

Item	Risk title Vulnerability Threat Consequence	Affected objectives			Date identified	Source	Initial risk score (I x L)			Owners Role Board Committee Other Committees	Current controls	Current gaps in control	Target risk score (I x L)			Current assurance sources	Current gaps in assurance	Latest assurance	Current risk score (I x L)		
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1	<p>Patient harm and missed targets due to inability to cope with increased demand through change in NICE criteria for cancer referral</p> <p>Vulnerability:</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>Threat:</p> <p>The number of cancer patient referrals into the hospital will increase without systems adjustment to cope</p> <p>Consequence:</p> <p>Patients suffer:</p> <ul style="list-style-type: none"> delayed/missed diagnosis impaired outcomes reduced patient experience stress and/or distress discomfort <p>Trust suffers:</p> <ul style="list-style-type: none"> target to test within 2 weeks not met <p>Associated risk register items:</p> <p>1782</p>	✓	✓	✓	12.09.16	RA	5	4	20	<p>Clinical Director for Cancer Services</p> <p>Quality & Performance Committee</p> <p>Patient Safety Committee</p>	<ul style="list-style-type: none"> Raised with Sussex Cancer Board and CCGs to find alternative models of service provision 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 Agreed to work together in the Sustainability and Transformation Plan (STP) footprint to provide a provisional plan Project planning over next few weeks whilst awaiting CCG info Want to explore electronic solutions for referral 	<ul style="list-style-type: none"> Potential increase in demand un-quantified - significant risk for non-cancer 2ww referrals (for example for patients with suspected aneurysms, etc.) 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 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 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 	5	2	10	None as yet – new risk	<ul style="list-style-type: none"> Need to guide and monitor the process, through an agreed triage platform, to mitigate significant impact on any one specific modality 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 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 	None as yet – new risk	5	4	20

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2	<p>Widespread/key IT systems failure</p> <p>Vulnerability:</p> <p>Significant history of unmet maintenance/ service/upgrade needs across the Trust</p> <p>Threat:</p> <ul style="list-style-type: none"> Systems breakdown (specific and general, e.g. Outlook) will lead to unplanned service interruptions Systems with known management issues: <ul style="list-style-type: none"> - MetaVision - Endoscopy - Diabetes - System1 - Ophthalmology Systems malfunction may lead to inaccurate diagnostic information and inappropriate treatment <p>Consequence:</p> <ul style="list-style-type: none"> Trust may fail to deliver against access targets Trust may fail to deliver against financial and quality improvement plans Trust may experience significant service failure Trust may be subject to additional regulatory action Trust reputation may deteriorate further Patients may experience safety failures, poor outcomes, unacceptable levels of patient experience <p>Associated risk register items:</p> <p>1091, 1382, 1606, 1602, 1672</p>	✓	✓	✓	20.09.16	RA	5	4	20	<p>Senior Information Risk Officer (Chief Operating Officer)</p> <p>Information Governance Committee</p> <p>Owners of systems with known management issues:</p> <ul style="list-style-type: none"> - MetaVision - Endoscopy - Diabetes - System1 - Ophthalmology 	<ul style="list-style-type: none"> Responsible owners, Information Asset Owner (IAA) and Information Asset Administrators (IAO) manage upgrade schedules IT change board System Managers meetings with some focus on systems with known management issues: <ul style="list-style-type: none"> - MetaVision - Endoscopy - Diabetes - System1 - Ophthalmology 	<ul style="list-style-type: none"> Not all Information systems have IAA and IAO's or the budget for the roles Ad-hoc approach to supplier and system management 	5	2	10	<ul style="list-style-type: none"> Information Governance Committee oversight 	<ul style="list-style-type: none"> Lack of regular reporting against this specific risk 	<ul style="list-style-type: none"> None as yet due to the risk only recently being managed formally 	5	4	20

