trust Leadership capacity is stretched by demands of delivery of “Business as Usual” and recovery plans</p> <p><b>Threat:</b></p> <ul style="list-style-type: none"> <li>• Delivery of “business as usual” requires constant innovation and oversight</li> <li>• Delivery of recovery plans requires constant innovation and oversight</li> </ul> <p><b>Consequence:</b></p> <ul style="list-style-type: none"> <li>• Trust may fail to deliver against access targets</li> <li>• Trust may fail to deliver against financial and quality improvement plans</li> <li>• Trust may experience significant service failure</li> <li>• Patients may experience safety failures</li> </ul> <p><b>Associated risk register items:</b></p> <p>1669, 1474</p>	✓	✓	✓	20.06.16	RA	5	4	20	<p><b>07.02.17</b></p> <p>Director of Human Resources</p> <p>Quality and Performance Committee</p> <p>Workforce and leadership programme Board</p>	<ul style="list-style-type: none"> <li>• Executive portfolios and structures approved</li> <li>• Interim Chair appointed</li> <li>• Integrated Recovery Plan approved</li> <li>• NHS Improvement Director appointed</li> <li>• Additional permanent/ interim senior resources in place including Director of Clinical Governance, and Chief Information Officer</li> <li>• Programme Management Office established and permanent recruitment currently underway</li> <li>• Additional consultancy support commissioned to support delivery of Financial Transformation Plan</li> <li>• Directorate leadership/support requirements identified</li> <li>• New Performance Management framework agreed</li> <li>• Workforce and Leadership Programme currently under construction</li> <li>• “1000 hours” of visits by Board and Senior Managers to all areas of the Trust and associated feedback mechanism in place</li> </ul>	<ul style="list-style-type: none"> <li>• Uncertainty about long term leadership arrangements</li> <li>• Limitations of current Operating Model</li> </ul>	5	1	5	<ul style="list-style-type: none"> <li>• CQC inspection and monitoring</li> <li>• Integrated Recovery Plan</li> <li>• Trust Programme Board</li> <li>• Safety and Quality Programme</li> <li>• Performance Management Meetings</li> </ul>	<ul style="list-style-type: none"> <li>• An agreed workforce plan to recruit to substantive senior leadership positions</li> <li>• Full implementation of the Performance Management Framework</li> </ul>	<ul style="list-style-type: none"> <li>• Proposed groupings of Directorates determined by the COO and CDs</li> <li>• Interim Chair and Interim CEO providing stability to the Trust in the short-term</li> <li>• Substantive appointment to Director of Clinical Governance</li> <li>• Interim appointments to Chief Information Officer, Turnaround Director</li> <li>• An agreed Integrated Recovery Plan in place</li> <li>• Four Trust-wide Programme Briefs signed off or at final stages of consultation</li> <li>• Implementation of additional business support to the Directorates within internal resource pool underway and corporate Service Level Agreements to be developed between corporate services and directorates</li> <li>• 350 Managers have attended Leading the Way 2 Management Development programme</li> </ul> <p><b>31.01.17</b></p> <ul style="list-style-type: none"> <li>• Professional and Study Leave Policy for Medical staff has been reviewed, and should support service delivery; due to be ratified in February</li> </ul>	5	3	15

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		Delivery of access targets	Delivery of FIP	Delivery of Q&S Improvement plan			Impact	Likelihood	Total				Impact	Likelihood	Total				Impact	Likelihood	Total
13	<p><b>Staff not appropriately supported in terms of release time to undertake statutory and mandatory training or being effectively appraised</b></p> <p><b>Vulnerability:</b> Trust does not have the staff capacity or capability to deliver the required services</p> <p><b>Threat:</b></p> <ul style="list-style-type: none"> <li>Trust does not have enough suitably qualified staff available to deliver high levels of quality in "business as usual" services</li> <li>Trust does not have enough suitably qualified staff available to deliver to implement recovery plans</li> </ul> <p><b>Consequence:</b></p> <ul style="list-style-type: none"> <li>Trust may fail to deliver against access targets</li> <li>Trust may fail to deliver against financial and quality improvement plans</li> <li>Trust may experience significant service failure</li> <li>Patients may experience safety failures, poor outcomes, unacceptable levels of patient experience</li> </ul> <p><b>Associated