

REPORT TO THE TRUST BOARD - PUBLIC
29 June 2017

Title	Performance and Compliance Report: May 2017
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Accountable Executive Director	Mason Fitzgerald, Director of Corporate Affairs Dr Mohit Venkataram, Executive Director of Commercial Development and Performance

Purpose of the Report:

This report provides assurance to the Trust Board on Trust-wide performance and compliance matters, including CQUINs for the period 1st April 2017 – 31st May 2017.

Summary of Key Issues:

Data gathered for the reporting period indicates that Trust's return for the Single Oversight Framework has been rated as **Segment 2**.

Key (non-financial) performance priorities are as follows:

- The target for 7 day follow up is currently below the 95% target at 94.2%
- The need to improve the quality of workforce information and a focus on core skills training
- The need to improve clustering as the Trust moves towards outcomes based contracting
- The need to ensure that milestones are met in order to secure £7m of CQUIN funding

Supporting Documents and Research material:

	Description
1	Board Assurance Framework

Strategic priorities this paper supports:

Improving service user satisfaction	<input checked="" type="checkbox"/>	Via reporting progress on national/local performance and contractual targets
Improving staff satisfaction	<input checked="" type="checkbox"/>	Via reporting progress on delivery of national and local workforce targets
Maintaining financial viability	<input checked="" type="checkbox"/>	Via confirming delivery of NHS Improvement Risk Assessment Framework requirements

Committees/Meetings where this item has been considered:

Date	Committee and assurance coverage
22 nd June 2017	This report is submitted to the Trust Board.
14 th June 2017	This report has been submitted to the Trust Executive and Service Directors at the June SDB meeting. This report is based on May/YTD activity data received by the 5 th June 2017.
Various.	Final figures are also considered at Quality and Performance review meetings with Trust Executive Directors. This review process is supported via a central adverse variance action tracker and summaries prepared by DMTs.
Various dates in following month.	Metrics herein are reported in more depth to service commissioners at monthly Technical Support Group and Service Performance Review meetings. Where required, significant variance and recovery plans are prepared by DMTs and agreed with commissioners regarding contract compliance issues.

Implications:

Impact	Update/detail
Equality Analysis	This report has no direct impact on equalities
Risk and Assurance	This report and supporting appendices cover performance for the period to the end of May 2017 and provides data on key Compliance, NHS Improvement (Month 2), national and contractual targets.
Service User/Carer/Staff	This report summarises progress on delivery of national and local performance targets set for all services.
Financial	The NHSI return, CQUIN report and contract compliance summary will highlight the areas where targets have not been met or areas of noncompliance against the main contracts and could pose a financial risk to the Trust.
Quality	Metrics within this report are used to support delivery of the Trust's wider service and quality goals.

1. Introduction

This report provides assurance to the Trust Board and Directors on Trust wide performance and compliance matters for May 2017.

There are a number of developments underway in relation performance management and reporting:

- The development of an integrated reporting dashboard and system
- Moving towards an outcomes focus, including the development of patient reported outcome and experience measures
- A review of contractual KPIs and meetings with East London commissioners
- Internal audit review
- An overall review of the performance management framework

For this report, we are introducing a new single page of infographic data within the Trust Board's Performance Report (see section 2).

Workforce metrics are now included in this report, instead of having a separate workforce report. The next stage will be to integrate financial metrics.

Various aspects of performance are highlighted in more detail in a "spotlight" report.

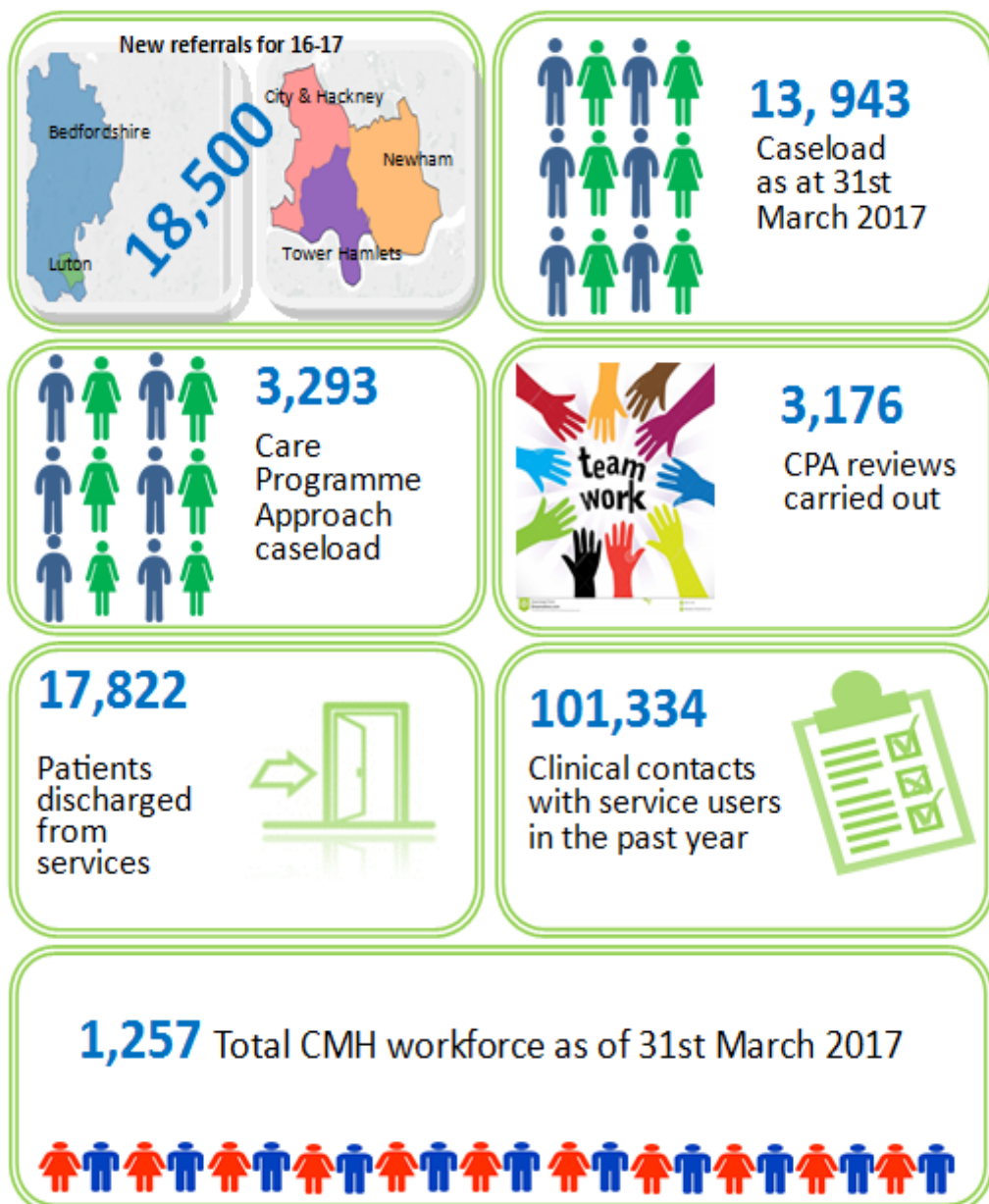
2. Service Provision Infographic

Each report will focus upon a specific area of clinical service provision with the aim of illustrating key activity within each service area with an emphasis on the volume of work carried out, without reference to targets or benchmarking.

We want to highlight just how much work we deliver as a Trust and ensure that we acknowledge and celebrate it. The infographic page aims to address this and we plan to cover one of the following areas of care each month:

1. Community Mental Health
2. Community Health Services
3. Inpatient Mental Health
4. Child and Adolescent Mental Health Service (CAMHS)
5. Improving Access to Psychological Therapies
6. Specialist Addictions
7. Learning Disabilities
8. Forensics

Community Mental Health Activity 2016-17



Please note the images of people on this page are not representative of the gender split of service users or staff

3. Regulatory compliance

3.1 NHS Improvement

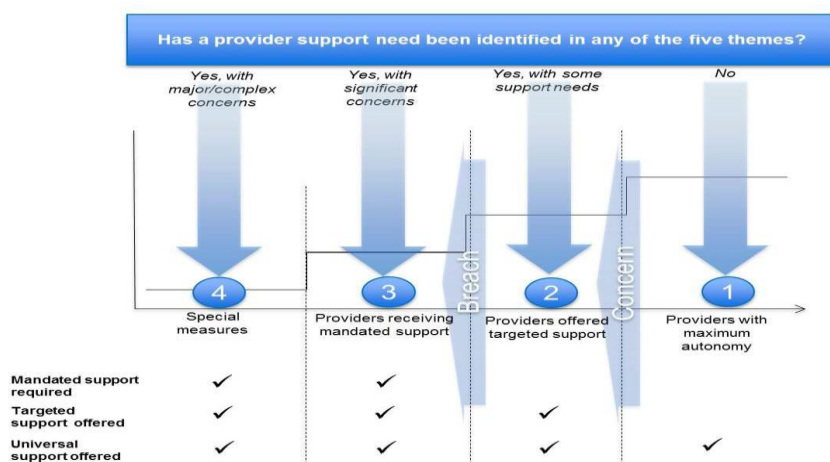
The Single Oversight Framework has replaced the Monitor 'Risk Assessment Framework' and the NHS Trust Development Authority 'Accountability Framework'. Trusts are segmented under the Single Oversight Framework (SOF) based on the level of support each provider needs which is designed to help NHS providers attain, and maintain, Care Quality Commission ratings of 'Good' or 'Outstanding'.

The Framework is divided into 5 themes. The first three domains are based on analysis of a number of metrics, whilst the strategic performance and leadership and improvement capability domains are driven more by judgment than metrics.

The table below sets out the Trust's self-assessment against each theme as at 31 May 2017.

Theme	Current Rating	
Quality of Care		No Concerns
Financial and Use of Resources		The Trust is not meeting its financial plan for 2017/18. See the finance report for further details.
Operational Performance		No Concerns
Strategic Performance		No Concerns
Leadership and Improvement Capability		No Concerns

Based on the above, the Trust would remain in segment 2 (where targeted support is available, but not mandated).



3.1 Care Quality Commission

The Trust maintains its “outstanding” rating awarded following the comprehensive inspection in June 2016.

The Care Quality Commission utilise an intelligence tool in order to monitor compliance issues, and meet quarterly with the Trust. No compliance concerns have been raised.