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3	Estates/fabric of buildings Vulnerability: Significant history of unmet maintenance needs across estate and infrastructure Threat: <ul style="list-style-type: none"> Poor estates maintenance will lead to unplanned closure of departments/areas Poor infrastructure maintenance will lead to unplanned service interruptions Care is being delivered in sub-optimal conditions, to the detriment of patients and staff Need for urgent, unplanned maintenance diverts resources from planned programmes of remediation Consequence: <ul style="list-style-type: none"> Trust may fail to deliver against access targets Trust may fail to deliver against financial and quality improvement plans Trust may experience significant service failure Trust may be subject to additional regulatory action Trust reputation may deteriorate further Patients may experience safety failures, poor outcomes, unacceptable levels of patient experience Associated risk register items: 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"> Capital plan/backlog maintenance programme 	<ul style="list-style-type: none"> Management resource within Facilities and Estates Team Governance arrangements not established in accordance with guidance Current financial resources do not meet organisational requirements for backlog investment to enable backlog investment levels to remain the same or to reduce them No up to date 6 Facet Survey information within the Trust Currently no Service Level Agreements in place across services Incomplete asset register 	4	2	8	<ul style="list-style-type: none"> Patient Led Assessments of the Clinical Environment (PLACE) audits CQC inspection 	<ul style="list-style-type: none"> No up to date 6 Facet Survey information within the Trust 	<ul style="list-style-type: none"> Authorising Engineer reviews for key engineering services in line with requirements of Building engineering in the health sector Health Technical Memorandum 00 	5	4	20

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4	Recruitment and retention of staff Vulnerability: Trust has pockets of under-recruitment and high levels of staff vacancies Threat: <ul style="list-style-type: none"> Trust does not have enough suitably qualified staff available to deliver high levels of Quality in "business as usual" services Trust does not have enough suitably qualified staff available to deliver to implement recovery plans Consequence: <ul style="list-style-type: none"> Trust may fail to deliver against access targets Trust may fail to deliver against financial and quality improvement plans Trust may experience significant service failure Patients may experience safety failures, poor outcomes, unacceptable levels of patient experience Associated risk register items: 1620, 1636, 1708, 1657, 1565, 1564, 1402	✓	✓	✓	20.06.16	RA	4	5	20	Chief Nurse Chief Medical Officer Director of Workforce and OD Quality and Performance Committee Trust Programme Board	<ul style="list-style-type: none"> Workforce KPIs Extensive workforce modernisation programme (piloting and developing new roles) Development of Workforce and Leadership Programme 	<ul style="list-style-type: none"> Absence of clear recruitment and retention plans in all "hot spot areas" Lack of release time to attend educational programmes 	4	2	8	<ul style="list-style-type: none"> Workforce KPI's Exit interviews Safer nursing and midwifery staffing reports 	<ul style="list-style-type: none"> Plan to refresh Trust's vision, values and strategy under discussion "One Stop" recruitment shops will be rolled out across high volume recruitment areas (e.g. nursing and soft Facilities Management) Chief Nurse's 'Refer a Friend' Initiative to be implemented International Recruitment Business case to be presented to Senior Management Team for approval Attraction of candidates through a vacancy landing page/microsite can be improved with the development of the extranet via Comms. team 	<ul style="list-style-type: none"> Comprehensive workforce modernisation programme underway to develop new roles to fill national labour market gaps in the mid and long term, and HR Business Partners working with Directorates to identify workforce plans for "hot spot" areas The Recruitment and induction processes will be part of the Rapid Process Improvement Workshop in December 2016, and the Recruitment Team is now up to full establishment and new staff are currently being trained Nursing Consultation to improve flexibility through a range of contractual options Review of the Trust's Exit interview process and improve upon the existing model Reviewing and implementing identified improvements within Temporary Staffing including appointing a Head of Temporary Staffing Qualified Lead Practitioner role created to improve retention of newly qualified nursing staff 	4	4	16