risk register items:</b> 1620, 145, 1639, 102, 1636, 1625, 1740, 1402, 1523, 1432</p>	✓	✓	✓	20.06.16	RA	5	4	20	Director of Human Resources  Quality and Performance Committee  Safety and Quality Improvement Programme Board	<ul style="list-style-type: none"> <li>Statutory and mandatory training programme in place</li> <li>Annual appraisal programme in place</li> </ul>	<ul style="list-style-type: none"> <li>Uptake of statutory and mandatory training is below target – action plan in place, monitored by Senior Management Team and Quality and Performance Committee</li> <li>Appraisal completion is below target – action plan in place, monitored by Senior Management Team and Quality and Performance Committee</li> </ul>	5	1	5	<ul style="list-style-type: none"> <li>Monitored through the Integrated Performance Framework</li> </ul>	<ul style="list-style-type: none"> <li>People Management Accountability Framework currently under construction</li> </ul>	<ul style="list-style-type: none"> <li>Statutory and mandatory training options and routes to access have been increased and improved</li> <li>HR Dashboard with turnover, vacancy and appraisal data is reported and distributed monthly and followed up by HR Business Partners with Directorate Leads</li> <li>Clear trajectories for improvement in performance in place and performance managed through the new Performance Management Framework</li> </ul> <p><b>31.01.17</b></p> <ul style="list-style-type: none"> <li>Introduction of Iris and increase in face-to-face training has raised overall Statutory and Mandatory compliance from 49% (April 16) to 69% (Jan 17)</li> <li>Progress and uptake is tracked at a weekly reporting group and compliance is reported every fortnight</li> <li>All subject matters are now available on iris and on average 3,000 staff log on to iris every month</li> </ul>	5	3	15

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		Delivery of access targets	Delivery of FIP	Delivery of Q&S Improvement plan			Impact	Likelihood	Total				Impact	Likelihood	Total				Impact	Likelihood	Total
14	<p><b>Poor staff engagement, low morale and reports of a culture of bullying, discrimination and favouritism</b></p> <p><b>Vulnerability:</b></p> <p>Prolonged experience of challenging working environment, financial restraints, regulatory activity etc. has demotivated, disappointed, frustrated and demotivated staff</p> <p><b>Threat:</b></p> <ul style="list-style-type: none"> <li>Staff may fail to use their initiative</li> <li>Staff may become ill</li> <li>Staff may become less productive</li> <li>Employee relations may deteriorate</li> <li>Staff may fail to engage with development programmes</li> <li>Staff may choose to leave the Trust</li> <li>Staff may reflect personal feelings in quality of care / performance</li> </ul> <p><b>Consequence:</b></p> <ul style="list-style-type: none"> <li>Trust may fail to deliver against access targets</li> <li>Trust may fail to harness the benefits of motivating and retaining a diverse workforce</li> <li>May impact negatively on Trust's ability to recruit and retain staff</li> <li>Trust may fail to deliver against financial and quality improvement plans</li> <li>Trust may experience significant service failure</li> <li>Trust management relationship with staff may deteriorate further</li> <li>Patients may experience safety failures, poor outcomes, unacceptable levels of patient experience</li> <li>Trust may not deliver its statutory employment and equality legal obligations</li> </ul> <p><b>Associated risk register items:</b></p> <p>1000, 1687</p>	✓	✓	✓	20.06.16	RA	5	4	20	<p><b>07.02.2017</b></p> <p>Director of Human Resources</p> <p>Trust Board</p> <p>Quality and Performance Committee</p> <p>Trust Programme Board</p>	<ul style="list-style-type: none"> <li>Integrated Recovery Plan</li> <li>Workforce and Leadership Programme</li> </ul>	<ul style="list-style-type: none"> <li>Requirement to develop a cultural audit measuring tool to monitor the impact of change programmes and initiatives undertaken</li> <li>Workforce and Leadership Programme Brief is currently being finalised with key stakeholders</li> <li>The Programme will incorporate the actions detailed in the Integrated Recovery Plan and CQC "must and should do" actions relating to workforce</li> <li>The Programme details how we will create a culture of equality and fairness for all staff, how we will up-skill our leaders and managers, how we will modernise our workforce now and in the future and how we can improve staff experience, engagement and well-being</li> </ul> <p><b>07.02.2017</b></p> <ul