4. Scorecard Summary

Current performance against monthly key indicators is shown in the table below for Month 2

Summary Score Card	2017/18 Target	May-17	Apr-17
NHS Improvement Targets			
CPA inpatient discharges followed up within 7 days (face to face and telephone)	95%	94.2%	94.4%
Mental Health Patients occupying beds with delayed transfer of care - Adult & Older Adult (Only CAMHS excluded)	7.5%	2.60%	2.20%
Admissions made via Crisis Resolution Teams (end of period)	95%	100.0%	100.0%
Number of adult CPA patients meeting with care-coordinator in past 12 months	95%	98.0%	98.0%
Access to healthcare for people with a learning disability – report compliance to CQC	Completion of self assessment and declaration	19	19
Completeness of Mental Health and Learning Disabilities Data Set (MHLDDS) – PART ONE	97%	100.0%	100.0%
Completeness of Mental Health and Learning Disabilities Data Set (MHLDDS) – PART TWO	50%	91.0%	88.0%
Reduction in Clostridium Difficile - reported instances	0	0	0
Meeting commitment to serve new psychosis cases by EI teams	50%	86%	84%
NHS Improvement Targets - Community Information Data Set (CIDS - Data Completeness)			
Community Referral to treatment information	50%	100.0%	100.0%
Referral information	50%	72.7%	75.2%
Care Contact Activity information	50%	90.4%	92.7%
Other National/CQC Targets - formerly used in CQC Annual Assessments			
Completeness of Ethnicity Coding – PART ONE (Inpatients in MHLDDS - Year to date)	85%	96.0%	100.0%
Completeness of Ethnicity Coding – PART TWO (Inpatient FCEs HES - Year to date)	85%	98.7%	98.6%
Patterns of Care – assignment of Care Co-ordinator within Mental Health Minimum data set	95%	98.0%	98.0%
Number of Learning Disabilities Inpatients with in date care plans	100%	100.0%	100.0%
CCG Contract and Mandatory Targets (NOT INCLUDED ABOVE)			
Exception reporting if a man and a woman share either a Bedroom or a Bed-bay	0	0	0
Number of people under 18 admitted to adult inpatient wards	0	0	1
Number of people under 16 admitted to adult inpatient wards	0	0	0
Number of Service Users in employment (On CPA, 18-69)	N/A	7.2%	7.0%
Number of Service Users in settled accommodation (On CPA, 18-69)	N/A	87.2%	86.9%
Patient Experience - Inpatient			
Inpatient Bed Occupancy Rate - Adult	90%	86.7%	84.9%
Inpatient Bed Occupancy Rate - Older Adult (Functional)	90%	64.1%	69.2%
Readmission rate (28 days) - Adult	7.5%	6.8%	8.2%
Readmission rate (28 days) - Older Adult	7.5%	4.0%	11.1%
Average Length of Stay - Adult	N/A	25.3	25.6
Average Length of Stay - Older Adult (Functional)	N/A	52.9	52.2
Patient Experience - Community/General			
Assessment within 28 days of referral - Adult	100%	99.1%	100.0%
Assessment within 28 days of referral - MHCOP	Assumed N/A	100.0%	100.0%
CPA patients - care plans in date (Documents 12 months old)	95%	91.0%	91.1%
CPA patients - care plans in date (Documents 6 months old)	N/A	77.6%	78.4%
% CPA patients seen in month - face to face only	85%	83.7%	81.0%
MRSA bloodstream infections - reported instances	0	0	0
Number of overdue incidents --- (Incidents are regarded as overdue if they have not been Finally Approved within seven days of the incident date)	N/A	0	0
Number of incidents exported to NRLS	N/A	580	560
Community Services Newham - National Targets			
Children's Services: Percentage of children in Reception with height and weight recorded.	90%	88.4%	88.4%
Children's Services: Percentage of children in Year 6 with height and weight recorded.	90%	90.8%	90.8%
Response to Complaints			
% Complaints Response Rates (within 25 working days or an extended timescale agreed with complainant)	85%	100.0%	96.0%

The commentary for this report mainly focuses on red rated items only, being those metrics 5% or more adrift of agreed thresholds, plus amber items for NHSI indicators. Details of local or minor variances meriting attention are contained within Directorate level reports.

There are no Trust wide red rated items this month.

In relation to the NHSI measures, there was one amber rated item - CPA patients seen within 7 days. The National Target is 95% for all cases on CPA - the Trust is currently slightly below target at 94.2% (in quarter)

The submission of CPA 7 day follow up activity is submitted quarterly through Unify and services will closely monitor breaches for the rest of the quarter prior to final submission next month.

Local performance managers have been working with Inpatient and community services to improve discharge arrangements to ensure all CPA cases discharge are seen within 7 days. This will involve service users being given appointment times with their respective care coordinator prior to discharge to improve coordination and engagement.

Spotlight report – new psychosis cases

In 2016, a new national standard was introduced as follows:

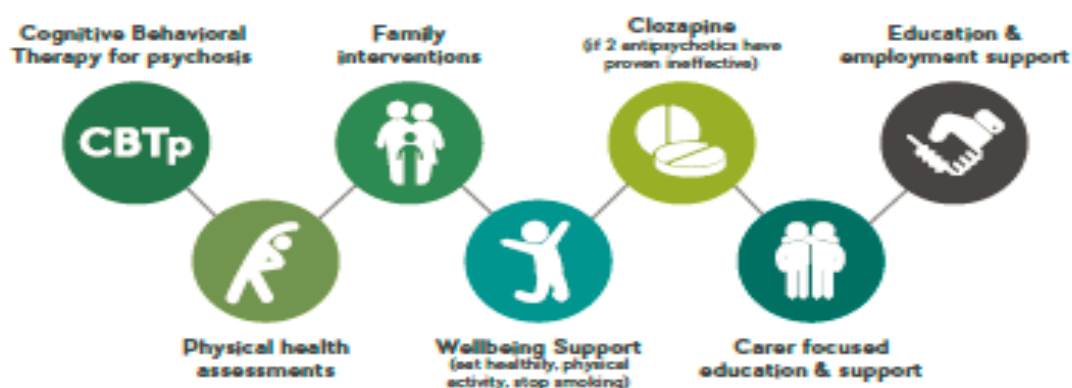
“People with a first episode of psychosis begin treatment with a NICE- recommended package of care within 2 weeks of referral”

The target was introduced as part of the parity of esteem commitment, so that waiting times for mental health services are treated in the same way as physical health services. People who do not access effective treatment quickly are far more likely to experience poor physical health, lower levels of social functioning and poorer occupational and educational outcomes.

The national target is 50% compliance. The national average for this target is 62.1%. For April 2017, the Trust has one of the highest levels of compliance in the country at 84%.

The Trust had the highest total number of patients starting treatment (57) in April 2017. Excluding ELFT, the average for London mental health trusts is 15 patients starting treatment.

The NICE-recommended package of care includes:



4.2 Workforce Indicators

Workforce metrics as at 31 May 2017 are as follows:

Indicator	Target	Performance
Vacancy rate	7.5%	10.07%
Turnover	15%	16.46%
All Staff Supervision (Management)	90%	77.7%
Appraisals	100%	84.7%
Core skills training	95%	84.38%
Sickness absence	4%	3.81%
Overall staff engagement	4.00	3.95

Commentary on red rated items is as follows:

All staff supervision

Data systems on reporting of supervision are currently held in directorates and are inconsistently measured and reported on. As part of our work to improve staff experience we are undertaking a wholesale review of the supervision process including training, templates, prompts and alignment with performance metrics and trust values.

Appraisals

Directorates are currently checking compliance levels and ensuring that all outstanding staff have appraisals booked in. This is complemented by an appraisal audit and review of the new values based process. There has been very positive feedback about the revised appraisal process, which incorporates the Trust values.

Spotlight report – core skills training

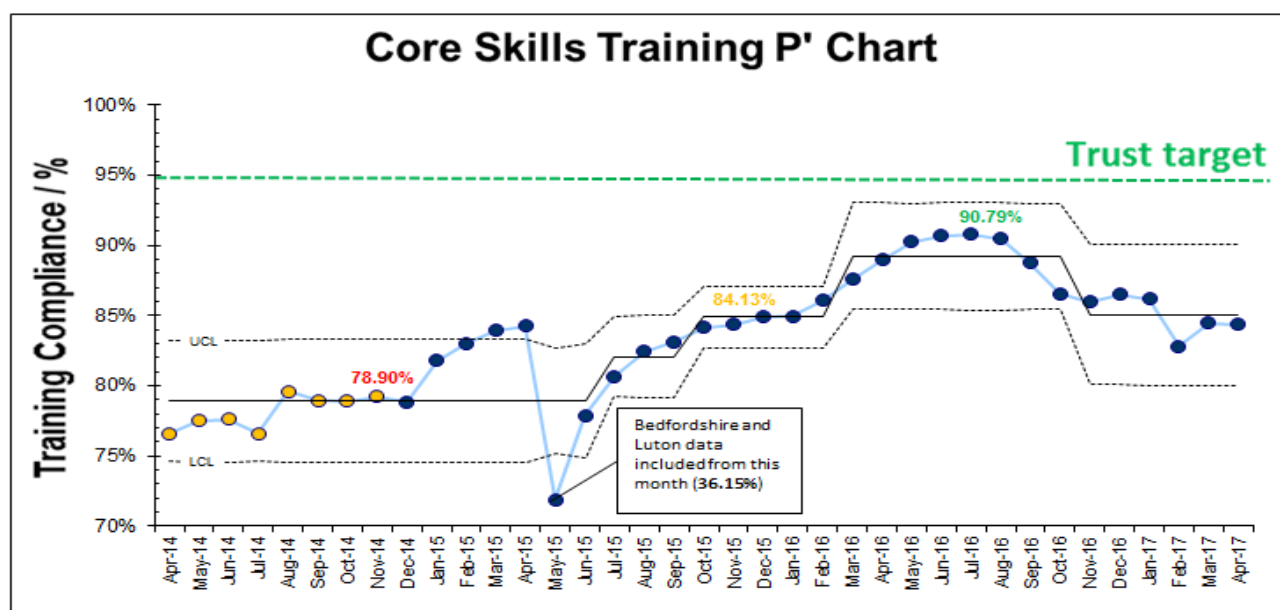
The Trust sets very high standards for completion of core skills training compared to other NHS Trusts. For example, the other “outstanding” rated mental health trust (Northumberland, Tyne & Wear NHSFT) sets a target of 85% compliance.

The NHS national training requirements include 20 courses, and most Trusts (including Northumberland) measure compliance against those 20 courses. The Trust currently measures compliance against 37 courses. Additional training is also required in some areas in order to meet CQUIN targets.

There has been incremental growth to get to this point, and a holistic review of the core skills framework is currently being undertaken in order to ensure optimal capacity and effectiveness. This will include a review of communications in order to focus on the benefits of maintaining core skills to the delivery of high quality care.

With the inclusion of Luton & Bedfordshire staff the Trust’s overall compliance was 72% in May 2015. Compliance peaked at an all-time high at 91% in August 2016. The Trust’s

online learning system was subsequently affected by IT issues which prevented completed courses from being recorded as such. The IT issues were not resolved until recently.



The Trust's overall compliance figure masks variation across different courses and different directorates. Forensics are the best performing directorate at 90% and City & Hackney the lowest at 79%. Increased focus on compliance is being undertaken at monthly performance meetings, with action plans being reviewed for each directorate.

Significant work is currently being undertaken to ensure all staff transferring to the Trust in Tower Hamlets Community services receive core skills training.

The Trust's Electronic Staff Record system is being upgraded in September 2017. The system will have improved functionality, including the ability for managers to see the compliance of their staff on a real-time basis. This will be a significant improvement to the current reliance on monthly reporting.

With the above actions being taken, it is expected that the Trust will reach 90% compliance by November 2017. At this point, a trajectory to reach 95% will be determined.

5. Data Quality and Clustering Indicators

The majority of areas show good compliance rates, but there are 3 Trust wide red rated items reported this month in relation to quality indicators.

5.1 Data Quality

Information Governance/Data Quality (Trust Target 95%)	RiO - Mental Health Inpatient	Rio Community CAMHS	RiO - Mental Health Community	NEBULA SAU	RiO - Community Services Newham (NCHS)
Date of Birth	✓ 100.0%	✓ 100.0%	✓ 100.0%		✓ 100.0%
Gender	✓ 100.0%	✓ 100.0%	✓ 100.0%		✓ 99.9%
Marital Status	⚠ 92.9%	✓ 100.0%	⚠ 94.0%		
NHS Number	✓ 98.5%	✓ 100.0%	✓ 100.0%	✓ 100.0%	✓ 99.1%
Ethnic Group	✓ 98.8%	✓ 100.0%	✓ 99.0%	✓ 100.0%	✓ 96.3%
Postcode	✓ 97.6%	✓ 100.0%	✓ 100.0%	✓ 100.0%	✓ 100.0%
GP Practice	⚠ 93.7%	✓ 99.0%	✓ 98.0%	✓ 99.1%	✗ 74.5%
Commissioner Code	✓ 100.0%	✓ 100.0%	✓ 100.0%		✓ 99.7%
Primary Diagnosis	✗ 69.8%		✗ 80.0%	✓ 100.0%	
HoNOS			✓ 97.5%		
Unexpired Clusters (% In Date)			⚠ 92.5%		
Employment Status			⚠ 92.1%		
Accommodation Status			⚠ 92.1%		

Recording of primary diagnosis in inpatient and community settings continues to be a challenge, primarily in Luton & Bedfordshire which is due to service changes and differences in clinical practice. Practices from high performing areas are being shared with admin and clinical colleagues. Inpatient dashboards are in place to support this.

a. Clustering / Mental Health Tariff

The table below shows the Trust position in relation to the mental health tariff. Current performance for missing and unexpired clusters is below the 95% target.