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5	Leadership capacity Vulnerability: Trust Leadership capacity is stretched by demands of delivery of "Business as Usual" and recovery plans Threat: <ul style="list-style-type: none"> Delivery of "business as usual" requires constant innovation and oversight Delivery of recovery plans requires constant innovation and oversight Consequence: <ul style="list-style-type: none"> Trust may fail to deliver against access targets Trust may fail to deliver against financial and quality improvement plans Trust may experience significant service failure Patients may experience safety failures Associated risk register items: 1669, 1474	✓	✓	✓	20.06.16	RA	5	4	20	Chief Executive Director of Workforce and OD Quality and Performance Committee Workforce and leadership programme Board	<ul style="list-style-type: none"> Executive portfolios and structures approved Interim Chair and Board Advisor appointed Integrated Recovery Plan approved NHS Improvement Director appointed Additional permanent/ interim senior resources in place including Director of Clinical Governance, Chief Information Officer, and Director of Performance Programme Management Office established and permanent recruitment currently underway Additional consultancy support commissioned to support delivery of Financial Transformation Plan Directorate leadership/support requirements identified New Performance Management framework agreed Workforce and Leadership Programme currently under construction "1000 hours" of visits by Board and Senior Managers to all areas of the Trust and associated feedback mechanism in place 	<ul style="list-style-type: none"> Uncertainty about long term leadership arrangements Limitations of current Operating Model 	5	1	5	<ul style="list-style-type: none"> CQC inspection and monitoring Integrated Recovery Plan Trust Programme Board Safety and Quality Programme Performance Management Meetings 	<ul style="list-style-type: none"> An agreed workforce plan to recruit to substantive senior leadership positions Full implementation of the Performance Management Framework 	<ul style="list-style-type: none"> Proposed groupings of Directorates determined by the COO and CDs Interim Chair, CEO and Board Advisor providing stability to the Trust in the mid-term Substantive appointment to Director of Clinical Governance Interim appointments to Chief Information Officer, Director of Performance, Turnaround Director An agreed Integrated Recovery Plan in place Four Trust-wide Programme Briefs signed off or at final stages of consultation 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 Professional and Study Leave Policy for Medical staff reviewed, improved and implemented to support service delivery 350 Managers have attended Leading the Way 2 Management Development programme 	5	3	15

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6	<p>Service disruption arising from poor condition/breakdown of specialist ventilation equipment</p> <p>Vulnerability:</p> <p>The Trust is reliant on the effective operation of specialist ventilation equipment in a number of key areas of the Trust's operations (e.g., theatres, ICU)</p> <p>Threat:</p> <p>Much of the specialist ventilation equipment is beyond its usual working life and maintenance programmes have been neglected, meaning that breakdown is more likely and takes longer to repair – in some cases, repair may not be possible</p> <p>Consequence:</p> <p>Services are disrupted because specific areas (e.g. theatres, ICU) cannot be used during down time of ventilation equipment</p> <p>Associated risk register items:</p> <p>1644, 945, 75, 1554, 1290, 946, 1539, 1577</p>	✓	✓	✓	13.06.16	RA	5	4	20	<p>Director of Facilities and Estates</p> <p>Quality & Performance Committee</p> <p>Patient Safety Committee</p>	<ul style="list-style-type: none"> Air quality checks conducted on a regular basis and monitored via Infection Prevention and Control Committee Programme of review of all specialist ventilation equipment carried out Trust has appointed an authorising engineer for ventilation systems [AE(Vent)] 	<ul style="list-style-type: none"> Action plan to address works identified by review to be developed and implemented Once current maintenance backlog is completed, future plan to be drawn up to close sites using ventilation equipment for two weeks every year for routine planned maintenance 	5	1	5	<ul style="list-style-type: none"> Ventilation Safety Group established to develop and oversee programme of works 	<ul style="list-style-type: none"> Ventilation Safety Group to develop ventilation maintenance monitoring arrangements 	<ul style="list-style-type: none"> Programme of works now being prioritised, post review of equipment First meeting of Ventilation Safety Group has taken place 	5	3	15

