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| Report to: | Trust Board, 28 th February 2013 |
|-------------------|---|

| | |
|--------------------------------------|--|
| Title | Board Assurance and Risk update |
| Sponsoring Executive Director | Director of Corporate Governance |
| Purpose | The Board Assurance Framework allows the Board to focus on the key risks to strategic objectives To receive the Risk Register |
| Previously considered by | Executive Directors Jan 13, Risk Committee (Nov 2012 and Feb 13), Operational Risk Group (Feb 13), Risk Committee Trust Board Nov 12, Audit Committee Dec 12 |

Executive Summary

The Board needs to be able to provide evidence that it has systematically identified the Trust's objectives and managed the principal risks to achieving them. Typically, this is achieved via the Board Assurance Framework (BAF) document and an embedded risk management approach.

A summary of the updated Board Assurance Framework (BAF) summary is at attachment 1. Each risk is categorised by colour according to the current risk matrix (summary included on **Attachment 1**).

The updated BAF is shown at **Attachment 2**. Any changes to the version approved by the Board are indicated in highlighted text. These reflect changes since November and the latest work on strategic objectives and challenges. Some additional assurances have also been added. The full 2012/13 Board Assurance Framework lists the controls in place and sources of assurance, with the lead Director for each risk.

A BAF is required to have an action plan. However, there are individual plans for most of the risks on the BAF. Rather than list every item, a schedule of related action plans has been compiled and is **Attachment 3**.

The new format for reporting the risk register has been adopted from the SHA model and with the Trust's auditors. **Attachment 4** gives a high level summary of ALL the risks on the Centre's registers clustered into themes and by Centre mapped to the proposed Board Assurance Framework Risks. By giving an overall rating for each theme and direction of travel, this will highlight any areas which are deteriorating to allow increased focus.

Attachment 5 gives additional details on the risks which are currently scoring **20** or above. There is one risk scoring 25 (patient flow) and 21 risks scoring 20. The Centres' risk profiles will be reviewed at quarterly performance review meetings from April 2013 to drive greater ownership of risks by the Centres).

Attachment 6 shows the current CQC Quality & Risk Profile (QRP) rating for the Trust against each of the outcomes and the Trust's self-assessment. The system is designed to address the reporting, self-assessment and evidence-gathering needs of CQC Essential Standards and the Hygiene Code. It covers all elements, providing detailed or aggregated views from board to point of care and across every Centre, ward/department or site location. It requires individual areas to assess their performance against the CQC Outcomes which are then aggregated up to Centre and Trust level. The results are being shared with Centres on a quarterly basis to allow discussion at Governance meetings and can be drilled down to individual ward/department level by outcome/standard. This report provides an up-to-date status position and comparison with the CQC Risk profile, which the SHA use to assess Trust risk profiles (and is drawn from thousands of items of information) highlighting changes month-on-month and showing the direction of travel).

The dashboard demonstrates that overall the Trust's self assessment is largely consistent with the CQC's QRP. The main areas of difference are Outcome 7 - Safeguarding and Outcome 14 - Supporting Workers. For Outcome 7, the CQC QRP rating is high red, whereas the Trust self assessment is yellow. The deterioration in

the QRP rating appears to be linked to intelligence from CQC staff categorised as 'negative comments'. For outcome 14, Supporting Workers, the CQC QRP is high amber and SaTH's self assessment is green. It should be noted that the CQC base their rating largely on the last staff survey which was the Trust's worse for three years.

The intention is that the Centres will also update on any outstanding or red areas at the Performance Reviews

The last CQC unannounced inspections at RSH were on two early implementer wards, who were able to address all CQC questions and concerns with robust reference to the outcomes/standards and application in their area.