Directorate	Awaiting Cluster	Awaiting Cluster%*	Expired	Expired %*	Unexpired %	Total	Missing & Expired
CH	159	5.8%	130	4.7%	95.3%	2,739	10.6%
NH	136	5.0%	147	5.4%	94.6%	2,733	10.4%
TH	156	5.4%	243	8.4%	91.6%	2,892	13.8%
BEDFORD	749	12.6%	825	13.9%	86.1%	5,928	26.6%

LUTON	38	2.6%	110	7.4%	92.6%	1,489	9.9%
TRUST TOTAL	1,234	7.8%	1,445	9.2%	90.8%	15,781	17.0%

** Target is less than 5% missing or expired*

Clustering continues to improve in Bedfordshire. Services are focusing on training staff to cluster, recording on RiO and addressing the cases where the clustering information is missing on RiO. This includes reviewing legacy cases migrated from the SEPT system.

In East London, Newham have introduced a QI project and part of the remit of the group is to look at clustering compliance which will be used to ensure robust processes are in place to ensure we meet target.

Performance teams are also looking at spreading learning from Tower Hamlets where approaches adopted are working very well. Robust routine processes have been set in place and are actively monitoring underperformance.

Additional prompts will be circulated and performance is working closely with informatics to develop more user friendly dashboards. A dedicated task and finish group has been set up to improve compliance.

6. CQUIN

There is £7m of Trust income dependent on achievement of CQUIN (Commissioning for Quality and Innovation) national goals.

Approximately £1.2m is dependent on targets relating to engagement with Sustainability & Transformation Partnerships.

Other key CQUIN targets for 2017/18 include:

- Reducing the number of frequent attenders in local Accident & Emergency Departments (a joint target with local acute providers)
- Improving the health & wellbeing of staff
- Delivery of alcohol and smoking training and interventions
- Cardio metabolic assessment and treatment for patients with psychosis

For all CQUINs work is ongoing to establish the operational systems to deliver these CQUINs and the electronic recording and reporting processes in quarter two and beyond.

Updates will be provided as milestones are reached during the year.

7. Board Assurance Framework

The Board Assurance Framework (BAF) incorporates a register of the highest risks faced by the Trust in meeting its principal objectives. It is in effect a 'high level Risk Register' which provides the Trust with a simple but comprehensive method of describing the organisation's objectives, identifying the key risks to their achievement and the gaps in assurances on which the Board relies in agreeing action plans. The Audit Committee has overall responsibility for risk management and the BAF.

Each risk within the Board Assurance Framework has a designated Executive Lead or risk owner, who is responsible for routinely reviewing the details of the risk, before submitting it to the Trust Board and other relevant committees. The most recent version of the BAF is presented to each Trust Board meeting, for information only. A streamlined version of the BAF, containing only the relevant risks, is submitted to each of the Board sub-committees, assigned as the lead committee for particular risks. The role of each Board sub-committee to review its assigned risks at each meeting, focusing specifically upon:

- a) The accuracy of the current risk score based on the available assurance and/or gaps in assurance
- b) Progress against action plans or mitigating actions designed to reduce the risk,
- c) Identifying any risks for addition/deletion.
- d) Where it deems it necessary, conduct a more detailed review or 'deep dive' into specific risks

The latest version of the BAF is attached.

8. Recommendations and Action Being Requested

The Board/Committee is asked to:

- a) **RECEIVE** and **DISCUSS** the report
- b) **NOTE** action taken to maintain and improve performance

ELFT Board Assurance Framework (BAF) – May 2017

Risk Rating Matrix (Consequence x Likelihood)

See Appendix 6 of the Risk Management Strategy for detailed guidance on scoring.

Risk Scores and RAG Rating	Likelihood				
Consequence	1: Rare	2: Unlikely	3: Possible	4: Likely	5: Almost Certain
5: Catastrophic	5	10	15	20	25
4: Major	4	8	12	16	20
3: Moderate	3	6	9	12	15
2: Minor	2	4	6	8	10
1: Negligible	1	2	3	4	5

SUMMARY SHEET

OBJECTIVE 1: Improve Service User Satisfaction

Potential Principle Risk <i>The Trust may not improve service user satisfaction, if:</i>	Initial score	Current Score	Risk Appetite Score
1.1 It fails to improve the overall quality of care provision	16	8	8
1.2 It fails to achieve agreed optimum levels of adult acute MH bed occupancy	25	9	9
1.3 It fails to transform district nursing services in order to meet the needs of the local health services and wider community	16	16	12
1.4 It fails to implement relevant NICE guidance	16	12	9
1.5 It fails to innovate in the pursuit of quality improvement	6	6	3
1.6 It fails to meet standards for safety and quality as set out in the Health and Social Care Act 2009 and measured through the CQC's regulatory process	20	12	6
1.7 It fails to develop systems and processes to deliver safer and more effective physical health care to MH patients	16	8	12
1.8 It fails to provide high quality services from premises that are secure, minimise risk, and are well maintained	16	8	9
1.9 It fails to recognise and respond to the impact of CRES savings plans on the quality and safety of services already responding to increasing demand	15	8	6
1.10 The impact of new strategies, models of care or organisational forms may adversely impact on the quality of care currently provided by the Trust	12	12	8

OBJECTIVE 2: Improve Staff Satisfaction

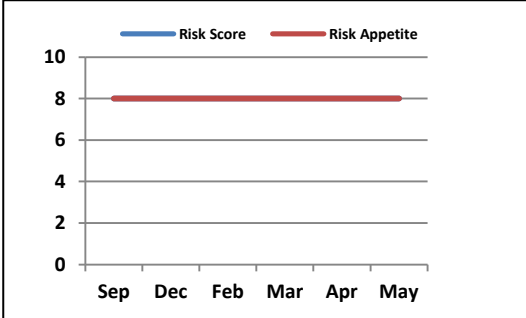
Potential Principle Risk	Initial score	Current Score	Tolerance/Risk appetite Score
<i>The Trust may not improve staff satisfaction, if:</i>			
2.1 It fails to recruit and retain high quality staff	16	12	8
2.2 It fails to ensure that workforce capability and capacity and ability to respond to change, including delivery of new strategies and models of care, is sufficient to continue to meet stated Trust objectives	16	12	6
2.3 It fails to put in place succession plans for the Trust Board and Senior Management roles	16	9	9
2.4 If it fails to maintain improvement in measures of staff engagement in the context of continued financial constraints and CRES plans	9	6	6
2.5 If it fails to provide, and engage staff with, modern and effective IT infrastructure, both physical and systems	15	9	9
2.6 If the Trust fails to address concerns regarding fair treatment, career progression and discrimination then the experience and outcomes for certain staff groups will not improve, and adversely impact on the quality of care provided	12	12	8

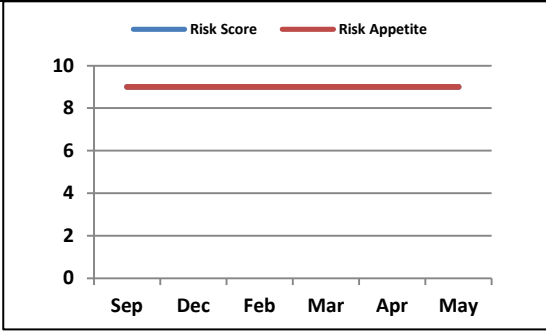
OBJECTIVE 3: Maintain Financial Viability

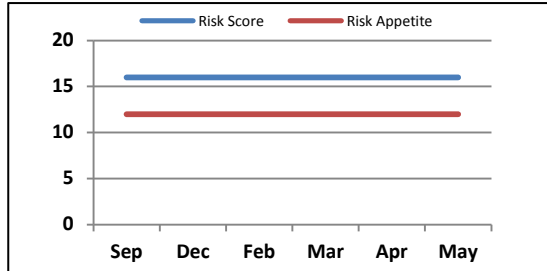
Potential Principle Risk	Initial score	Current Score	Tolerance/Risk appetite Score
<i>The Trust may not maintain financial viability, if:</i>			
3.1 It fails to develop effective relationships with Commissioners and other stakeholders, and respond effectively to changes in the commissioning landscape, and recognise threats and opportunities they bring	20	12	8
3.2 It fails to plan properly for the introduction of new funding systems, potentially jeopardising income streams	16	12	8
3.3 If it fails to effectively balance the investment of energy and resources between potential new and existing business the Trust may find the quality of care it provides compromised and its reputation affected, impacting on its ability to retain existing business, attract new business, and deliver new contracts and projects	12	12	6
3.4 If the Trust fails to deliver the Year 2 plan of the Luton & Bedfordshire integration, then it may find that the quality of care is compromised, patient and staff satisfaction reduced, and its reputation affected	12	12	6
3.5 (a) The short-term impact and potential lack of achievability of CRES requirements, coupled with expenditure control and income generation, upon the overall financial sustainability of the Trust. Further risk implications concerning the impact on the reputation of the Trust and access to revenue streams such as STF funding.	16	20	12
3.5 (b) The long term impact and potential lack of achievability of CRES requirements over the next 5 years, threatens the overall financial sustainability of the Trust and adversely impacts on the pursuit of quality improvement.	16	16	12
3.6 If services are not adequately incorporated into Sustainability and Transformation Plans (STPs), they risk becoming unsustainable over the next financial year.	12	12	8

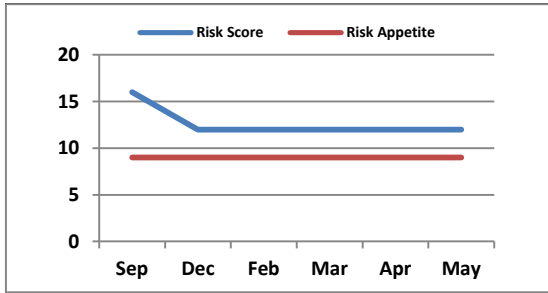
RISK ANALYSIS

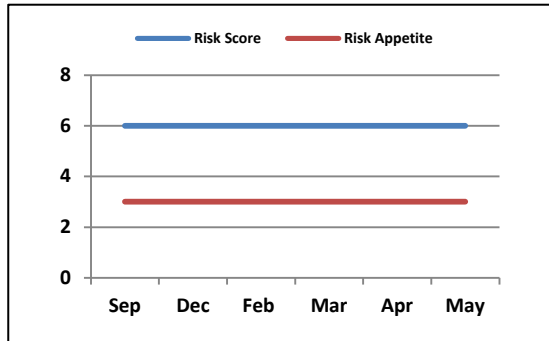
OBJECTIVE 1: Improve Service User Satisfaction - *The Trust may not improve service user satisfaction, if:*