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7	<p>Staff not appropriately supported in terms of release time to undertake statutory and mandatory training or being effectively appraised</p> <p>Vulnerability: Trust does not have the staff capacity or capability to deliver the required services</p> <p>Threat:</p> <ul style="list-style-type: none"> Trust does not have enough suitably qualified staff available to deliver high levels of quality in “business as usual” services Trust does not have enough suitably qualified staff available to deliver to implement recovery plans <p>Consequence:</p> <ul style="list-style-type: none"> Trust may fail to deliver against access targets Trust may fail to deliver against financial and quality improvement plans Trust may experience significant service failure Patients may experience safety failures, poor outcomes, unacceptable levels of patient experience <p>Associated risk register items: 1620, 145, 1639, 102, 1636, 1625, 1740, 1402, 1523, 1432</p>	✓	✓	✓	20.06.16	RA	5	4	20	<p>Director of Workforce and OD</p> <p>Quality and Performance Committee</p> <p>Safety and Quality Improvement Programme Board</p>	<ul style="list-style-type: none"> Statutory and mandatory training programme in place Annual appraisal programme in place 	<ul style="list-style-type: none"> Uptake of Statutory and Mandatory training is poor – action plan in place, monitored by Senior Management Team and Quality and Performance Committee Appraisal completion is below target – action plan in place, monitored by Senior Management Team and Quality and Performance Committee 	5	1	5	<ul style="list-style-type: none"> Monitored through the Integrated Performance Framework 	<ul style="list-style-type: none"> People Management Accountability Framework currently under construction 	<ul style="list-style-type: none"> Statutory and Mandatory Training options and routes to access have been increased and improved Progress and uptake is tracked at a weekly reporting group HR Dashboard with turnover, vacancy and appraisal data is reported and distributed monthly and followed up by HR Business Partners with Directorate Leads Clear trajectories for improvement in performance in place and performance managed through the new Performance Management Framework 	5	3	15

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

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9	<p>Poor staff engagement, low morale and reports of a culture of bullying, discrimination and favouritism</p> <p>Vulnerability:</p> <p>Prolonged experience of challenging working environment, financial restraints, regulatory activity etc. has demotivated, disappointed, frustrated and demotivated staff</p> <p>Threat:</p> <ul style="list-style-type: none"> Staff may fail to use their initiative Staff may become ill Staff may become less productive Employee relations may deteriorate Staff may fail to engage with development programmes Staff may choose to leave the Trust Staff may reflect personal feelings in quality of care / performance <p>Consequence:</p> <ul style="list-style-type: none"> Trust may fail to deliver against access targets Trust may fail to harness the benefits of motivating and retaining a diverse workforce May impact negatively on Trust's ability to recruit and retain staff Trust may fail to deliver against financial and quality improvement plans Trust may experience significant service failure Trust management relationship with staff may deteriorate further Patients may experience safety failures, poor outcomes, unacceptable levels of patient experience Trust may not deliver its statutory employment and equality legal obligations <p>Associated risk register items:</p> <p>1000, 1687</p>	✓	✓	✓	20.06.16	RA	5	4	20	<p>Chief Executive</p> <p>Director of Workforce and OD</p> <p>Trust Board</p> <p>Quality and Performance Committee</p> <p>Trust Programme Board</p>	<ul style="list-style-type: none"> Integrated Recovery Plan Workforce and Leadership Programme 	<ul style="list-style-type: none"> Requirement to develop a cultural audit measuring tool to monitor the impact of change programmes and initiatives undertaken Workforce and Leadership Programme Brief is currently being finalised with key stakeholders The Programme will incorporate the actions detailed in the Integrated Recovery Plan and CQC "must and should do" actions relating to workforce 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 	5	1	5	<ul style="list-style-type: none"> National Staff Survey Quarterly Staff Friends and Family Test Annual Workforce Equality Report Workforce KPI's Integrated Performance Report 1000 hours of Board and Senior Managers visits Well-Being Committee Working to