The final part of the implementation is to nominate Trust leads for each of the outcomes. **Attachment 7** identifies the corporate leads who will have responsibility for oversight of compliance by each outcome and who will sign off the trust position each quarter for the relevant outcomes.

| Related SATH Objectives | SATH Sub-Objectives |
|--------------------------------|---|
| Related to all SATH objectives | C5. Meet regulatory requirements and healthcare standards |

| | |
|------------------------------------|---|
| Risk and Assurance Issues | Links strategic objectives to risks, controls and assurances. |
| Legal and Regulatory Issues | Requirement to support the Annual Governance Statement. |

| Action required by Trust Board |
|--|
| <ul style="list-style-type: none"> ▪ To receive and approve the Board Assurance Framework , Trust Risk Register and CQC outcomes assessment ▪ to approve the nominated leads for each outcome |

Board Assurance Framework

February 2013

6i-Attachment 2

Key : ↑ Improvement ↓ Deterioration = No change

| Trust Risk Ref | Lead Director + Category of risk | Principal Risk and Potential Impacts | Inherent Risk | Key Controls | Planned Sources of Assurance + date received/expected | Residual Risk rating and direction of travel | Gaps in Control + assurance | Action Lead |
|--|---|--|---------------|--|--|--|---|-------------------------|
| Principal Objective QS: Quality and Safety : We will always provide the right care for our patients and ensure that they suffer no harm | | | | | | | | |
| 561 | Chief Operating Officer Patient Flow | If we do not achieve safe and efficient patient flow then we will fail the national quality and performance standards Potential Impacts <ul style="list-style-type: none"> • Poor /unsafe patient care & experience • Financial penalties • Performance notices • SHA intervention • Failure to achieve FT status • Patients not seen in timely way if outlying • Elective patients not been admitted | | Close working with partners in local health economy e.g. frail & complex project Improving patient flow project and plan Revised bed plan RTT trajectories monitored and corrective action taken Strengthening patient flow & CSM teams (Dec/Jan 13) Scheduling Project to improve access - Booking Centre opened Jan 13 Reconfiguration of available beds | Performance component of Integrated Performance Report to Trust Board monthly - improving access position (Jan 13) Patient Flow Plan TB (Nov 12) GRR of 1 by June 13 RTT report to TB (Nov 12) Revised bed plan report to TB (Nov 12) Patient flow Update TB (Jan 13) A&E Compliance (Mar 13) Booking & Scheduling Update (Jan 13) LHE action plan Mar 13 Step down beds pilot (May 13) Whole System Improvement Programme (tbc) | = | <u>Gaps in Control</u> <ul style="list-style-type: none"> • Capacity does not meet demand • FCHS and loss of capacity at PRH • 7 day working not consistently in place • Board rounds not completely embedded • Progress on admission avoidance schemes and early discharge are slower than needed and not yet delivering • Structure to support Chief Operating Officer not yet in place • Poor clinical operational and administrative system to processes <u>Gaps in Assurance</u> <ul style="list-style-type: none"> • Not achieving RTT or A&E targets • Inconsistent achievement of cancer targets | Chief Operating Officer |

| Trust Risk Ref | Lead Director + Category of risk | Principal Risk and Potential Impacts | Inherent Risk | Key Controls | Planned Sources of Assurance + date received/expected | Residual Risk rating and direction of travel | Gaps in Control + assurance | Action Lead |
|----------------|--|--|---------------|--|--|--|--|---|
| 415 | <p>Director of Quality and Safety</p> <p>Safety and Patient Experience</p> | <p>If we do not deliver safe care then patients may suffer avoidable harm and poor clinical outcomes and experience</p> <p>Potential Impacts:</p> <ul style="list-style-type: none"> • Avoidable harm to patients • Poor experience for patients • High level of complaints and litigation • Failure to comply with CQC standards • Loss of CQUIN income • Loss of patients to our competitors • Loss of reputation | | <p>CQC Compliance Framework (Health Assure) Quality Improvement Strategy and centre's action plans</p> <p>Quality Governance Assurance Framework (QGAF)</p> <p>Incident reporting with RCA and monitoring of actions</p> <p>Consultant revalidation</p> <p>Patient Safety visits to ward</p> <p>Patient Engagement and Improvement Programme (PEIP) work programme</p> <p>Safety Thermometer</p> | <p>Quality component of Integrated Performance Report (monthly)</p> <p>Serious Incident Board Report (monthly)</p> <p>Clinical Quality and Safety Committee which reports to TB (monthly)</p> <p>CQC Compliance Reports- A&E plus 2 follow-up (Jan TB)</p> <p>CQC Patient Survey (Jan TB)</p> <p>Net Promoter (TB monthly)</p> <p>IA Mortality Review (Dec 12) - good progress</p> <p>Quality Governance Framework IA Review (Dec 12) - limited</p> <p>CCG Quality Assurance visit - Head and Neck - good re privacy and dignity and caring (Jan 13)</p> <p>Cancer Peer Review - Brain and CNS - several areas of good practice and no significant concerns (Feb 13)</p> <p>Changes made following Rule 43 letter (Feb 13)</p> <p>Acute Trust Quality Dashboard Quarterly (TB Jan 13)</p> <p>QIAs on CIPS reported to Board (Apr 13)</p> | = | <p><u>Gaps in Controls</u></p> <ul style="list-style-type: none"> • No QGAF action plan but QGAF workshop held Dec 12 • Clinical structure leads to inconsistent application of quality improvements / systems <p><u>Gaps in Assurances</u></p> <ul style="list-style-type: none"> • No consultant revalidation report to Trust Board • Increase in serious patient falls • High no of Grade 3&4 pressure sores • RAID and dementia services not embedded • DNAR audit shows improvement needed (Oct 12) • CCG Quality Assurance visit - Head and Neck - poor re reassessments and decontamination (Jan 13) • External Audit of Hand Hygiene audit process (Jan 13) | <p>Director of Quality and Safety</p> <p>Medical Director</p> <p>Director of Quality & Safety</p> |