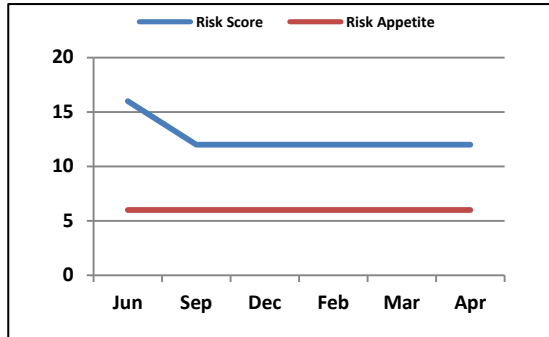
Risk: 1.1 - It fails to improve the overall quality of care provision				Executive Lead: Dr Kevin Cleary, Chief Medical Officer																	
Source: Annual plan/Board development day – April 2014				Lead Committee: Quality Assurance Committee																	
Change since last review: None.																					
<table><tr><th>Risk rating</th><th>Consequence</th><th>Likelihood</th><th>Score</th></tr><tr><td>Initial</td><td>4</td><td>4</td><td>16</td></tr><tr><td>Current</td><td>4</td><td>2</td><td>8</td></tr><tr><td>Appetite</td><td>4</td><td>2</td><td>8</td></tr></table>				Risk rating	Consequence	Likelihood	Score	Initial	4	4	16	Current	4	2	8	Appetite	4	2	8		
Risk rating	Consequence	Likelihood	Score																		
Initial	4	4	16																		
Current	4	2	8																		
Appetite	4	2	8																		
Controls and Mitigating Actions (what are we currently doing about the risk?): <ul style="list-style-type: none">The Chief Medical Officer is executive lead for qualityReal time patient and staff feedback systemsImplementation of the Trust Quality Improvement Strategy and supporting strategiesEstablishment of an integrated Quality Improvement and Quality Assurance Committee and reporting structureQuality Improvement team in placeParticipation in national audits and benchmarking exercisesRevised Quality Strategy approved by the Trust Board (April 2016)QI work plan in place and monitored by the QI project Board (April 2016)Improved patient feedback system to be implemented (April 2016 - largely completed)CQC compliance work plan				Rationale for current risk scoring: <ul style="list-style-type: none">The Trust is performing well against national and local targetsThe Trust has the 3rd best score in the country in the national community patient surveyThe Trust has acquired services in Luton & Bedfordshire, and significant work is being done to improve the overall quality of service provision. The service is currently meeting all national targets. Rationale for the level of risk appetite: <ul style="list-style-type: none">The Trust’s vision is to provide the highest quality care in the country, and so has relatively low risk tolerance has been set																	
Gaps in controls/assurance (what additional controls are required or assurances should we seek?): <ul style="list-style-type: none">Consistent and timely feedback/action from patient feedback systems				Positive Assurance/Evidence (How do we know if things we are doing are having the desired effect?): <ul style="list-style-type: none">Trust Quality DashboardQuality and safety report to SDB and Trust BoardException reporting to Assurance CommitteeQuality Accounts reportTeam Quality Improvement PlansNational audit results/benchmarkingCQC inspection report (August 2016)Progress reports on the implementation of the CQC compliance work plan Further actions required: <ul style="list-style-type: none">																	

Risk: 1.2 - It fails to achieve agreed optimum levels of adult acute MH bed occupancy				Executive Lead: Jonathan Warren, Chief Nurse & Deputy Chief Executive																	
Source: Annual Plan, Directorate Risk Registers, Serious Incident Reviews				Lead Committee: Quality Assurance Committee																	
Change since last review: None.																					
<table><thead><tr><th>Risk rating</th><th>Consequence</th><th>Likelihood</th><th>Score</th></tr></thead><tbody><tr><td>Initial</td><td>5</td><td>5</td><td>25</td></tr><tr><td>Current</td><td>3</td><td>3</td><td>9</td></tr><tr><td>Appetite</td><td>3</td><td>3</td><td>9</td></tr></tbody></table>				Risk rating	Consequence	Likelihood	Score	Initial	5	5	25	Current	3	3	9	Appetite	3	3	9		
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Initial	5	5	25																		
Current	3	3	9																		
Appetite	3	3	9																		
Controls and Mitigating Actions (what are we currently doing about the risk?): <ul style="list-style-type: none">Adult service steering group addressing issues across the care pathwayMonitoring of bed occupancy through DMTS/SDB and Trust BoardBed Management policy/systems in placeRegular reporting to CommissionersRecurrent funding for Newham triage ward securedLuton & Bedfordshire inpatient project boards to continue, and review of community services and crisis pathway in order to ensure that admissions are avoided where possible (July 2016)Reconfiguration of male and female bedsProposal being developed for a crisis house in Bedfordshire				Rationale for current risk scoring: <ul style="list-style-type: none">The Trust’s bed occupancy has been well managed for an extended periodThe Trust is able to sell spare bed capacity to other trusts in order to generate incomeBed occupancy in Luton & Bedfordshire has been in excess of 100%, but is now less than 100% Rationale for the level of risk appetite: <ul style="list-style-type: none">In the context of increasing demand on services and the need for savings, there is a reasonable likelihood of experiencing difficulties in this area																	
Gaps in controls/assurance (what additional controls are required or assurances should we seek?): <ul style="list-style-type: none">				Positive Assurance/Evidence (How do we know if things we are doing are having the desired effect?): <ul style="list-style-type: none">Exception reporting to SDB and Trust Board(Absence of) Complaints/ Claims and SUIsOngoing stability in bed availability/90% occupancy levels in each adult acute ward in East LondonCQC inspection report (August 2016)Extended period of in excess of 10 female vacancies in L&B																	
				Further actions required: <ul style="list-style-type: none">																	

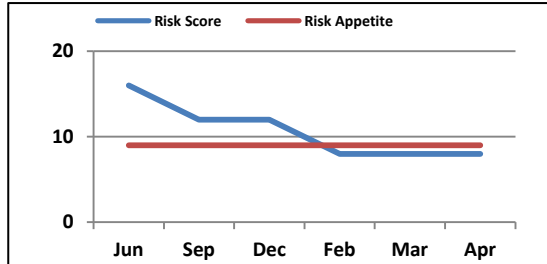
Risk: 1.3 - It fails to transform district nursing services in order to meet the needs of the local health services and wider community				Executive Lead: Jonathan Warren, Chief Nurse & Deputy Chief Executive																			
Source: Annual plan, Directorate Risk Register, Serious Incident Reviews				Lead Committee: Quality Assurance Committee																			
Change since last review: None																							
<table><tr><th>Risk rating</th><th>Consequence</th><th>Likelihood</th><th>Score</th></tr><tr><td>Initial</td><td>4</td><td>4</td><td>16</td></tr><tr><td>Current</td><td>4</td><td>4</td><td>16</td></tr><tr><td>Appetite</td><td>4</td><td>3</td><td>12</td></tr></table>				Risk rating	Consequence	Likelihood	Score	Initial	4	4	16	Current	4	4	16	Appetite	4	3	12				
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Current	4	4	16																				
Appetite	4	3	12																				
Controls and Mitigating Actions (what are we currently doing about the risk?): <ul style="list-style-type: none">Second Tissue Viability nurse from Columbia ward seconded for 6 monthsRoutine allocation of patients with pressure ulcers (grade 2 upwards) to named nurseReview of capacity of continuing care team to carry out DSTsBuurtzorg model is being piloted in Tower Hamlets, with a view to also piloting the model in Newham.Continued monitoring of the recruitment action plan				Rationale for current risk scoring: <ul style="list-style-type: none">There is continued high use of agency staff to cover vacancies in the service, as recruitment is still proving to be difficultThere is not yet evidence of sustained service improvement																			
				Rationale for the level of risk appetite: <ul style="list-style-type: none">There are national issues with district nursing services (i.e. recruitment) and therefore a reasonable likelihood that problems will persist																			
Gaps in controls/assurance (what additional controls are required or assurances should we seek?): <ul style="list-style-type: none">				Positive Assurance/Evidence (How do we know if things we are doing are having the desired effect?): <ul style="list-style-type: none">Reports to Quality Assurance Committee17 agency nurses appointed on medium term contracts covering vacancies.Reduction in Serious IncidentsReduction in complaints and claimsImproved PROMs and PREMs scores for EPCT patientsImproved team functioning and staff moraleRecruitment of permanent staff improvingProgress on the action plan implementation																			
				Further actions required: <ul style="list-style-type: none">																			

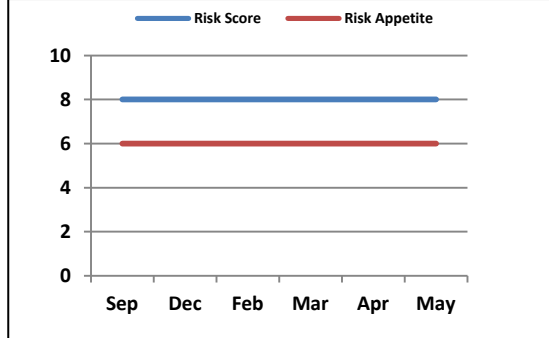
Risk: 1.4 - It fails to implement relevant NICE guidance				Executive Lead: Dr Kevin Cleary, Chief Medical Officer																																								
Source: Quality Assurance Committee – October 2015				Lead Committee: Quality Assurance Committee																																								
Change since last review: None.																																												
<table><tr><th>Risk rating</th><th>Consequence</th><th>Likelihood</th><th>Score</th></tr><tr><td>Initial</td><td>4</td><td>4</td><td>16</td></tr><tr><td>Current</td><td>4</td><td>3</td><td>12</td></tr><tr><td>Appetite</td><td>3</td><td>3</td><td>9</td></tr></table>				Risk rating	Consequence	Likelihood	Score	Initial	4	4	16	Current	4	3	12	Appetite	3	3	9	 <table><caption>Risk Score and Risk Appetite Data</caption><tr><th>Month</th><th>Risk Score</th><th>Risk Appetite</th></tr><tr><td>Sep</td><td>16</td><td>9</td></tr><tr><td>Dec</td><td>12</td><td>9</td></tr><tr><td>Feb</td><td>12</td><td>9</td></tr><tr><td>Mar</td><td>12</td><td>9</td></tr><tr><td>Apr</td><td>12</td><td>9</td></tr><tr><td>May</td><td>12</td><td>9</td></tr></table>				Month	Risk Score	Risk Appetite	Sep	16	9	Dec	12	9	Feb	12	9	Mar	12	9	Apr	12	9	May	12	9
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May	12	9																																										
Controls and Mitigating Actions (what are we currently doing about the risk?): <ul style="list-style-type: none">Associate Medical Director for Adult Services is the Trust leadSystem for monitoring compliance with NICE guidance and addressing the gaps with Trustwide and DMT action planningInternal audits of complianceMonthly reporting to the Quality Committee				Assurance/Evidence (How do we know if things we are doing are having the desired effect?): <ul style="list-style-type: none">DMTs are reporting gaps in compliance that cannot be addressed locally, to the Quality Assurance CommitteePsychosis Project Board is addressing gaps and making recommendations about service designAmber green on recent Internal audit report (2017)Results of internal audits of compliance																																								
Gaps in controls/assurance (what additional controls are required or assurances should we seek?): <ul style="list-style-type: none">				Further actions required: <ul style="list-style-type: none">																																								