Workforce Race Equality Standard Working to Equality Delivery Standard 2 (EDS2) 	<ul style="list-style-type: none"> Requirement to develop a cultural audit measuring tool to monitor the impact of change programmes and initiatives undertaken A programme to develop and train workplace mediators is currently being commissioned 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 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 The Trust will be commissioning external expertise to support the required cultural change and review of the management of equalities within the Trust The Board will be further engaging with staff including the BME Network and LGBT Forum At the request of staff an inclusive Equality and Diversity Forum will be established An external review of all HR policies is underway Working with Brighton Hove City Council Workplace wellbeing Charter on an evidence based assessment 	<ul style="list-style-type: none"> The 2016 Staff Survey Action plan is being implemented – wellbeing work is adding to and better promoting options and benefits available to staff Living Well Days initiatives Connections Support Service for staff to identify support, referring to HELP when necessary Partnership working with the RCN on the Healthy Workplace Healthy Me toolkit, to be piloted in a service area HR working with Comms. Team to boost morale by highlighting good practice and areas of excellence where staff are recognised and supported Team Effectiveness Coaching has been delivered to 60 teams, touching 1,000 staff, evaluation to take place 	5	3	15

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10	<p>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</p> <p>Vulnerability:</p> <ul style="list-style-type: none"> 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 <p>Threat:</p> <ul style="list-style-type: none"> Leadership capability and capacity: Significant number of initiatives across several areas leading to potentially insufficient resource to execute programmes 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 <p>Consequence:</p> <ul style="list-style-type: none"> Integrated recovery plan not delivered Patients may experience service failures, poor outcomes and unacceptable levels of patient experience <p>Associated risk register items:</p> <p>419, 1774, 1723</p>	✓	✓	✓	20.06.16	RA	5	4	20	Director of Service Transformation Head of Programme Management Office Trust Programme Board Programme Senior Responsible Officers	<ul style="list-style-type: none"> Interims brought in and recruitment underway to fill all the PMO posts substantively FTI commissioned to bring in extra support to the Financial Transformation Programme Programme Briefs created 	<ul style="list-style-type: none"> All additional programme tools such as: <ul style="list-style-type: none"> detailed plans dependencies robust approach to the management of issues and risks 	3	1	3	<ul style="list-style-type: none"> Reports to: <ul style="list-style-type: none"> Financial Transformation Programme Board Quality and Safety Improvement Programme Board 	<ul style="list-style-type: none"> Programme Boards not yet set up for the other two programmes but will be in place by November 2016 	<ul style="list-style-type: none"> Financial Transformation Programme Board held on 21 September 2016 Quality and Safety Improvement Programme Board 4 held on October 2016 	5	3	15

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11	<p>Unexpected service interruption or disruption</p> <p>Vulnerability:</p> <p>Unexpected service interruption or disruption due to:</p> <ul style="list-style-type: none"> • pandemic flu or other infectious disease pandemic • multiple casualty incident • major incident involving chemical, biological, radiological, nuclear (CBRN)/hazardous materials • business continuity disruption affecting Trust's ability to provide critical services • 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 • adverse weather conditions affecting the trust's ability to provide critical services <p>Threat:</p> <ul style="list-style-type: none"> • Service failure • Services overwhelmed <p>Consequence:</p> <p>Patients may experience:</p> <ul style="list-style-type: none"> • service failures • unacceptable levels of care • poor outcomes <p>Associated risk register items:</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 & Performance Committee</p>	<ul style="list-style-type: none"> • 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 • 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 • Trust has access to the National Stockpile of equipment • Business Continuity Plans requested from suppliers when contracts agreed • Trust takes part in local