Board Assurance Framework

February 2013

| Trust Risk Ref | Lead Director + Category of risk | Principal Risk and Potential Impacts | Inherent Risk | Key Controls | Planned Sources of Assurance + date received/expected | Residual Risk rating and direction of travel | Gaps in Control + assurance | Action Lead |
|---|---------------------------------------|---|---------------|--|--|--|---|-------------------------------------|
| Principal Objective PGC: Patients, GPs and Commissioners: We will insist that we deliver the best service to our patients, GPs and Commissioners | | | | | | | | |
| 668 | Chief Executive Officer Strategy | If we do not have a clear clinical service vision then we may not deliver the best services to patients Potential impacts: • unsustainable unscheduled care services • Suboptimal use of scarce workforce resource • Avoidable duplication of cost | | Structured programme of work to arrive at service delivery models Clinical Service Strategy Group FCHS Group & Project Plan Health Economy Leaders Group | V3 proposal for stroke with public consultation May 2013 Cardiology review of non-primary PCI options Trust Development Authority Integrated Plan 13/14 (TB Jan 13) Revised IBP/LTFM July 13 Review of emergency departments and ITU - July 2013 | ↑ | Gaps in Controls and Assurance • No agreed long term clinical strategy <i>but progress being made.</i> Outline proposal to HEC and Board Development session (Feb 13) | Director of Business and Enterprise |
| Principal Objective LG: Learning and Growth: We will develop our internal processes to sustain our ability to change and improve | | | | | | | | |
| 423 | Workforce Director Workforce | If we do not get good levels of staff engagement to get a culture of continuous improvement then staff morale and patient outcomes may not improve Potential impacts: • Loss of key staff • Poor experience for patients • Adverse ratings in CQC Quality Risk Profile • High sickness absence | | Management Development Programme Leadership / Development Academy Appraisals and Personal Development Plan Staff induction linked to Trust values Review Sickness policy Stress risk assessments process for staff Wellbeing Programme | Annual staff survey (Mar/Apr 13) Workforce Reports to Workforce Committee reporting to Board (Feb 13) Cultural Survey (Mar/Apr 13) IA review Statutory Training (Dec 12) - limited Positive Deanery visits FY1 and FY2 PRH (Jan 13) Deanery visits FY1 and FY2 RSH (Mar 13) | = | Gaps in Controls • No overarching Trust Code of Conduct • Poor information relating to medical education / training • Gaps in medical staffing and insufficiently embedded leadership • Nursing education programme needs review Gaps in Assurance • Lack of evidence of outputs from Leadership Academy • Poor staff engagement - Staff Survey • Sickness levels over 5% • Poor attendance at stat training | Workforce Director |
| 669 | Chief Executive Officer Governance | If Board members are not appointed in a timely fashion then this may impact on the governance of the Trust. Potential Impacts • Failure to comply with Board Governance Assurance Framework and Board Governance requirements | | Appointment Process for Chair | Chairman's update to Board (Nov 12) Medical Director appointed (Dec 12) COO in post (Dec 12) Chairman interviews 31.01.2013 | ↑ | Gaps in Controls • Permanent Chairman not appointed | Chairman Chief Exec |