Risk: 1.5 - It fails to innovate in the pursuit of quality improvement				Executive Lead: Dr Kevin Cleary, Chief Medical Officer																	
Source: Trust Board - April 2014				Lead Committee: Quality Assurance Committee																	
Change since last review: No change to the risk score but two additional gaps in controls/assurance identified.																					
<table><tr><th>Risk rating</th><th>Consequence</th><th>Likelihood</th><th>Score</th></tr><tr><td>Initial</td><td>3</td><td>2</td><td>6</td></tr><tr><td>Current</td><td>3</td><td>2</td><td>6</td></tr><tr><td>Appetite</td><td>3</td><td>1</td><td>3</td></tr></table>				Risk rating	Consequence	Likelihood	Score	Initial	3	2	6	Current	3	2	6	Appetite	3	1	3	 <p>The chart displays two horizontal lines representing risk metrics over time (Sep to May). The 'Risk Score' (blue line) is consistently at a value of 6. The 'Risk Appetite' (red line) is consistently at a value of 3. The y-axis ranges from 0 to 8.</p>	
Risk rating	Consequence	Likelihood	Score																		
Initial	3	2	6																		
Current	3	2	6																		
Appetite	3	1	3																		
Controls and Mitigating Actions (what are we currently doing about the risk?): <ul style="list-style-type: none">Quality Improvement (QI) Strategy in placeAssociate Medical Director for QI in post, supported by QI teamAssociate Medical Director for research and innovation in postQI training deliveryStrategic partnership with IHIRevised Quality Strategy approved by the Trust Board (April 2016)QI work plan in place and monitored by the QI project Board (April 2016)Luton & Bedfordshire now part of the QI programme				Positive Assurance/Evidence (How do we know if things we are doing are having the desired effect?): <ul style="list-style-type: none">QI strategy implementation reports to SDB and Trust BoardReputation and external recognition of the Trust for improvement and innovationImplementation of improvement projectsPatient feedbackStaff feedbackIHI and internal evaluation of progressCQC inspection report (August 2016)																	
Gaps in controls/assurance (what additional controls are required or assurances should we seek?): <ul style="list-style-type: none">TH lack of robust system to oversee improvement workLack of fit for purpose information system to support improvement				Further actions required: <ul style="list-style-type: none">																	

Risk: 1.6 - It fails to meet standards for safety and quality as set out in the Health and Social Care Act 2009 and measured through the CQC’s regulatory process.				Executive Lead: Jonathan Warren, Chief Nurse & Deputy Chief Executive																																								
Source: Mental Health Act Commissioner visit, and CQC regulatory inspection reports				Lead Committee: Quality Assurance Committee																																								
Change since last review: None.																																												
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Apr	12	6																																										
Controls and Mitigating Actions (what are we currently doing about the risk?): <ul style="list-style-type: none">Renewed Trust Governance Structure in place, geared towards ensuring CQC complianceLocal governance arrangements in placeHorizon scanning and regular reporting the Quality, and Quality Assurance CommitteesProgramme of internal inspections based on CQC standards and methodologyMental Health Act audit programmeReview of directorate and Trust-wide action plans by an external assessor (May 2016)Completion of estates action plan (May 2016)CQC actions being monitored via performance meetings with the Directorates/departments and regular updates sent to the CQC				Positive Assurance/Evidence (How do we know if things we are doing are having the desired effect?): <ul style="list-style-type: none">CQC risk rating of the Trust in their Intelligent Monitoring documentCQC inspection outcomes – no areas of non-compliance currently identifiedPositive staff engagement feedbackService user feedback, including friends and family testAchievement of key performance and workforce metrics relevant to CQC standardsCQC inspection report (August 2016)Action plan monitoring via the CQC project board.																																								
Gaps in controls/assurance (what additional controls are required or assurances should we seek?): <ul style="list-style-type: none">				Further actions required: <ul style="list-style-type: none">																																								

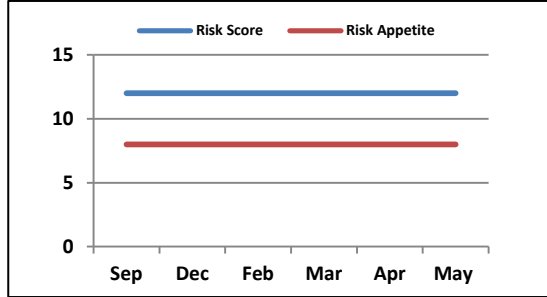
Risk: 1.7 - It fails to develop systems and processes to deliver safer and more effective physical health care to MH patients		Executive Lead: Dr Kevin Cleary, Chief Medical Officer																
Source: Serious Incident Reviews, City & Hackney Directorate Risk Register, Council of Governors feedback		Lead Committee: Quality Assurance Committee																
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rating	Consequence	Likelihood	Score	Initial	4	4	16	Current	4	2	8	Appetite	4	3	12	<div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></d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Risk rating	Consequence	Likelihood	Score															
Initial	4	4	16															
Current	4	2	8															
Appetite	4	3	12															

Risk: 1.8 - It fails to provide high quality services from premises that are secure, minimise risk, and are well-maintained				Executive Lead: Steven Course, Director of Finance																																						
Source: Serious Incident Reviews, Directorate Risk Register, Board walkabout feedback - June 2015				Lead Committee: Quality Assurance Committee																																						
Change since last review: None.																																										
<table><tr><th>Risk rating</th><th>Consequence</th><th>Likelihood</th><th>Score</th></tr><tr><td>Initial</td><td>4</td><td>4</td><td>16</td></tr><tr><td>Current</td><td>4</td><td>2</td><td>8</td></tr><tr><td>Tolerance</td><td>3</td><td>3</td><td>9</td></tr></table>				Risk rating	Consequence	Likelihood	Score	Initial	4	4	16	Current	4	2	8	Tolerance	3	3	9	 <table><caption>Risk Score and Risk Appetite Data</caption><tr><th>Month</th><th>Risk Score</th><th>Risk Appetite</th></tr><tr><td>Jun</td><td>16</td><td>9</td></tr><tr><td>Sep</td><td>12</td><td>9</td></tr><tr><td>Dec</td><td>12</td><td>9</td></tr><tr><td>Feb</td><td>8</td><td>9</td></tr><tr><td>Mar</td><td>8</td><td>9</td></tr><tr><td>Apr</td><td>8</td><td>9</td></tr></table>		Month	Risk Score	Risk Appetite	Jun	16	9	Sep	12	9	Dec	12	9	Feb	8	9	Mar	8	9	Apr	8	9
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Apr	8	9																																								
Controls and Mitigating Actions (what are we currently doing about the risk?): <ul style="list-style-type: none">Estates Strategy in place, and funded Capital PlanQI project in placeCapital Projects Steering Group in placeAssessment of compliance with CQC standards, and remedial action takenMonitoring officers reporting monthly on quality of the estateOutstanding jobs on the Estates Help Desk are followed-up monthlyImproved fire procedures at the Homerton HospitalRegular reporting of estates issues, including completion of works orders				Rationale for current risk scoring: <ul style="list-style-type: none">The general standard of premises has been highlighted as a concern in directorate risk registers, as well as Board walkaboutsThe latest Estates Strategy (December 2015) shows that the Trust performs very well in relation to other Trusts in relation to PLACE scores and other indicatorsThe CQC inspection report provides external assurance regarding the quality of the Trust’s estate Rationale for the level of risk appetite: <ul style="list-style-type: none">There is a low threshold for risks to patient safety arising from the estate																																						
Gaps in controls/assurance (what additional controls are required or assurances should we seek?): <ul style="list-style-type: none">Ensuring consistency of standards across all trust sites				Positive Assurance/Evidence (How do we know if things we are doing are having the desired effect?): <ul style="list-style-type: none">Regular reports to FBIC that set out progress of major projectsIncident reporting and reduction in serious incidentsCQC inspection report (August 2016) Further actions required: <ul style="list-style-type: none">Review of estate transferring in from Barts for THCS (Q2 2017)																																						

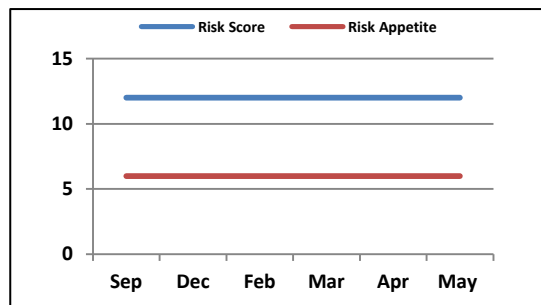
Risk: 1.9 - It fails to recognise and respond to the impact of CRES savings plans on the quality and safety of services already responding to increasing demand				Executive Lead: Jonathan Warren, Chief Nurse & Deputy Chief Executive																	
Source: Annual Plan – April 2014				Lead Committee: Quality Assurance Committee																	
Change since last review: None.																					
<table><tr><th>Risk rating</th><th>Consequence</th><th>Likelihood</th><th>Score</th></tr><tr><td>Initial</td><td>3</td><td>5</td><td>15</td></tr><tr><td>Current</td><td>2</td><td>4</td><td>8</td></tr><tr><td>Appetite</td><td>3</td><td>2</td><td>6</td></tr></table>				Risk rating	Consequence	Likelihood	Score	Initial	3	5	15	Current	2	4	8	Appetite	3	2	6		
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Controls and Mitigating Actions (what are we currently doing about the risk?): <ul style="list-style-type: none">Integrated Business Strategy and Annual PlanAnnual budget setting cycleQuality impact assessment (QIA) of CRES plans twice yearly(Virtual) QIA group formed5 year strategic and financial plan refreshed – ongoing reporting on implementation to Trust Board				Rationale for current risk scoring: <ul style="list-style-type: none">The Trust is currently performing well against quality standards and targets, but due to the year-on-year impact of CRES savings then this position could be susceptible to adverse changeThe Trust is required to plan for further years of CRES savings Rationale for the level of risk appetite: <ul style="list-style-type: none">Given the ongoing need to deliver CRES savings, then the Trust needs to ensure that it has the ability to quickly recognise and respond to the potential adverse impact																	
Controls and Mitigating Actions (what are we currently doing about the risk?): <ul style="list-style-type: none">Integrated Business Strategy and Annual PlanAnnual budget setting cycleQuality impact assessment (QIA) of CRES plans twice yearly(Virtual) QIA group formed5 year strategic and financial plan refreshed – ongoing reporting on implementation to Trust Board				Positive Assurance/Evidence (How do we know if things we are doing are having the desired effect?): <ul style="list-style-type: none">Trust performance in relation to Monitor, CQC, Commissioner and internal targets and KPIsQuality DashboardCommissioner review of QIAsPatient and staff feedback																	
Gaps in controls/assurance (what additional controls are required or assurances should we seek?): <ul style="list-style-type: none">				Further actions required: <ul style="list-style-type: none">2017/18 quality impact assessments to be submitted to the June 2016 QAC																	

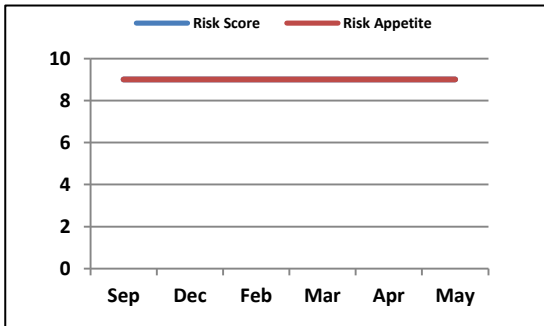
Risk: 1.10 - The impact of new strategies, models of care or organisational forms may adversely impact on the quality of care currently provided by the Trust		Executive Lead: Jonathan Warren, Chief Nurse & Deputy Chief Executive																
Source: Board development event		Lead Committee: Trust Board																
Change since last review: None.																		
<table><tr><th>Risk rating</th><th>Consequence</th><th>Likelihood</th><th>Score</th></tr><tr><td>Initial</td><td>4</td><td>3</td><td>12</td></tr><tr><td>Current</td><td>4</td><td>3</td><td>12</td></tr><tr><td>Appetite</td><td>4</td><td>2</td><td>8</td></tr></table>		Risk rating	Consequence	Likelihood	Score	Initial	4	3	12	Current	4	3	12	Appetite	4	2	8	<div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></d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Risk rating	Consequence	Likelihood	Score															
Initial	4	3	12															
Current	4	3	12															
Appetite	4	2	8															