style="list-style-type: none"> <li>CQC compliance work not yet commenced due to delays in procurement process</li> </ul>	5	1	5	<ul style="list-style-type: none"> <li>National Staff Survey</li> <li>Quarterly Staff Friends and Family Test</li> <li>Annual Workforce Equality Report</li> <li>Workforce KPI's</li> <li>Integrated Performance Report</li> <li>1000 hours of Board and Senior Managers visits</li> <li>Well-Being Committee</li> <li>Working to Workforce Race Equality Standard</li> <li>Working to Equality Delivery Standard 2 (EDS2)</li> </ul>	<ul style="list-style-type: none"> <li>Requirement to develop a cultural audit measuring tool to monitor the impact of change programmes and initiatives undertaken</li> <li>A programme to develop and train workplace mediators is currently being commissioned</li> <li>As part of the national anti-bullying week in November the Trust will be holding a whole series of events to support and educate managers and staff</li> <li>The Chief Executive, Director of Strategy and Director of Workforce and OD are in discussions about the use of "crowd sourcing" to engage staff in the refresh of our vision, values and strategy</li> <li>The Trust will be commissioning external expertise to support the required cultural change and review of the management of equalities within the Trust</li> <li>The Board will be further engaging with staff including the BME Network and LGBT Forum</li> <li>At the request of staff an inclusive Equality and Diversity Forum will be established</li> <li>An external review of all HR policies is underway</li> <li>Working with Brighton and Hove City Council Workplace wellbeing Charter on an evidence based assessment</li> </ul>	<ul style="list-style-type: none"> <li>The 2016 Staff Survey Action plan is being implemented – wellbeing work is adding to and better promoting options and benefits available to staff</li> </ul> <p><b>31.01.2017</b></p> <ul style="list-style-type: none"> <li>Staff Survey has been completed with over 3K responses, (39.6%) in line the average Acute Trust responses rate (39.9%); results will be published when the embargo lifts, 7<sup>th</sup> March; Comms are being prepared whilst key areas of focus are being identified</li> <li>Q4 Staff Friends and Family test will run in March 2017</li> <li>Working together effectively programme is now being delivered and is growing momentum, with both individuals and teams signing up; a learning poster is being circulated via Values and Behaviours champions to support awareness</li> <li>Living Well Day initiatives were held on 2 dates in September which were well received by staff on both sites</li> <li>Connections Support Service for staff to identify support referring to HELP when necessary , over 60 face to face meetings have taken place to date, and numerous emails and calls taken to signpost staff</li> <li>Partnership working with the RCN on the Healthy Workplace Healthy Me toolkit, to be piloted in a service area</li> <li>HR working with Comms. Team to boost morale by highlighting good practice and areas of excellence where staff are recognised and supported</li> <li>Team Effectiveness Coaching has been delivered to 60 teams, touching 1,000 staff, evaluation is take place</li> <li>Workplace wellbeing charter, 1<sup>st</sup> review has taken place with Brighton and Hove City Council, with ½ the modules assessed; data being gathered for further modules</li> </ul>	5	3	15



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		Delivery of access targets	Delivery of FIP	Delivery of Q&S Improvement plan			Impact	Likelihood	Total				Impact	Likelihood	Total				Impact	Likelihood	Total
15	<p><b>07.02.2017</b> <b>Lack of accountability framework</b></p> <p><b>Vulnerability:</b> Trust does not have a strong culture of holding individuals to account</p> <p><b>Threat:</b></p> <ul style="list-style-type: none"> <li>Failure to hold individuals / teams etc. to account will lead to failure to implement plans and / or deliver services effectively</li> </ul> <p><b>Consequence:</b></p> <ul style="list-style-type: none"> <li>Trust may fail to deliver against access targets</li> <li>Trust may fail to deliver against financial and quality improvement plans</li> <li>Trust may experience significant service failure</li> <li>Trust management relationship with staff may deteriorate further</li> <li>Patients may experience safety failures, poor outcomes, unacceptable levels of patient experience</li> </ul> <p><b>Associated risk register items:</b> 1687</p>	✓	✓	✓	20.06.16	RA	5	4	20	<p><b>07.02.2017</b> Chief