| Risk Ref | Risk Title | Action plans | Committee | latest update | Lead |
|----------|---|--|---------------------|---------------|-------|
| 561 | If we do not achieve safe and efficient patient flow then we will fail the national quality and performance standards | ▪ Emergency Access Improvement Plan | Trust Board | Jan-13 | COO |
| | | ▪ Revised bed plan for 2012/13 and plans to improve patient flow | Trust Board | Nov-12 | COO |
| | | ▪ Transforming our Booking and Scheduling Systems | Trust Board | Jan-13 | DoT |
| | | ▪ Whole System Improvement Programme | Trust Board | | COO |
| 415 | If we do not deliver safe care then patients may suffer avoidable harm and poor clinical outcomes and experience | ▪ Quality Improvement Strategy | Trust Board | Mar-12 | DQS |
| | | ▪ Quality Governance Framework Action Plan | Trust Board | Jan-13 | DQS |
| | | ▪ Quality Governance Framework IA Review Action plan | Audit Committee | Dec-12 | DQS |
| | | ▪ Action plan on recommendations from national inquiries | Trust Board | Jan-13 | DQS |
| 668 | If we do not have a clear clinical service vision then we may not deliver the best services to patients | ▪ Future Configuration of Hospital Services | Trust Board | Jan-13 | DoT |
| | | ▪ Clinical Services Strategy – <i>to be drafted</i> | | | |
| | | ▪ Reconfiguration of stroke services plan – in draft | | | |
| 423 | If we do not get good levels of staff engagement to get a culture of continuous improvement then staff morale and patient outcomes may not improve | ▪ Staff survey action plan | Trust Board | Mar-12 | WD |
| | | ▪ Staff training IA Review action plan | Workforce Committee | Feb-13 | WD |
| | | | | | |
| 669 | If Board members are not appointed in a timely fashion then this may impact on the governance of the Trust. | ▪ Chairman's update | Trust Board | Jan-13 | Chair |
| | | ▪ BGAF action plan | Trust Board | Feb-13 | DCG |
| 670 | If we do not achieve a financial risk rating of 3 then we will not be authorised as a FT | ▪ HDD 1 Action Plan | Finance Committee | Jan-13 | FD |
| | | ▪ Cash & Treasury Management IA Review Action Plan | Finance Committee | Feb-13 | FD |
| | | ▪ Creditors & Payments IA Review action plan | Finance Committee | Feb-13 | FD |

Trust Risk Register

Trust-wide Summary Risk Register

TRUST RISK SUMMARY By THEME

Risk scores - 15 to 25
Risk scores - 4 to 12
Risk scores - 1 to 3

Risk rating (30.6.12)
Risk rating (31.10.12)
Current ratings (31.1.2013)
Overall current rating and trend

6iii- Attachment 4

Risk rating (30.6.12)
Risk rating (31.10.12)
Current ratings (31.1.2013)
Overall current rating and trend

| THEME | Risk Rating | | Current Ratings | | Overall current rating and trend |
|---------------------|-------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|
| | 30.6.12 | 31.10.12 | 31.1.2013 | Trend | |
| PATIENT FLOW | Patient Flow | Red: 4 Amber: 5 Green: 1 | Red: 4 Amber: 5 Green: 1 | Red: 4 Amber: 11 Green: 1 | ↓ |
| | Total current risks | | 15 | | |
| | Booking and Access | Red: 1 Amber: 3 Green: 2 | Red: 3 Amber: 5 Green: 2 | Red: 3 Amber: 4 Green: 1 | → |
| Total current risks | | 8 | | | |
| SAFE CARE | RTT | Red: 4 Amber: 5 Green: 1 | Red: 7 Amber: 5 Green: 1 | Red: 6 Amber: 3 Green: 1 | ↑ |
| | Total current risks | | 9 | | |
| | Clinical | Red: 8 Amber: 18 Green: 1 | Red: 3 Amber: 17 Green: 2 | Red: 6 Amber: 21 Green: 1 | ↓ |
| Total current risks | | 28 | | | |
| LEARNING AND GROWTH | Workforce including T&D | Red: 18 Amber: 36 Green: 3 | Red: 19 Amber: 45 Green: 4 | Red: 21 Amber: 41 Green: 1 | → |
| | Total current risks | | 63 | | |
| | Business continuity | Red: 7 Amber: 7 Green: 1 | Red: 1 Amber: 7 Green: 1 | Red: 0 Amber: 10 Green: 1 | ↓ |
| Total current risks | | 10 | | | |