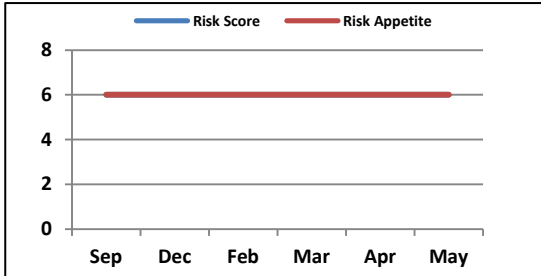
OBJECTIVE 2: Improve Staff Satisfaction

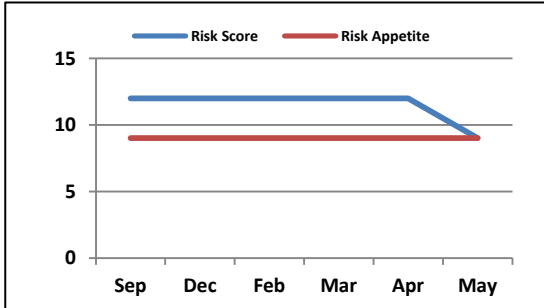
Risk: 2.1 - It fails to recruit and retain high quality staff				Executive Lead: Mason Fitzgerald, Director of Corporate Affairs																	
Source: Board development event				Lead Committee: Appointments & Remuneration Committee																	
Change since last review: We are currently considering the potential impact of external events (e.g. nursing bursary and Brexit) on the recruitment pipeline, as well as the acquisition of Tower Hamlets Community Health Services.																					
<table><tr><th>Risk rating</th><th>Consequence</th><th>Likelihood</th><th>Score</th></tr><tr><td>Initial</td><td>4</td><td>4</td><td>16</td></tr><tr><td>Current</td><td>4</td><td>3</td><td>12</td></tr><tr><td>Appetite</td><td>4</td><td>2</td><td>8</td></tr></table>				Risk rating	Consequence	Likelihood	Score	Initial	4	4	16	Current	4	3	12	Appetite	4	2	8		
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Initial	4	4	16																		
Current	4	3	12																		
Appetite	4	2	8																		
Controls and Mitigating Actions (what are we currently doing about the risk?): <ul style="list-style-type: none">Recruitment Project in placeConsultant recruitment programmeRelationships with training institutionsQI project in place to reduce time to hireRegular reporting to HR performance meeting, DMTs, Workforce Committee, SDB and Trust BoardEstablishment of Institute of Nursing in Bedfordshire (March 2016)Work is being commissioned across the STP looking at recruitment and retention				Rationale for current risk scoring: <ul style="list-style-type: none">The Trust is in a highly competitive recruitment environment in London, but the overall vacancy rate is low compared to peersThere have been historical recruitment problems in Luton & BedfordshireHaving sufficient numbers of high quality permanent staff is critical to providing high quality careCQC inspection report provided positive assurance about vacancy levels, the recruitment process and the quality of Trust staff																	
				Rationale for level of risk appetite: <ul style="list-style-type: none">Having high quality permanent staff in post is increasingly recognised as being crucial to the delivery of high quality care																	
Gaps in controls/assurance (what additional controls are required or assurances should we seek?): <ul style="list-style-type: none">Limited assurance from internal audit report on recruitment controlsHigh vacancy levels and turnover in some services and staff groups				Positive Assurance/Evidence (How do we know if things we are doing are having the desired effect?): <ul style="list-style-type: none">Trust vacancy rate currently 8%, with significant progress made in Luton & BedfordshireReduction in time to hireTraining and appraisal compliance improvingPositive staff engagement and patient feedback scoresCQC inspection report (August 2016)Implementation of action plans in response to internal audit report (March 2017)																	
				Further actions required: <ul style="list-style-type: none">Formal Recruitment and Retention project established and proposing solutions to vacancy and retention issues (ongoing)Risks to be reviewed in light of the acquisition of Tower Hamlets Community Health Services																	

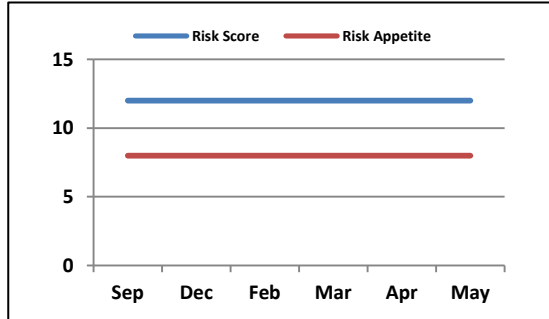
Risk: 2.2 - It fails to ensure that workforce capability and capacity and ability to respond to change, including delivery of new strategies and models of care, is sufficient to continue to meet stated Trust objectives		Executive Lead: Mason Fitzgerald, Director of Corporate Affairs																
Source: Annual Plan		Lead Committee: Appointments & Remuneration Committee																
Change since last review: The Workforce Strategy is being revised to take account of the changing internal and external environment. To be discussed at the Appointments and Remuneration Committee.																		
<table><thead><tr><th>Risk rating</th><th>Consequence</th><th>Likelihood</th><th>Score</th></tr></thead><tbody><tr><td>Initial</td><td>4</td><td>4</td><td>16</td></tr><tr><td>Current</td><td>4</td><td>3</td><td>12</td></tr><tr><td>Appetite</td><td>3</td><td>2</td><td>6</td></tr></tbody></table>		Risk rating	Consequence	Likelihood	Score	Initial	4	4	16	Current	4	3	12	Appetite	3	2	6	<div><p>Rationale for current risk scoring:</p><ul style="list-style-type: none">The Trust has experienced four years of large scale organisational changeDue to future CRES requirements, the need for organisational change will continue, and will likely involve wider service configurationStaff morale and engagement is adversely affected through periods of organisational change, which has a knock-on effect on the quality of care providedThe Trust has, however, managed to develop services and improve staff engagement during this time<p>Rationale for the level of risk appetite:</p><ul style="list-style-type: none">Due to the ongoing need for large scale organisational change then the Trust must further improve its workforce planning in order to meet the demands</div>
Risk rating	Consequence	Likelihood	Score															
Initial	4	4	16															
Current	4	3	12															
Appetite	3	2	6															
Controls and Mitigating Actions (what are we currently doing about the risk?): <ul style="list-style-type: none">Policy for Management of ChangeOrganisational Development ProgrammeTalent Management and Succession Planning policies in placeWorkforce Committee oversightExecutive walk-arounds and listening exercisesFinancial / Service change implemented according to individual plans		Positive Assurance/Evidence (How do we know if things we are doing are having the desired effect?): <ul style="list-style-type: none">Successful implementation of changeNumber of grievances relating to change & feedback from staff side re change processSustained performance and stability of service provisionSuccessful implementation of service developmentsReview of QIA is in progress, as is development of the workforce strategy, which is dependent on the Trust’s vision, which is currently being reviewed.																
Gaps in controls/assurance (what additional controls are required or assurances should we seek?): <ul style="list-style-type: none">Workforce capabilities to deliver new strategies/models of care in relation to the 5 Year Froward view, STPs and specific transformation initiativesMeasurement of long-term impact of change on staff		Further actions required: <ul style="list-style-type: none">Revised workforce strategy to be developed (June 2017)																



Risk: 2.3 - It fails to put in place succession plans for the Trust Board and Senior Management roles				Executive Lead: Mason Fitzgerald, Director of Corporate Affairs																			
Source: Board Development event				Lead Committee: Appointments & Remuneration Committee																			
Change since last review: The Appointments and Remuneration Committee has agreed a template and process for conducting formal succession planning.																							
<table><thead><tr><th>Risk rating</th><th>Consequence</th><th>Likelihood</th><th>Score</th></tr></thead><tbody><tr><td>Initial</td><td>4</td><td>4</td><td>16</td></tr><tr><td>Current</td><td>3</td><td>3</td><td>9</td></tr><tr><td>Appetite</td><td>3</td><td>3</td><td>9</td></tr></tbody></table>				Risk rating	Consequence	Likelihood	Score	Initial	4	4	16	Current	3	3	9	Appetite	3	3	9				
Risk rating	Consequence	Likelihood	Score																				
Initial	4	4	16																				
Current	3	3	9																				
Appetite	3	3	9																				
Controls and Mitigating Actions (what are we currently doing about the risk?): <ul style="list-style-type: none">▪ Appointments and Remuneration Committee▪ Council of Governors Nomination Committee▪ Board skills audit▪ Formal succession planning process in place				Positive Assurance/Evidence (How do we know if things we are doing are having the desired effect?): <ul style="list-style-type: none">▪ Successful recruitment and induction of new executive and non-executive directors▪ Sustained performance of the Trust and individual clinical directorates▪ Paper on succession planning presented to the March Appointments and Remuneration Committee																			
Gaps in controls/assurance (what additional controls are required or assurances should we seek?): <ul style="list-style-type: none">▪ No formal succession planning process in place▪ No formal monitoring of succession planning outcomes				Further actions required: <ul style="list-style-type: none">▪ Develop a formal succession plan (October 2017)																			

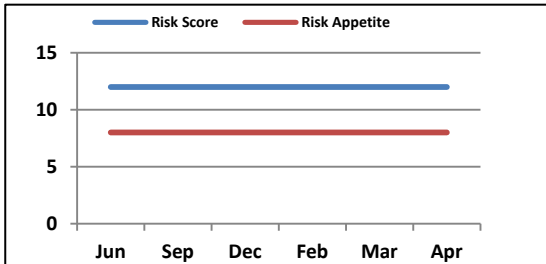
Risk: 2.4 - If it fails to maintain improvement in measures of staff engagement in the context of continued financial constraints and CRES plans				Executive Lead: Mason Fitzgerald, Director of Corporate Affairs																	
Source: Board development event. Staff survey				Lead Committee: Appointments & Remuneration Committee																	
Change since last review: An action plan is being developed in response to the recent Staff Survey results.																					
<table><tr><th>Risk rating</th><th>Consequence</th><th>Likelihood</th><th>Score</th></tr><tr><td>Initial</td><td>3</td><td>3</td><td>9</td></tr><tr><td>Current</td><td>3</td><td>2</td><td>6</td></tr><tr><td>Appetite</td><td>3</td><td>2</td><td>6</td></tr></table>				Risk rating	Consequence	Likelihood	Score	Initial	3	3	9	Current	3	2	6	Appetite	3	2	6		
Risk rating	Consequence	Likelihood	Score																		
Initial	3	3	9																		
Current	3	2	6																		
Appetite	3	2	6																		
				Rationale for current risk scoring: <ul style="list-style-type: none">The Trust recognises the importance of staff engagement and the link to patient experienceThe Trust is currently ranked 4th in the country for staff engagement scores, and has made significant improvements over the last two yearsStaff engagement levels have been historically lower in Luton & BedfordshireCQC inspection report provides positive assurance regarding staff morale and engagement2016 staff survey results shows that improvements have been sustained																	
				Rationale for the level of risk appetite: <ul style="list-style-type: none">The Trust recognises the link between staff and engagement and patient experience, and therefore places huge importance in the need to sustain performance in this area																	
Controls and Mitigating Actions (what are we currently doing about the risk?): <ul style="list-style-type: none">Staff engagement strategy in placeQuarterly internal staff surveyAnnual national staff surveyQI programmeTrust wide, directorate and professional group action plans in place				Positive Assurance/Evidence (How do we know if things we are doing are having the desired effect?): <ul style="list-style-type: none">Strong and improving staff engagement survey scoresSustained high performance in the staff survey over the last three yearsCQC inspection report (August 2016)2016 staff survey results shows that improvements have been sustained																	
Gaps in controls/assurance (what additional controls are required or assurances should we seek?): <ul style="list-style-type: none">Staff experience measures specific to change programmes				Further actions required: <ul style="list-style-type: none">Implementation of staff survey action plans (July 2017)																	