Operating Officer</p> <p>Quality and Performance Committee</p>	<ul style="list-style-type: none"> <li>Trust Board</li> <li>Senior Management Team</li> <li>Directorate Performance Reviews</li> <li>New Performance Management Framework</li> </ul>	<ul style="list-style-type: none"> <li>Current Operating Model makes implementation of the new Performance Management Framework more complex and time consuming</li> </ul>	5	1	5	<ul style="list-style-type: none"> <li>Integrated Performance Dash Board/scorecard</li> <li>Exception reporting to Senior Management Team, Board Committees and Trust Board</li> <li>Performance Management Meetings</li> </ul>	<ul style="list-style-type: none"> <li>The new performance management framework and cycle of meetings is still in the process of being embedded and the effectiveness of the framework and meetings will need to be assessed by the Chief Operating Officer</li> <li>The leadership programme will equip managers to motivate, reward and performance manage staff</li> <li>Draft Leadership Strategy and People Management Accountability Framework under construction (over 900 employees have line management responsibilities)</li> </ul>	<ul style="list-style-type: none"> <li>New Performance Management Framework agreed and being implemented</li> <li>New Performance Management meetings have commenced</li> <li>New Performance Reporting underway</li> </ul>	5	3	15



Item	Risk title Vulnerability Threat Consequence	Affected objectives			Date identified	Source	Initial risk grade (I x L)			Owners Role Board Committee Other Committees	Current controls	Current gaps in control	Target risk grade (I x L)			Current assurance sources	Current gaps in assurance	Latest assurance	Current risk grade (I x L)		
		Delivery of access targets	Delivery of FIP	Delivery of Q&S Improvement plan			Impact	Likelihood	Total				Impact	Likelihood	Total				Impact	Likelihood	Total
16	<b>Failure of 3Ts programme to deliver per plan</b>  <b>Vulnerability:</b>  There is a considerable time lag between commissioning and delivery of 3Ts building and associated projects  <b>Threat:</b>  <ul style="list-style-type: none"> <li>Commissioning needs / intentions / plans change prior to delivery of building and associated services</li> <li>Trust's strategic direction changes prior to delivery of building and associated services</li> </ul> <u>31.01.2017</u> <ul style="list-style-type: none"> <li>Western Sussex merger may increase the likelihood of a scheme review</li> </ul> <b>Consequence:</b>  <ul style="list-style-type: none"> <li>Trust ends up with building/workforce/ equipment etc. which does not support its needs</li> <li>Trust may fail to deliver against Financial Improvement Plans</li> <li>Trust may fail to deliver against access targets</li> <li>Trust may fail to deliver against quality improvement plans</li> </ul> <b>Associated risk register items:</b>  1617, 1676, 1482, 1752, 1753, 1510, 1455, 894, 910, 835	✓	✓	✓	20.06.16	RA	5	3	15	Director of 3Ts  Trust Programme Board	<ul style="list-style-type: none"> <li>Management of Successful Programmes and OGC Common Causes of Project Failure used as a mechanism for keeping on track</li> <li>Programme Charter in existence with LO'R</li> <li>Monthly reporting and sub structure is established which provides reports by exception</li> <li>Building has also been designed flexibly to accommodate changes post completion</li> </ul>	<ul style="list-style-type: none"> <li>CCG commissioning priorities may change which is beyond our control; however internal commissioning and delivery of project within our control providing scope creep is avoided</li> <li>Exec Team required to support completion of current design without changes if further time and cost delays are to be avoided</li> </ul> <u>07.02.2017</u> <ul style="list-style-type: none"> <li>It was agreed at the Risk Committee that 3Ts financing could not have been fully accounted for from the start of the project, and with on-going changes to the way that services will be delivered, financing will continue to be difficult</li> </ul>	5	3	10	<ul style="list-style-type: none"> <li>Programme Board</li> <li>Programme Board Sub - structure</li> </ul>	<ul style="list-style-type: none"> <li>None</li> </ul>	<ul style="list-style-type: none"> <li>Programme Board meeting in January</li> <li>Programme Board papers posted on external website</li> </ul>	5	3	15

Item	Risk title Vulnerability Threat Consequence	Affected objectives			Date identified	Source	Initial risk grade (I x L)			Owners Role Board Committee Other Committees	Current controls	Current gaps in control	Target risk grade (I x L)			Current assurance sources	Current gaps in assurance	Latest assurance	Current risk grade (I x L)		