| THEME | Risk Rating | | Current Ratings | | Overall current rating and trend |
|-----------------------|---------------------------|------------------------------------|------------------------------------|------------------------------------|----------------------------------|
| | 30.6.12 | 31.10.12 | 31.1.2013 | Trend | |
| FINANCIAL RISK RATING | Equipment | Red: 17 Amber: 16 Green: 2 | Red: 15 Amber: 21 Green: 6 | Red: 18 Amber: 24 Green: 2 | ↓ |
| | Total current risks | | 44 | | |
| | Estates and Accommodation | Red: 15 Amber: 62 Green: 9 | Red: 17 Amber: 79 Green: 6 | Red: 13 Amber: 86 Green: 4 | ↑ |
| Total current risks | | 103 | | | |
| FINANCIAL RISK RATING | Financial | Red: 5 Amber: 3 Green: 1 | Red: 2 Amber: 6 Green: 1 | Red: 0 Amber: 5 Green: 1 | ↑ |
| | Total current risks | | 5 | | |
| | Informatics | Red: 5 Amber: 12 Green: 1 | Red: 8 Amber: 12 Green: 1 | Red: 8 Amber: 12 Green: 1 | → |
| Total current risks | | 20 | | | |
| FINANCIAL RISK RATING | Misc | Red: 1 Amber: 4 Green: 3 | Red: 4 Amber: 7 Green: 3 | Red: 2 Amber: 12 Green: 1 | ↓ |
| | Total current risks | | 15 | | |
| | Total | Red: 78 Amber: 171 Green: 19 | Red: 84 Amber: 207 Green: 27 | Red: 81 Amber: 229 Green: 10 | ↓ |
| Total current risks | | 320 | | | |

Total New Risks = 38

Total Risks Closed between 1.11.12 - 1.2.13 = 36

Key : ↑ Improvement ↓ Deterioration = No change

Trust-wide Summary Risk Register

TRUST RISK SUMMARY BY CENTRE

| | | Risk rating (30.6.12) | Risk rating (31.10.12) | Current ratings (31.1.2013) | Overall current rating and trend | | | Risk rating (30.6.12) | Risk rating (31.10.12) | Current ratings (31.1.2013) | Overall current rating and trend |
|---|-----------------------|-----------------------|------------------------|-----------------------------|----------------------------------|---|-----------------------|-----------------------|------------------------|-----------------------------|----------------------------------|
| Diagnostics Centre | Red Amber Green | 3 6 8 | 5 16 9 | 9 28 1 | ↓ | Pharmacy Centre | Red Amber Green | 4 2 0 | 2 4 0 | 2 4 0 | → |
| Total risks 38 | | | | | | Total risks 6 | | | | | |
| Emergency and Critical Care Centre | Red Amber Green | 4 8 4 | 7 4 2 | 7 6 1 | ↑ | Surgical Centre | Red Amber Green | 8 8 4 | 12 9 4 | 14 13 1 | ↓ |
| Total risks 14 | | | | | | Total risks 28 | | | | | |
| Head and Neck Centre | Red Amber Green | 4 9 1 | 7 11 2 | 5 13 0 | ↑ | Therapies Centre | Red Amber Green | 5 2 0 | 4 5 2 | 6 4 0 | ↓ |
| Total risks 18 | | | | | | Total risks 10 | | | | | |
| Medicine Centre | Red Amber Green | 8 12 0 | 10 10 1 | 6 9 0 | → | Women and Children Centre | Red Amber Green | 5 7 3 | 7 10 5 | 9 16 2 | ↓ |
| Total risks 15 | | | | | | Total risks 27 | | | | | |
| Musculoskeletal Centre | Red Amber Green | 0 3 0 | 0 5 1 | 2 2 0 | ↑ | Estates and Facilities | Red Amber Green | 4 35 16 | 0 50 15 | 2 70 5 | ↓ |
| Total risks 4 | | | | | | Total risks 77 | | | | | |
| Oncology Centre | Red Amber Green | 4 0 2 | 2 2 2 | 2 4 0 | ↑ | Trust wide & Corporate Depts | Red Amber Green | 17 38 12 | 29 42 10 | 9 46 0 | ↑ |
| Total risks 6 | | | | | | Total risks 55 | | | | | |
| Ophthalmology and Patient Access | Red Amber Green | 10 8 1 | 10 12 3 | 8 14 0 | → | Total | Red Amber Green | 85 152 58 | 93 180 56 | 81 229 10 | ↑ |
| Total risks 22 | | | | | | Total risks 320 | | | | | |