Business Continuity Exercises to test plans (Exercise Dark Star March 2016 looked at power failure) • 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 • Cold Weather Plan and Heat Wave Plan in place, and communications go out to staff during heat watch and cold watch periods • On-going programme of staff training, and the Head of Resilience attends Sussex-wide multi-agency meetings and training 	<ul style="list-style-type: none"> • The draft Haz-Mat (Hazardous Materials) Plan needs to be finalised and approved • Though both RSCH and PRH have adequate equipment and PPE to manage an incident, a programme of equipment maintenance is to be introduced (quotes requested Oct 2016) • The draft CBRN Major Incident Plan needs to be finalised and approved • 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 • 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 	4	3	12	<ul style="list-style-type: none"> • All part of the Emergency Planning, Resilience and Response (EPRR) assurance process (just completed for this year), involving assessment against NHS EPRR Core Standards 	<ul style="list-style-type: none"> • 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"> - major incident involving CBRN/ hazardous materials - business continuity disruption affecting trust's ability to provide critical services - whole hospital evacuation (mass evacuation of part or all of site due to a major incident on site) 	<ul style="list-style-type: none"> • Fully compliant with core standard for: <ul style="list-style-type: none"> - pandemic flu or other infectious disease pandemic - adverse weather conditions affecting the trust's ability to provide critical services 	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
12	Failure of 3Ts programme to deliver per plan Vulnerability: There is a considerable time lag between commissioning and delivery of 3Ts building and associated projects Threat: <ul style="list-style-type: none"> Commissioning needs / intentions / plans change prior to delivery of building and associated services Trust's strategic direction changes prior to delivery of building and associated services Consequence: <ul style="list-style-type: none"> Trust ends up with building/workforce/equipment etc. which does not support its needs Trust may fail to deliver against Financial Improvement Plans Trust may fail to deliver against access targets Trust may fail to deliver against quality improvement plans Associated risk register items: 983	✓	✓	✓	20.06.16	RA	5	3	15	Director of 3Ts Trust Programme Board	<ul style="list-style-type: none"> Management of Successful Programmes and OGC Common Causes of Project Failure used as a mechanism for keeping on track Programme Charter in existence with LO'R Monthly reporting and sub structure is established which provides reports by exception Building has also been designed flexibly to accommodate changes post completion 	<ul style="list-style-type: none"> 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 Exec Team required to support completion of current design without changes if further time and cost delays are to be avoided 	5	3	10	<ul style="list-style-type: none"> Programme Board Programme Board Sub-structure 	<ul style="list-style-type: none"> None 	<ul style="list-style-type: none"> Programme Board meeting in September Programme Board papers posted on external website 	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	Performance reporting and management Vulnerability: There are pockets of reduced/uncertain data quality and availability in key areas of the Trust Threat: Decision making, data returns and planning may be based on flawed data Consequence: <ul style="list-style-type: none"> Trust may set unachievable targets, commit regulatory / contractual breaches, mismanage finances Patient and staff safety incidents Associated risk register items: 1709, 1774, 1475, 1694	✓	✓	✓	20.06.16	RA	5	3	15	Board Quality and Performance Committee Audit Committee	<ul style="list-style-type: none"> Integrated Board Performance Dashboard Directorate Scorecards (enhances Directorate Quality as all Directorate engagement with their data and feedback to Central Information Unit of any issues) Performance Framework endorsed by Board and launched in Trust Monthly Performance Review Meetings with Directorates started Ward Dashboards (enhances Directorate Quality as above i.e. linking operational staff to reporting) Weekly Strategic Management Team Report Weekly Accident & Emergency flow report New monthly official returns sign off process by Senior Reporting Officer and Central Information Unit Independent review of Referral to Treatment reporting carried out - Issues not being addressed with a central