		Delivery of access targets	Delivery of FIP	Delivery of Q&S Improvement plan			Impact	Likelihood	Total				Impact	Likelihood	Total				Impact	Likelihood	Total
17	<p><b>Poor organisational reputation</b></p> <p><b>Vulnerability:</b></p> <p>Trust's regulatory position is a matter of public record</p> <p><b>Threat:</b></p> <ul style="list-style-type: none"> <li>Poor reputation will attract increased scrutiny by regulators and quasi-regulators</li> <li>Poor reputation will deter patients</li> <li>Poor reputation will adversely affect recruitment and retention</li> <li>Poor reputation will encourage increased speculative / derogatory media reporting</li> </ul> <p><b>Consequence:</b></p> <ul style="list-style-type: none"> <li>Trust may fail to deliver against access targets</li> <li>Trust may fail to deliver against financial and quality improvement plans</li> <li>Trust may experience significant service failure</li> <li>Patients may experience safety failures, poor outcomes, unacceptable levels of patient experience</li> </ul> <p><b>Associated risk register items:</b></p> <p>1709, 1774, 1475</p>	✓	✓	✓	20.06.16	RA	3	5	15	<p><b>07.02.2017</b></p> <p>Chief Executive</p> <p>Board of Directors</p>	<ul style="list-style-type: none"> <li>Communications Strategy</li> <li>Internal and external communications materials</li> <li>Staff engagement events</li> <li>Staff recognition schemes</li> <li>External website</li> <li>Internal staff Info-net</li> <li>Social media – Twitter and Facebook</li> </ul>	<ul style="list-style-type: none"> <li>Current Communications Strategy is not fit for purpose following CQC report, a new Communications Strategy covering the next 12 months is in draft form but has yet to be officially approved by the Executive Team, causing a delay in its implementation</li> </ul> <p><b>07.02.2017</b></p> <ul style="list-style-type: none"> <li>It was agreed at the Risk Committee that more work needs to be done to share the successes of the Trust externally</li> </ul>	3	2	6	<ul style="list-style-type: none"> <li>Internal communications: <ul style="list-style-type: none"> <li>Monday Message from CEO</li> <li>Weekly all staff info-mail</li> <li>Weekly all staff works in progress</li> <li>Monthly staff magazine 'Talkback'</li> </ul> </li> <li>External communications: <ul style="list-style-type: none"> <li>Quarterly 'Your Trust' magazine for patients and visitors</li> </ul> </li> <li>Proactive press releases posted on Trust website and sent to local media</li> <li>Robust media management process in response to negative stories</li> </ul>	<ul style="list-style-type: none"> <li>The Trust's intranet is outdated and is close to being unfit for purpose. It is hard to navigate for staff and does not allow information to be readily accessible</li> <li>There is no clear Staff Engagement Strategy and no clear ownership of staff engagement as historically this does not sit with the communications team</li> <li>Engagement currently sits with HR but communications are increasingly involved in the arrangement and facilitation of staff engagement</li> <li>The annual Star Awards ceremony for staff that celebrates excellence across the organisation is not taking place this year and there has yet to be a decision on an alternative recognition scheme to take its place</li> </ul>	<ul style="list-style-type: none"> <li>The external website has an average of 70,000 – 80,000 visits per month and this number continues to grow - these visits involve an average of around 200,000 page views per month</li> <li>There has been an increase in the activity and engagement on social media in the last two months - there are currently 2,800 followers on the Trust Twitter account and this number is growing by the day; the Trust's tweets in August and September earned 12.5k and 13.6k respectively, compared to 7.9k for the month of July; the number of likes of Facebook is currently 1,200 and is growing steadily weekly; the number of people reached in Facebook posts increased from 914 to 989 between August and September</li> <li>The number of proactive positive communications has increased on the Trust website and the number of press releases sent to local media has increased over the last month, which has led to more favourable coverage of the Trust by the media during September, compared to August</li> </ul>	3	5	15