Key : ↑ Improvement ↓ Deterioration = No change

Trust Risk Register Summary Risks scoring 20 or above – February 2013

| Centre | Risk Title (ref) | Date added | Last updated | Controlled risk score C x L | Actions on 4risk | Target Date |
|--------------------------------------|--|---------------|---------------|-----------------------------|------------------|-------------------|
| Patient Flow | | | | | | |
| Emergency & critical care | Poor patient flow leading to sustained failure to meet A&E target (105) | Mar 09 | Jan 13 | 5 x 5 | Yes | Q1 2013/14 |
| Emergency & critical care | Patients of all specialties diverted to Emergency Department due to inefficient patient flow (130) | Jul 09 | Feb 13 | 4 x 5 | Yes | Q1 2013/14 |
| MSK | Non orthopaedic patients on the PRH orthopaedic ward may result in sub optimal care and impact on RTT pathways (133) | Jul 09 | Feb 13 | 4 x 5 | Yes | Q1 2013/14 |
| Surgical | RSH DSU is being used for escalation which may result in poor patient experience and outcome and impact on RTT (643) | Sept 12 | Feb 13 | 4 x 5 | Yes | Q1 2013/14 |
| Booking and Access | | | | | | |
| Ophthalmology & pt access | Outpatient capacity and organisation insufficient to meet demand for services impacting on waiting times (15) | Aug 06 | Feb 13 | 5 x 4 | Yes | Q4 2012/13 |
| RTT | | | | | | |
| Ophthalmology & pt access | Poor referral management on SEMA leading to problems with pathway management (342) | Dec 10 | Feb 13 | 4 x 5 | Yes | Q1 2013/14 |
| Surgical | Lack of Endoscopy capacity has increased waiting time to more than 6 weeks (372) | Feb 11 | Feb 13 | 4 x 5 | Yes | Q1 2013/14 |
| Clinical | | | | | | |
| Women & Children | Inability to follow new NICE Guidelines for Neonatal Jaundice in Maternity (598) | Jun 12 | Jan 13 | 4 x 5 | Yes | Q4 2012/13 |
| Equipment | | | | | | |
| Surgical | Washer disinfectant at PRH cannot be repaired and will impact on RTT if it breaks down (663) | Nov 12 | Feb 13 | 5 x 4 | Yes | Q4 2012/13 |
| Medicine | Reverse Osmosis unit at RSH renal unit has insufficient capacity to deliver flow rates for next generation of dialysis machines leading to suboptimal care (500) | Mar 12 | Feb 13 | 4 x 5 | Yes | Q1 2013/14 |
| Women & Children | Insufficient equipment to comply with NICE Jaundice Guideline for neonates (660) | Apr 12 | Jan 13 | 4 x 5 | Yes | Q4 2012/13 |
| Workforce including T&D | | | | | | |
| Pathology | Anticoagulation Service caseload above contracted levels causing suboptimal care (346) | Sept 07 | Feb 13 | 5 x 4 | Yes | Q1 2013/14 |
| Med Director | Inability to attract doctors to vacant Deanery or Trust medical posts so making the delivery of the service dependant on agency doctors (537) | Apr 12 | Jan 13 | 5 x 4 | Yes | Q4 2012/13 |
| Medicine | Escalation areas opened causing dilution of skills on main wards (489) | Feb 12 | Feb 13 | 4 x 5 | Yes | Q4 2012/13 |
| Therapies | Compromise of therapy for cancer patients following H&N reconfiguration (547) | Jan 12 | Feb 13 | 4 x 5 | Yes | Q4 2012/13 |
| Estates and Accommodation | | | | | | |
| Surgical | Relocation of Pre Op Assessment at PRH required to improve patient safety (526) | Oct 11 | Feb 13 | 5 x 4 | Yes | Q1 2013/14 |
| Diagnostics | Storage facilities in RSH Mortuary inadequate to meet likely increase in workload following reconfiguration of surgical services (633) | Jun 12 | Jan 13 | 4 x 5 | Yes | Q4 2012/13 |
| Surgical | Mixed sex accommodation Endoscopy RSH/PRH not compliant with national requirements (488) | Feb 12 | Feb 13 | 4 x 5 | Yes | Q1 2013/14 |
| Surgical | Endoscopy cleaning room (PRH) non compliant with national guidance (662) | Nov 12 | Feb 13 | 4 x 5 | Yes | Q4 2013/14 |