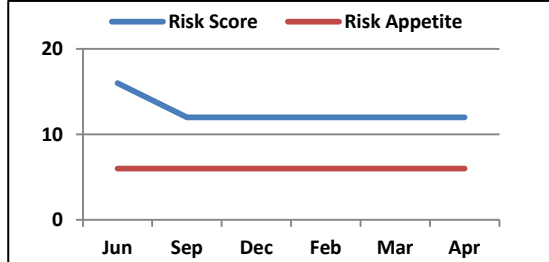
Risk: 2.5 - If it fails to provide, and engage staff with, modern and effective IT infrastructure, both physical and systems.		Executive Lead: Steven Course, Director of Finance																	
Source: Directorate risk registers, Staff feedback		Lead Committee: Audit Committee																	
Change since last review: Likelihood score reduced from 4 to 3 due to additional control (Reporting to the FBIC on the quality of IT hardware and systems) and the implementation of RiO 2015 now completed.																			
<table><tr><th>Risk rating</th><th>Consequence</th><th>Likelihood</th><th>Score</th></tr><tr><td>Initial</td><td>3</td><td>5</td><td>15</td></tr><tr><td>Current</td><td>3</td><td>3</td><td>9</td></tr><tr><td>Appetite</td><td>3</td><td>3</td><td>9</td></tr></table>		Risk rating	Consequence	Likelihood	Score	Initial	3	5	15	Current	3	3	9	Appetite	3	3	9	 <p>Rationale for current risk scoring:</p> <ul style="list-style-type: none">▪ The Trust has successfully transferred to open Rio▪ There are ongoing programmes to upgrade IT equipment and roll out mobile working solutions <p>Rationale for the level of risk appetite:</p> <ul style="list-style-type: none">▪ There are complex issues regarding inter-operability of clinical systems▪ There is significant work required to get Luton & Bedfordshire in line with the rest of the Trust	
Risk rating	Consequence	Likelihood	Score																
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Current	3	3	9																
Appetite	3	3	9																
Controls and Mitigating Actions (what are we currently doing about the risk?): <ul style="list-style-type: none">▪ IT Strategy▪ Electronic Clinical Records Programme▪ RiO 2015 Project Board▪ Associate Medical Director for Clinical Information in post▪ Roll out of open Rio in Luton & Bedfordshire▪ IT Strategy includes delivery of interoperability, related to improved staff experience▪ Reporting to the FBIC on the quality of IT hardware and systems		Positive Assurance/Evidence (How do we know if things we are doing are having the desired effect?): <ul style="list-style-type: none">▪ Board reports on strategy implementation▪ Performance reporting▪ Mobile working - implementation rolled out to many services - process ongoing▪ Implementation of RiO 2015																	
Gaps in controls/assurance (what additional controls are required or assurances should we seek?): <ul style="list-style-type: none">▪ Inter-operability not currently delivered across all services		Further actions required: <ul style="list-style-type: none">▪ Implementation of EMIS in Tower Hamlets CHS (December 2017)																	

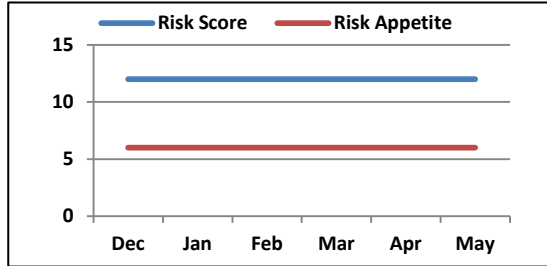
Risk: 2.6 - If the Trust fails to address concerns regarding fair treatment, career progression and discrimination then the experience and outcomes for certain staff groups will not improve, and adversely impact on the quality of care provided				Executive Lead: Mason Fitzgerald, Director of Corporate Affairs																	
Source: Board development event				Lead Committee: Appointments & Remuneration Committee																	
Change since last review: The Chief Executive will take leadership of the inclusion agenda. Revised action plan being developed.																					
<table><tr><th>Risk rating</th><th>Consequence</th><th>Likelihood</th><th>Score</th></tr><tr><td>Initial</td><td>4</td><td>3</td><td>12</td></tr><tr><td>Current</td><td>4</td><td>3</td><td>12</td></tr><tr><td>Appetite</td><td>4</td><td>2</td><td>8</td></tr></table>				Risk rating	Consequence	Likelihood	Score	Initial	4	3	12	Current	4	3	12	Appetite	4	2	8	 <p>The chart displays two horizontal lines representing risk metrics over time from September to May. The 'Risk Score' (blue line) is constant at a value of 12. The 'Risk Appetite' (red line) is constant at a value of 8. The y-axis ranges from 0 to 15, and the x-axis lists the months: Sep, Dec, Feb, Mar, Apr, May.</p>	
Risk rating	Consequence	Likelihood	Score																		
Initial	4	3	12																		
Current	4	3	12																		
Appetite	4	2	8																		
Controls and Mitigating Actions (what are we currently doing about the risk?): <ul style="list-style-type: none">Equality & Diversity StrategyEquality & Diversity steering groupStaff networks led by Executive DirectorsWorkforce Race Equality Standards (WRES) action plan in placeReporting to Workforce Committee, Remuneration Committee and Trust BoardWRES action plan refreshed and approved by the Trust Board (September 2016)Board session on equalities to review current strategies and action plans (November 2016)				Rationale for current risk scoring: <ul style="list-style-type: none">Overall staff engagement scores for all staff groups are high compared to national averagesThe Trust has a very diverse workforce and compares well against similar Trusts in equalities analysisThere are, however, a number of areas of concerns for certain staff groups in relation to fair treatment, career progression and discriminationPositive feedback on plans from CQC inspection report (August 2016) Rationale for the level of risk appetite: <ul style="list-style-type: none">The Trust wants all staff to have a positive experience of working in the organisation, and wishes to be an exemplar in relation to equalities and diversity in order to improve the quality of care provided to our local communities																	
Positive Assurance/Evidence (How do we know if things we are doing are having the desired effect?): <ul style="list-style-type: none">Positive staff survey scores for individual staff groupsReduction in levels of violence & aggression, harassment and discrimination experienced by BME staffFavourable results for BME staff in a number of areasCQC inspection report (August 2016)Recent staff survey results for different equalities groups analysed and feeding into action plans				Gaps in controls/assurance (what additional controls are required or assurances should we seek?): <ul style="list-style-type: none">Evidence of action and progress against all areas of concernVariable outcomes from staff networks																	
Further actions required: <ul style="list-style-type: none">Refreshed inclusion action plan to be developed following Board development session (May 2017)																					

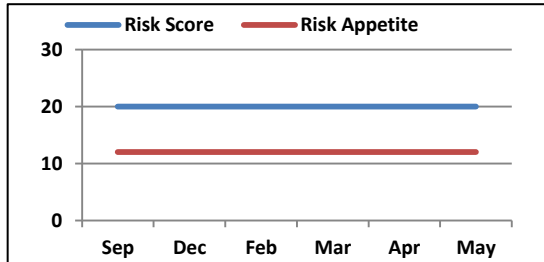
OBJECTIVE 3: Maintain Financial Viability

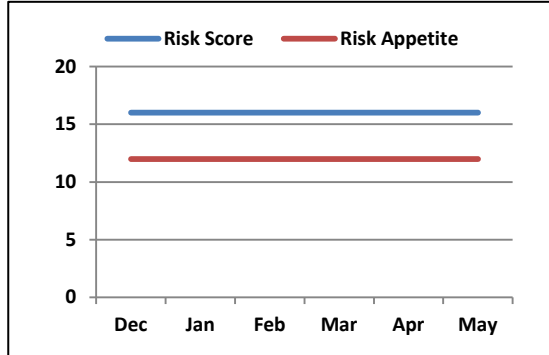
Risk: 3.1 - It fails to develop effective relationships with Commissioners and other stakeholders, and respond effectively to changes in the commissioning landscape, and recognise threats and opportunities they bring		Executive Lead: Navina Evans, Chief Executive																
Source: Board development event		Lead Committee: Trust Board																
Change since last review: None.																		
<table><tr><th>Risk rating</th><th>Consequence</th><th>Likelihood</th><th>Score</th></tr><tr><td>Initial</td><td>5</td><td>4</td><td>20</td></tr><tr><td>Current</td><td>4</td><td>3</td><td>12</td></tr><tr><td>Appetite</td><td>4</td><td>2</td><td>8</td></tr></table>		Risk rating	Consequence	Likelihood	Score	Initial	5	4	20	Current	4	3	12	Appetite	4	2	8	<div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div></div> <div><div></div><div></div></div> <div><div></div><div></div></div> <div><div></div><div></div></div> <div><div></div><div></div></div> <div><div></div><div></div></div> <div><div></div><div></div></div> <div><div></div><div></div></div> <div><div></div><div></div></div> <div><div></div><div></div></div> <div><div></div><div></div></div> <div><div></div><div></div></div> <div><div></div><div></div></div> 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Risk rating	Consequence	Likelihood	Score															
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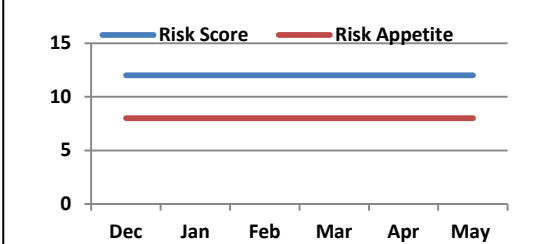
Risk: 3.2 - It fails to plan properly for the introduction of new funding systems, potentially jeopardising income streams				Executive Lead: Steven Course, Director of Finance																	
Source: Annual Plan				Lead Committee: Finance, Business and Investment Committee																	
Change since last review: None.																					
<table><tr><th>Risk rating</th><th>Consequence</th><th>Likelihood</th><th>Score</th></tr><tr><td>Initial</td><td>4</td><td>4</td><td>16</td></tr><tr><td>Current</td><td>4</td><td>3</td><td>12</td></tr><tr><td>Appetite</td><td>4</td><td>2</td><td>8</td></tr></table>				Risk rating	Consequence	Likelihood	Score	Initial	4	4	16	Current	4	3	12	Appetite	4	2	8		
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Initial	4	4	16																		
Current	4	3	12																		
Appetite	4	2	8																		
Controls and Mitigating Actions (what are we currently doing about the risk?): <ul style="list-style-type: none">Joint Tariff Implementation Board (Co-chaired with CCGs)Trust involvement in London-wide PBR groupAgreement with commissioners on payment systems as part of 2017/18 contracting round (December 2016)				Rationale for current risk scoring: <ul style="list-style-type: none">The Trust is well-positioned in preparations for payment by results, but the commissioning intention to implement it is not clear. Recent guidance published by Monitor suggests a move to a capitated budget or outcomes approachNew IAPT payment models to be introduced in 2017/18 Rationale for the level of risk appetite: <ul style="list-style-type: none">Risk to the Trust’s income streams places the viability of the Trust at risk																	
Gaps in controls/assurance (what additional controls are required or assurances should we seek?): <ul style="list-style-type: none">Uncertainty in approach for 2017/18 and beyondUncertainty of risks and benefits of moving to an outcomes based, capitated payment system				Positive Assurance/Evidence (How do we know if things we are doing are having the desired effect?): <ul style="list-style-type: none">Reports to Trust Board and Financial, Business and Investment Committee (FBIC)Analysis of long-term risks and benefits to the trust Further actions required: <ul style="list-style-type: none">Analysis of the impact of the IAPT PbR approach (Sept 2017)																	