validation organisation Internal audit of data quality, and data quality action plan under review 	<ul style="list-style-type: none"> 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 New revised Clinical Governance dashboard still to be launched (existing one in place) More frequent performance review meetings with Directorates - constraint is amount of Directorates in structure Business intelligence not accessible on desktops – it is known this could drive up Directorate Quality, especially with clinical teams Resources in Central Information Unit and Directorate Quality teams 	5	1	5	<ul style="list-style-type: none"> Internal audit review of data quality Directorate Quality tests internally Notes from performance review meetings Independent review of Referral to Treatment data and reporting - report has been written Reconciliation of Patient Administration (PAS) and Secondary Uses Services (SUS) data to Service Level Agreement Monitoring (SLAM) data by Clinical Commissioning Groups Clinical Coding Audits 	<ul style="list-style-type: none"> Directorate Quality tests need to be reported to Board Clinical Coding Audit and Internal Audit Reports to come to Committee and follow up actions monitored 	<ul style="list-style-type: none"> New Integrated Board Performance Dashboard 	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>Poor organisational reputation</p> <p>Vulnerability:</p> <p>Trust's regulatory position is a matter of public record</p> <p>Threat:</p> <ul style="list-style-type: none"> Poor reputation will attract increased scrutiny by regulators and quasi-regulators Poor reputation will deter patients Poor reputation will adversely affect recruitment and retention Poor reputation will encourage increased speculative / derogatory media reporting <p>Consequence:</p> <ul style="list-style-type: none"> Trust may fail to deliver against access targets Trust may fail to deliver against financial and quality improvement plans Trust may experience significant service failure Patients may experience safety failures, poor outcomes, unacceptable levels of patient experience <p>Associated risk register items:</p> <p>1709, 1774, 1475</p>	✓	✓	✓	20.06.16	RA	3	5	15	<p>Director of Communications</p> <p>Board of Directors</p>	<ul style="list-style-type: none"> Communications Strategy Internal and external communications materials Staff engagement events Staff recognition schemes External website Internal staff Info-net Social media – Twitter and Facebook 	<ul style="list-style-type: none"> 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 	3	2	6	<ul style="list-style-type: none"> Internal communications: <ul style="list-style-type: none"> Monday Message from CEO Weekly all staff info-mail Weekly all staff works in progress Monthly staff magazine 'Talkback' External communications: <ul style="list-style-type: none"> Quarterly 'Your Trust' magazine for patients and visitors Proactive press releases posted on Trust website and sent to local media Robust media management process in response to negative stories 	<ul style="list-style-type: none"> 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 There is no clear Staff Engagement Strategy and no clear ownership of staff engagement as historically this does not sit with the communications team Engagement currently sits with HR but communications are increasingly involved in the arrangement and facilitation of staff engagement 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 	<ul style="list-style-type: none"> 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 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 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 	3	5	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	Clinical equipment maintenance/replacement programme Vulnerability: Significant history of unmet equipment maintenance/service/replacement needs across clinical directorates Threat: <ul style="list-style-type: none"> Equipment breakdown will lead to unplanned service interruptions Equipment malfunction may lead to inaccurate diagnostic information and inappropriate treatment Consequence: <ul style="list-style-type: none"> Trust may fail to deliver against access targets Trust may fail to deliver against financial and quality improvement plans Trust may experience significant service failure Trust may be subject to additional regulatory action Trust reputation may deteriorate further Patients may experience safety failures, poor outcomes, unacceptable levels of patient experience Associated risk register items: 1635, 1597, 1426, 1707, 1675, 1667, 1632	✓	✓	✓	20.06.16	RA	5	3	15	Director of Facilities and Estates Quality & Performance Committee