| Centre | Risk Title (ref) | Date added | Last updated | Controlled risk score C x L | Actions on 4risk | Target Date |
|-------------------------|--|------------|--------------|-----------------------------|------------------|-------------|
| Women & Children | Maternity building not fit for purpose (389) | Jun 11 | Feb 13 | 4 x 5 | Yes | Q3 2014/15 |
| Informatics | | | | | | |
| Finance Director | Delays in implementing clinical correspondence project due to lack of IT resource (391) | Jun 11 | Feb 13 | 4 x 5 | Yes | Q3 2013/14 |
| Transformation Director | Unable to implement new Bank staff database due to ageing IT infrastructure leading to inefficient staff rostering (613) | Feb 12 | Feb 13 | 4 x 5 | Yes | Q1 2013/14 |

CQC
HealthAssure
Assessment

2. CQC Essential Standards (Corporate)

Trust Overview

Overall Trust Self Assessment Results



| Total Number of Outcomes Assessed by the Trust | | 16 |
|--|----|----|
| Yellow | 4 | |
| Green | 12 | |

QRP Overview

Overall QRP Rating




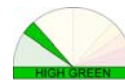


| Total Number of Outcomes Assessed | | 16 |
|-----------------------------------|---|----|
| High Red | 1 | |
| High Amber | 1 | |
| High Yellow | 3 | |
| Low Yellow | 5 | |
| High Green | 2 | |
| Low Green | 4 | |




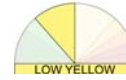


Trust Detail

 Accountability Title

Section 1: Involvement & Information

| Outcome | Self Assessment | Outcome Risk Estimate | | |
|--|-----------------|---|---|---|
| | | December 2012 | February 2013 | |
| Outcome 01: Respecting and involving people who use services | Green |  |  | ↕ |
| Outcome 02: Consent to care and treatment | Green |  |  | → |

Section 2: Personalised Care, Treatment & Support

| Outcome | Self Assessment | Outcome Risk Estimate | | |
|---|-----------------|---|---|---|
| | | December 2012 | February 2013 | |
| Outcome 04: Care and welfare of people who use services | Yellow |  |  | → |
| Outcome 05: Meeting nutritional needs | Green |  |  | ↕ |
| Outcome 06: Cooperating with other providers | Green |  |  | ↕ |





Section 3: Safeguarding & Safety

| Outcome | Self Assessment | Outcome Risk Estimate | | |
|---------|-----------------|-----------------------|---------------|--|
| | | December 2012 | February 2013 | |







2. CQC Essential Standards (Corporate)

6v – Attachment 6



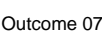








1. Involvement and Information

-   Outcome 01: Respecting and involving people who use services *
-   Outcome 02: Consent to care and treatment *







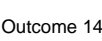
2. Personalised Care, Treatment and Support

-   Outcome 04: Care and welfare of people who use services *
-   Outcome 05: Meeting nutritional needs *
-   Outcome 06: Cooperating with other providers *







3. Safeguarding and Safety

-    Outcome 07: Safeguarding people who use services from abuse *
-   Outcome 08: Cleanliness and infection control *
-   Outcome 09: Management of medicines *
-   Outcome 10: Safety and suitability of premises *
-   Outcome 11: Safety, availability and suitability of equipment *