Risk: 3.3 - If it fails to effectively balance the investment of energy and resources between potential new and existing business the Trust may find the quality of care it provides compromised and its reputation affected, impacting on its ability to retain existing business, attract new business, and deliver new contracts and projects				Executive Lead: Jonathan Warren, Chief Nurse & Deputy Chief Executive																																						
Source: Quality Assurance Committee, Luton and Bedfordshire transaction risk register				Lead Committee: Trust Board																																						
Change since last review: None.																																										
<table><tr><th>Risk rating</th><th>Consequence</th><th>Likelihood</th><th>Score</th></tr><tr><td>Initial</td><td>4</td><td>3</td><td>12</td></tr><tr><td>Current</td><td>4</td><td>3</td><td>12</td></tr><tr><td>Appetite</td><td>2</td><td>3</td><td>6</td></tr></table>				Risk rating	Consequence	Likelihood	Score	Initial	4	3	12	Current	4	3	12	Appetite	2	3	6	 <table><caption>Risk Score and Risk Appetite Data</caption><tr><th>Month</th><th>Risk Score</th><th>Risk Appetite</th></tr><tr><td>Jun</td><td>16</td><td>6</td></tr><tr><td>Sep</td><td>12</td><td>6</td></tr><tr><td>Dec</td><td>12</td><td>6</td></tr><tr><td>Feb</td><td>12</td><td>6</td></tr><tr><td>Mar</td><td>12</td><td>6</td></tr><tr><td>Apr</td><td>12</td><td>6</td></tr></table>		Month	Risk Score	Risk Appetite	Jun	16	6	Sep	12	6	Dec	12	6	Feb	12	6	Mar	12	6	Apr	12	6
Risk rating	Consequence	Likelihood	Score																																							
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Dec	12	6																																								
Feb	12	6																																								
Mar	12	6																																								
Apr	12	6																																								
Controls and Mitigating Actions (what are we currently doing about the risk?): <ul style="list-style-type: none">Luton and Bedfordshire Project BoardQuality and safety dashboardBDU team and support structuresEstablished governance and quality improvement structuresRevised executive and senior leadership structureMobilisation plan for TH CHS and project board now in placeSenior management structures reviewed by the CEO, COO, CNO and CMO to support the trust’s expansion				Rationale for current risk scoring: <ul style="list-style-type: none">The trust has successfully managed the mobilisation of services in Luton & Bedfordshire whilst maintaining performance across the rest of the TrustThe Trust is involved in a number of major projects (Luton & Bedfordshire, THIPP, Hackney devolution, STPs) Rationale for the level of risk appetite: <ul style="list-style-type: none">The continued need for the trust to bid for services in a competitive market																																						
Gaps in controls/assurance (what additional controls are required or assurances should we seek?): <ul style="list-style-type: none">				Positive Assurance/Evidence (How do we know if things we are doing are having the desired effect?): <ul style="list-style-type: none">Quality and safety reports to the Trust BoardStaff and patient feedbackCQC report indicates that the Luton and Bedfordshire implementation plan has been well executed and the large-scale secondment of east London staff to these directorates’ services has not had a negative impact upon the east London services.Monitoring of mobilisation plansKey quality metrics across trust services																																						
				Further actions required: <ul style="list-style-type: none">																																						

Risk: 3.4 - If the Trust fails to deliver the Year 2 plan of the Luton & Bedfordshire integration, then it may find the quality of care it provides compromised, patient and staff satisfaction reduced, and its reputation affected.				Executive Lead: Jonathan Warren, Chief Nurse & Deputy Chief Executive																																								
Source: Trust Board				Lead Committee: Quality Assurance Committee																																								
Change since last review: None.																																												
<table><tr><th>Risk rating</th><th>Consequence</th><th>Likelihood</th><th>Score</th></tr><tr><td>Initial</td><td>4</td><td>3</td><td>12</td></tr><tr><td>Current</td><td>4</td><td>3</td><td>12</td></tr><tr><td>Appetite</td><td>3</td><td>2</td><td>6</td></tr></table>				Risk rating	Consequence	Likelihood	Score	Initial	4	3	12	Current	4	3	12	Appetite	3	2	6	 <table><caption>Risk Score and Risk Appetite Data</caption><tr><th>Month</th><th>Risk Score</th><th>Risk Appetite</th></tr><tr><td>Dec</td><td>12</td><td>6</td></tr><tr><td>Jan</td><td>12</td><td>6</td></tr><tr><td>Feb</td><td>12</td><td>6</td></tr><tr><td>Mar</td><td>12</td><td>6</td></tr><tr><td>Apr</td><td>12</td><td>6</td></tr><tr><td>May</td><td>12</td><td>6</td></tr></table>				Month	Risk Score	Risk Appetite	Dec	12	6	Jan	12	6	Feb	12	6	Mar	12	6	Apr	12	6	May	12	6
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Apr	12	6																																										
May	12	6																																										
Controls and Mitigating Actions (what are we currently doing about the risk?): <ul style="list-style-type: none">Project Board meets monthlyCorporate and Directorate governance arrangementsExecutive walkaroundsFormal evaluation of the transaction (April 2016)				Rationale for current risk scoring: <ul style="list-style-type: none">The Trust has successfully managed the mobilisation of services in Luton & Bedfordshire whilst maintaining performance across the rest of the TrustSignificant work remains to deliver the year 2 plan Rationale for the level of risk appetite: <ul style="list-style-type: none">The integration is a major undertaking for the Trust and its success will impact on the Trust’s reputation																																								
Gaps in controls/assurance (what additional controls are required or assurances should we seek?):				Positive Assurance/Evidence (How do we know if things we are doing are having the desired effect?): <ul style="list-style-type: none">Regular transaction reports to the Trust BoardOngoing performance and quality monitoringQuality and Safety report to the Trust BoardImproved staff survey scores and good stakeholder feedbackMonitoring implementation of the Year 2 plan																																								
				Further actions required:																																								

Risk: 3.5 (a) - The short-term impact and potential lack of achievability of CRES requirements, coupled with expenditure control and income generation, upon the overall financial sustainability of the Trust. Further risk implications concerning the impact on the reputation of the Trust and access to revenue streams such as STF funding.				Executive Lead: Steven Course, Director of Finance																	
Source: Board development event				Lead Committee: FBIC																	
Change since last review: None.																					
<table><tr><th>Risk rating</th><th>Consequence</th><th>Likelihood</th><th>Score</th></tr><tr><td>Initial</td><td>4</td><td>4</td><td>16</td></tr><tr><td>Current</td><td>4</td><td>5</td><td>20</td></tr><tr><td>Appetite</td><td>4</td><td>3</td><td>12</td></tr></table>				Risk rating	Consequence	Likelihood	Score	Initial	4	4	16	Current	4	5	20	Appetite	4	3	12	 <p>The chart displays two horizontal lines representing risk metrics over time from September to May. The 'Risk Score' is shown as a blue line at a constant value of 20. The 'Risk Appetite' is shown as a red line at a constant value of 12. The y-axis ranges from 0 to 30 in increments of 10.</p>	
Risk rating	Consequence	Likelihood	Score																		
Initial	4	4	16																		
Current	4	5	20																		
Appetite	4	3	12																		
Controls and Mitigating Actions (what are we currently doing about the risk?): <ul style="list-style-type: none">Quality Impact Assessment of CRES plansFinancial planning process with clinical leadership and engagementIn year financial monitoring meetings with directoratesDirectorate management reviewAgency expenditure reviewsFinancial reports to the Board detail the ongoing actions of the operational teams in managing services within budgetContinued scrutiny of in-year financial position at FBICJoint work with CCGs to allow progress on CRES schemes requiring their approvalRegular meetings with the directorates focusing on 17/18 plan delivery				Rationale for current risk scoring: <ul style="list-style-type: none">The current Trust CRES programme is behind plan and the ability to achieve the control total surplus is hindered.The Trust is no longer receiving a risk rating of 4 but is rated 2 instead.Experience from other Trusts shows that a deterioration in financial position puts quality priorities at significant riskThe trust currently scores a 3 against the financial metrics in the Single Oversight Framework and scores 2 overall. Rationale for the level of risk appetite: <ul style="list-style-type: none">Given the CRES requirements over the last 5 years, and the future requirements, there will always be a relatively high level of residual risk in this area																	
Positive Assurance/Evidence (How do we know if things we are doing are having the desired effect?): <ul style="list-style-type: none">Continued good performance of the Trust against quality targets																					
Gaps in controls/assurance (what additional controls are required or assurances should we seek?): <ul style="list-style-type: none">Implementation and effectiveness of financial recovery plansGaps in CRES for 2017-18				Further actions required:																	

Risk: 3.5(b) The long term impact and potential lack of achievability of CRES requirements over the next 5 years threatens the overall financial sustainability of the Trust.		Executive Lead: Jonathan Warren, Chief Nurse & Deputy Chief Executive																	
Source: Board development event		Lead Committee: FBIC																	
Change since last review: None.																			
<table><tr><th>Risk rating</th><th>Consequence</th><th>Likelihood</th><th>Score</th></tr><tr><td>Initial</td><td>4</td><td>4</td><td>16</td></tr><tr><td>Current</td><td>4</td><td>4</td><td>16</td></tr><tr><td>Appetite</td><td>4</td><td>3</td><td>12</td></tr></table>		Risk rating	Consequence	Likelihood	Score	Initial	4	4	16	Current	4	4	16	Appetite	4	3	12	 <p>The chart displays two horizontal lines representing risk levels over time from December to May. The Y-axis ranges from 0 to 20. The 'Risk Score' (blue line) is constant at 16. The 'Risk Appetite' (red line) is constant at 12.</p>	
Risk rating	Consequence	Likelihood	Score																
Initial	4	4	16																
Current	4	4	16																
Appetite	4	3	12																
Controls and Mitigating Actions (what are we currently doing about the risk?): <ul style="list-style-type: none">Quality Impact Assessment of CRES plansFinancial planning process with clinical leadership and engagementBusiness Strategy		Positive Assurance/Evidence (How do we know if things we are doing are having the desired effect?): <ul style="list-style-type: none">Continued good performance of the Trust against quality targets																	
Gaps in controls/assurance (what additional controls are required or assurances should we seek?):		Further actions required: <ul style="list-style-type: none">Revised Trust 5 year strategy to be approved by the Board (November 2017)																	

Risk: 3.6 If services are not adequately incorporated into Sustainability and Transformation Plans (STPs), they risk becoming unsustainable over the next five years.				Executive Lead: Mason Fitzgerald, Director of Corporate Affairs																	
Source: Trust Board discussion				Lead Committee: Trust Board																	
Change since last review: None.																					
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Risk rating	Consequence	Likelihood	Score																		
Initial	4	3	12																		
Current	4	3	12																		
Tolerance	4	2	8																		
				Rationale for current risk scoring: <ul style="list-style-type: none">STPs set out plans for the local health economy for the next 5 years, and will influence commissioning intentionsFocus so far has centred on acute services Rationale for the level of risk appetite: <ul style="list-style-type: none">The Trust needs to ensure that mental health and community services are sustainable																	
Controls and Mitigating Actions (what are we currently doing about the risk?): <ul style="list-style-type: none">Involvement in STP planning groupsMental health/community workstreams in North East LondonMental health/community workstream in Luton & BedfordshireAction plan in response to NELSTP mental health reviewMental health and community health workstreams now commenced in BLMK (April 2017)				Positive Assurance/Evidence (How do we know if things we are doing are having the desired effect?): <ul style="list-style-type: none">2017/18 contracting round completed in line with timescalesNEL STP mental health content rated “good”, BLMK STP rated “inadequate”Delivery plan for North East London STP mental health workstream developed. The mental health and community workstream is commencing for the BLMK STP.																	
Gaps in controls/assurance (what additional controls are required or assurances should we seek?): <ul style="list-style-type: none">				Further actions required: <ul style="list-style-type: none">Implementation of NEL STP mental health delivery planDevelopment of mental health and community health plans for BLMK																	