Medical Devices Committee	<ul style="list-style-type: none"> Some items have approved funding for replacement 16/17: - Pascal laser - Tympanometry kit 	<ul style="list-style-type: none"> Joined up oversight of entire programme of clinical equipment maintenance/replacement 	5	1	5	<ul style="list-style-type: none"> Medical Equipment Replacement Programme CQC inspections 	<ul style="list-style-type: none"> Lengthy timescales for procurement delivery Joined up reporting on entire programme of clinical equipment maintenance/replacement 	<ul style="list-style-type: none"> Medical Devices Committee oversight of Medical Equipment Replacement requirements 	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
16	<p>Regulatory intervention</p> <p>Vulnerability:</p> <p>Inadequacy of estates and equipment maintenance programmes has led to a number of potential Breaches of statutory and regulatory requirements</p> <p>Threat:</p> <p>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</p> <p>Consequence:</p> <ul style="list-style-type: none"> Trust reputation may deteriorate further Potential prosecutions Financial loss/additional commitments Quality of care environment sub-optimal <p>Associated risk register items:</p> <p>1628, 1630, 1340, 1386, 1527, 1508, 1523, 1740, 1644, 1639, 945, 1290, 1545, 1243, 1540, 1554, 1768</p>	✓	✓	✓	20.06.16	RA	5	3	15	<p>Director of Facilities and Estates</p> <p>Quality & Performance Committee</p> <p>Medical Devices Committee</p>	<ul style="list-style-type: none"> Authorising Engineer reviews for key engineering services in line with requirements of Building engineering in the health sector Health Technical Memorandum 00 	<ul style="list-style-type: none"> Management resource within Facilities and Estates Team Governance arrangements not established in accordance with guidance Current financial resources do not meet organisational requirements for backlog investment to enable backlog investment levels to remain the same or to reduce them Currently no service level agreements in place across services Incomplete asset register 	5	1	5	<ul style="list-style-type: none"> Medical Equipment Replacement Programme CQC inspections 	<ul style="list-style-type: none"> Lengthy timescales for procurement delivery Joined up reporting on entire programme of clinical equipment maintenance/ Replacement No up to date 6 facet survey information within the Trust 	<ul style="list-style-type: none"> Medical Devices Committee oversight of Medical Equipment Replacement requirements 	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
17	<p>Absence of strategic vision</p> <p>LACK OF CAPACITY FOR DIRECTOR TO COMPLETE</p> <p>Vulnerability:</p> <p>There is no formalised strategic vision for the Trust</p> <p>Threat:</p> <ul style="list-style-type: none"> Trust cannot prioritise use of resources efficiently/effectively Trust faces unexpected threats from external and internal challenges <p>Consequence:</p> <ul style="list-style-type: none"> Trust may divert attention and resources to ultimately unproductive objectives/practice Trust is unable to maintain identity/status <p>Associated risk register items:</p> <p>1474</p>	✓	✓	✓	30.09.16	RA				Director of Strategy & Commercial Development	<ul style="list-style-type: none"> Clinical Strategy and other Board approved functional strategies 										

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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
18	<p>CCG commissioning practice:</p> <p>LACK OF CAPACITY FOR DIRECTOR TO COMPLETE</p> <p>Vulnerability:</p> <p>Trust is heavily dependent on capacity/capability of CCG to manage key contracts/ service across WHE and beyond</p> <p>Threat:</p> <ul style="list-style-type: none"> • Failure of community provider/services will lead to reduced capacity/capability/ unplanned service interruptions • Failure of support/infrastructure services will lead to reduced capacity/capability/ unplanned service interruptions • CCG has not managed Patient transport contract well • CCG has not managed RMS contract well <p>Consequence:</p> <ul style="list-style-type: none"> • Trust may fail to deliver against access targets • Trust may fail to deliver against quality improvement plans • Trust may experience significant service failure <p>Patients may experience safety failures, poor outcomes, unacceptable levels of patient experience</p> <p>Associated risk register items:</p> <p>835, 1474</p>	✓	✓	✓	30.09.16	RA			1	Director of Strategy & Commercial Development										1	

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	IMPACT				
	1 Insignificant	2 Minor	3 Moderate	4 Major	5 Extreme
LIKELIHOOD					
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