4. Suitability of Staffing

-   Outcome 12: Requirements relating to workers *
-   Outcome 13: Staffing *
-    Outcome 14: Supporting workers *

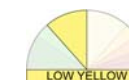
5. Quality and Management

-   Outcome 16: Assessing and monitoring the quality of service provision *
-   Outcome 17: Complaints *
-   Outcome 21: Records *

Outcome 07: Safeguarding people who use services from abuse



Outcome 08: Cleanliness and infection control



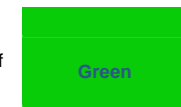
Outcome 09: Management of medicines



Outcome 10: Safety and suitability of premises



Outcome 11: Safety, availability and suitability of equipment

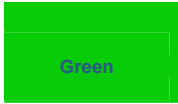




Section 4: Suitability of Staffing

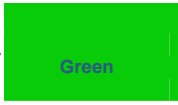


| Outcome | Self Assessment | Outcome Risk Estimate | | Trend |
|--|-----------------|-----------------------|---------------|-------|
| | | December 2012 | February 2013 | |
| Outcome 12: Requirements relating to workers | | | | |
| Outcome 13: Staffing | | | | |

2. CQC Essential Standards (Corporate)

6v – Attachment 6

| | | | | |
|--------------------------------|---|---|---|---|
| Outcome 14: Supporting workers |  |  |  |  |
|--------------------------------|---|---|---|---|

Section 5: Quality & Management

| Outcome | Self Assessment | Outcome Risk Estimate | | ↕ |
|---|---|---|---|---|
| | | December 2012 | February 2013 | |
| Outcome 16: Assessing and monitoring the quality of service provision |  |  |  |  |
| Outcome 17: Complaints |  |  |  |  |
| Outcome 21: Records |  |  |  |  |

Trust leads by CQC outcome

| | | |
|---|---------------|--|
| Outcome 1: Respecting and involving people who use services | Lead Director | Director of Quality and Safety |
| | Lead Manager | Associate Director of Nursing – Patient Experience |
| Outcome 2: Consent to care and treatment | Lead Director | Medical Director |
| | Lead Manager | Associate Director of Nursing – Patient Safety |
| Outcome 4: Care and welfare of people who use services | Lead Director | Director of Quality and Safety |
| | Lead Manager | Deputy Chief Nurse |
| Outcome 5: Meeting nutritional needs | Lead Director | Director of Quality and Safety |
| | Lead Manager | Associate Director of Nursing – Patient Experience |
| Outcome 6: Co-operating with other providers | Lead Director | Medical Director |
| | Lead Manager | Deputy Chief Operating Officer |
| Outcome 7: Safeguarding vulnerable people who use services | Lead Director | Director of Quality and Safety |
| | Lead Manager | Associate Director of Nursing – Patient Experience |
| Outcome 8: Cleanliness and infection control | Lead Director | Director of Infection Prevention and Control |
| | Lead Manager | Matron for Infection Prevention and Control |
| Outcome 9: Management of medicines | Lead Director | Medical Director |
| | Lead Manager | Chief Pharmacist |
| Outcome 10: Safety and suitability of premises | Lead Director | Finance Director |
| | Lead Manager | Associate Director - Estates and Facilities Management |
| Outcome 11: Safety, availability and suitability of equipment | Lead Director | Medical Director |
| | Lead Manager | Associate Director - Estates and Facilities Management |
| Outcome 12: Suitability of staffing | Lead Director | Workforce Director |
| | Lead Manager | HR Deputy Director |
| Outcome 13: Staffing | Lead Director | Chief Operating Officer |
| | Lead Manager | Deputy Chief Operating Officer |
| Outcome 14: Supporting staff | Lead Director | Workforce Director |
| | Lead Manager | HR Deputy Director |
| Outcome 16: Assessing and monitoring the quality of service provision | Lead Director | Director of Quality and Safety |
| | Lead Manager | Associate Director of Nursing – Patient Safety |
| Outcome 17: Complaints | Lead Director | Director of Quality and Safety |
| | Lead Manager | Associate Director of Nursing – Patient Experience |
| Outcome 21: Records* | Lead Director | Finance Director |
| | Lead Manager | Information Governance Manager |

*strong links to Information Governance Toolkit