Item	Risk title Vulnerability Threat Consequence	Affected objectives			Date identified	Source	Initial risk grade (I x L)			Owners Role Board Committee Other Committees	Current controls	Current gaps in control	Target risk grade (I x L)			Current assurance sources	Current gaps in assurance	Latest assurance	Current risk grade (I x L)		
		Delivery of access targets	Delivery of FIP	Delivery of Q&S Improvement plan			Impact	Likelihood	Total				Impact	Likelihood	Total				Impact	Likelihood	Total
18	<b>Performance reporting and management</b>  <b>Vulnerability:</b>  There are pockets of reduced/uncertain data quality and availability in key areas of the Trust  <b>Threat:</b>  Decision making, data returns and planning may be based on flawed data  <b>Consequence:</b>  <ul style="list-style-type: none"> <li>Trust may set unachievable targets, commit regulatory / contractual breaches, mismanage finances</li> <li>Patient and staff safety incidents</li> </ul> <b>Associated risk register items:</b>  1709, 1774, 1475, 1694	✓	✓	✓	20.06.16	RA	5	3	15	<b>07.02.2017</b> Chief Operating Officer  Quality and Performance Committee  Audit Committee  Trust Board	<ul style="list-style-type: none"> <li>Integrated Board Performance Dashboard</li> <li>Directorate Scorecards (enhances Directorate Quality as all Directorate engagement with their data and feedback to Central Information Unit of any issues)</li> <li>Performance Framework endorsed by Board and launched in Trust</li> <li>Monthly Performance Review Meetings with Directorates started</li> <li>Ward Dashboards (enhances Directorate Quality as above i.e. linking operational staff to reporting)</li> <li>Weekly Strategic Management Team Report</li> <li>Weekly Accident &amp; Emergency flow report</li> <li>New monthly official returns sign off process by Senior Reporting Officer and Central Information Unit</li> <li>Independent review of Referral to Treatment reporting carried out - Issues not being addressed with a central validation organisation</li> <li>Internal audit of data quality, and data quality action plan under review</li> </ul>	<ul style="list-style-type: none"> <li>Tighter procedures and training still required as Directorate Quality issues in front end users spotted by Central Information Unit continue – on-going Directorate Quality training for staff should be in place with more senior emphasis placed on Directorate Quality throughout the Trust</li> <li>New revised Clinical Governance dashboard still to be launched (existing one in place)</li> <li>More frequent performance review meetings with Directorates - constraint is amount of Directorates in structure</li> <li>Business intelligence not accessible on desktops – it is known this could drive up Directorate Quality, especially with clinical teams</li> <li>Resources in Central Information Unit and Directorate Quality teams</li> </ul>	5	1	5	<ul style="list-style-type: none"> <li>Internal audit review of data quality</li> <li>Directorate Quality tests internally</li> <li>Notes from performance review meetings</li> <li>Independent review of Referral to Treatment data and reporting - report has been written</li> <li>Reconciliation of Patient Administration (PAS) and Secondary Uses Services (SUS) data to Service Level Agreement Monitoring (SLAM) data by Clinical Commissioning Groups</li> <li>Clinical Coding Audits</li> </ul>	<ul style="list-style-type: none"> <li>Directorate Quality tests need to be reported to Board</li> <li>Clinical Coding Audit and Internal Audit Reports to come to Committee and follow up actions monitored</li> </ul>	<ul style="list-style-type: none"> <li>New Integrated Board Performance Dashboard</li> </ul>	5	3	15

Item	Risk title Vulnerability Threat Consequence	Affected objectives			Date identified	Source	Initial risk grade (I x L)			Owners Role Board Committee  Other Committees	Current controls	Current gaps in control	Target risk grade (I x L)			Current assurance sources	Current gaps in assurance	Latest assurance	Current risk grade (I x L)		
		Delivery of access targets	Delivery of FIP	Delivery of Q&S Improvement plan			Impact	Likelihood	Total				Impact	Likelihood	Total				Impact	Likelihood	Total
19	<b>Clinical equipment maintenance/replacement programme</b>  <b>Vulnerability:</b>  Significant history of unmet equipment maintenance/service/replacement needs across clinical directorates  <b>Threat:</b>  <ul style="list-style-type: none"> <li>Equipment breakdown will lead to unplanned service interruptions</li> <li>Equipment malfunction may lead to inaccurate diagnostic information and inappropriate treatment</li> </ul> <b>Consequence:</b>  <ul style="list-style-type: none"> <li>Trust may fail to deliver against access targets</li> <li>Trust may fail to deliver against financial and quality improvement plans</li> <li>Trust may experience significant service failure</li> <li>Trust may be subject to additional regulatory action</li> <li>Trust reputation may deteriorate further</li> <li>Patients may experience safety failures, poor outcomes, unacceptable levels of patient experience</li> </ul> <b>Associated risk register items:</b>  1635, 1597, 1426, 1707, 1675, 1667, 1632	✓	✓	✓	20.06.16	RA	5	3	15	<b>07.02.2017</b> Chief Operating Officer  Quality & Performance Committee  Medical Devices Committee	<ul style="list-style-type: none"> <li>Some items have approved funding for replacement 16/17: - Pascal laser - Tympanometry kit</li> </ul>	<ul style="list-style-type: none"> <li>Joined up oversight of entire programme of clinical equipment maintenance/replacement</li> </ul>	5	1	5	<ul style="list-style-type: none"> <li>Medical Equipment Replacement Programme</li> <li>CQC inspections</li> </ul>	<ul style="list-style-type: none"> <li>Lengthy timescales for procurement delivery</li> <li>Joined up reporting on entire programme of clinical equipment maintenance/replacement</li> </ul>	<ul style="list-style-type: none"> <li>Medical Devices Committee oversight of Medical Equipment Replacement requirements</li> </ul>	5	3	15

Item	Risk title Vulnerability Threat Consequence	Affected objectives			Date identified	Source	Initial risk grade (I x L)			Owners Role Board Committee  Other Committees	Current controls	Current gaps in control	Target risk grade (I x L)			Current assurance sources	Current gaps in assurance	Latest assurance	Current risk grade (I x L)		
		Delivery of access targets	Delivery of FIP	Delivery of Q&S Improvement plan			Impact	Likelihood	Total				Impact	Likelihood	Total				Impact	Likelihood	Total
20	<b>Regulatory intervention</b>  <b>Vulnerability:</b>  Inadequacy of estates and equipment maintenance programmes has led to a number of potential Breaches of statutory and regulatory requirements  <b>Threat:</b>  Significant history of recent regulatory action means that the Trust is under higher than usual levels of scrutiny by key regulators - HSE, CQC etc., and that enforcement policies will indicate a higher level of response  <b>Consequence:</b>  <ul style="list-style-type: none"> <li>Trust reputation may deteriorate further</li> <li>Potential prosecutions</li> <li>Financial loss/additional commitments</li> <li>Quality of care environment sub-optimal</li> </ul> <b>Associated risk register items:</b>  1628, 1630, 1340, 1386, 1527, 1508, 1523, 1740, 1644, 1639, 945, 1290, 1545, 1243, 1540, 1554, 1768	✓	✓	✓	20.06.16	RA	5	3	15	Director of Facilities and Estates  Quality & Performance Committee  Medical Devices Committee	<ul style="list-style-type: none"> <li>Authorising Engineer reviews for key engineering services in line with requirements of Building engineering in the health sector Health Technical Memorandum 00</li> </ul>	<ul style="list-style-type: none"> <li>Management resource within Facilities and Estates Team</li> <li>Governance arrangements not established in accordance with guidance</li> <li>Current financial resources do not meet organisational requirements for backlog investment to enable backlog investment levels to remain the same or to reduce them</li> <li>Currently no service level agreements in place across services</li> <li>Incomplete asset register</li> </ul>	5	1	5	<ul style="list-style-type: none"> <li>Medical Equipment Replacement Programme</li> <li>CQC inspections</li> </ul>	<ul style="list-style-type: none"> <li>Lengthy timescales for procurement delivery</li> <li>Joined up reporting on entire programme of clinical equipment maintenance/ Replacement</li> <li>No up to date 6 facet survey information within the Trust</li> </ul>	<ul style="list-style-type: none"> <li>Medical Devices Committee oversight of Medical Equipment Replacement requirements</li> </ul> <b>31.01.17 - No change</b>	5	3	15



**Impact/Likelihood Descriptors:**

Descriptor	Insignificant	Minor	Moderate	Major	Extreme
Score	1	2	3	4	5
Impact on individual Patient/ Employee/Visitor Safety	Minor injury not requiring first aid.	No permanent injury (psychological, emotional, physical) Minor injury or illness, first aid treatment required.	Semi-permanent injury (psychological, emotional, physical). increase in treatment for a patient i.e. return to surgery, an unplanned readmission RIDDOR/Agency reportable.	Permanent injury, serious disability, reduced life expectancy (psychological, emotional, physical).	Unexpected death.
Patient Experience	Unsatisfactory patient experience not directly related to patient care.	Unsatisfactory patient experience readily resolvable.	Mismanagement of patient care.	Serious mismanagement of patient care.	Totally unsatisfactory patient outcome or experience.
Complaints/Claims	Locally resolved complaint.	Justified complaint peripheral to clinical care.	Below excess claim. Justified complaint involving lack of appropriate care.	Claim above excess level. Multiple justified complaints.	Multiple claims or single major claim.
Objectives/Projects	Insignificant cost increase/schedule slippage. Barely noticeable reduction in scope or quality.	<5% over budget/schedule slippage. Minor reduction in quality/scope.	5-10% over budget/schedule slippage. Reduction in scope or quality.	10-25% over budget/schedule slippage. Doesn't meet secondary objectives.	>25% over budget/schedule slippage. Doesn't meet primary objectives.
Clinical Service/ Business Interruption	Local interruption with back up.	Local interruption.	Loss/interruption > 1 hour.	Loss/interruption > 8 hours.	Loss/interruption > 24 hours.
Staffing & Competence	Short term low staff level temporarily reduces service quality (<1day).	On-going low staffing level reduces service quality.	Late delivery of key objective/ service due to lack of staff. Minor error due to poor training. On-going unsafe staffing level.	Uncertain delivery of key objective /service due to lack of staff. Serious error due to poor training.	Non-delivery of key objective/ service due to lack of staff. Loss of key staff. Critical error due to insufficient training.
Financial	Less than £100.	<£1000 but >£100.	<£10,000 but >£1000.	<£100,000 but >£10,000.	<£100,000 to reduce the risk.
Inspection/Audit	Minor recommendations. Minor non-compliance with standards.	Recommendations given. Non-compliance with standards.	Reduced rating. Challenging recommendations. Non-compliance with core standards.	Enforcement Action. Low rating. Critical report. Major non-compliance with core standards.	Prosecution. Zero rating. Severely critical report.
Adverse Publicity/ Reputation	Rumours.	Local media – short term. Minor effect on staff morale.	Local media – long term. Significant effect on staff morale.	National media < 3 days.	National media >3 day. MP concern (Questions in the House).
Counter Fraud	Interception of non-recurring fraud with no losses.	Small losses incurred from fraud/error but no evidence to support sanctions.	Investigation leading to minor disciplinary sanction only.	Criminal investigation and possible dismissal. Local press coverage.	Criminal investigation. National press coverage. Poor systems exposed.

RISK GRADING MATRIX LIKELIHOOD	IMPACT				
	1 Insignificant	2 Minor	3 Moderate	4 Major	5 Extreme
1 Rare: This will probably never happen	1	2	3	4	5
2 Unlikely: Do not expect it to happen	2	4	6	8	10
3 Possible: Might happen occasionally	3	6	9	12	15
4 Likely: Will probably happen	4	8	12	16	20
5 Almost certain: Will undoubtedly happen	5	10	15	20	25