### 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.

Attachment 1 - Board Assurance Framework Summary

This summary shows each risk is categorised by colour according to the current risk matrix.

Attachment 2 - Board Assurance Framework

The BAF has been updated since the last presentation. Changes to since the last presentation are indicated in highlighted text. These reflect changes since August with some additional assurances added. The full Board Assurance Framework lists the controls in place and sources of assurance, with the lead Director for each risk.

Attachment 3 - BAF Associated Action Plans

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.

The following corporate objectives have not had strategic risks to their achievement identified:

- Undertake a review of all current services at speciality level to inform future service and business decisions
- Develop the principle of ‘agency’ in our community to support prevention agenda and improve the health and well-being of the population
- Embed a customer focussed approach and improve stakeholder engagement strategies.

### Strategic Priorities

<table>
<thead>
<tr>
<th>1. Quality and Safety</th>
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</thead>
<tbody>
<tr>
<td>Reduce harm, deliver best clinical outcomes and improve patient experience.</td>
</tr>
<tr>
<td>Address the existing capacity shortfall and process issues to consistently deliver national healthcare standards</td>
</tr>
<tr>
<td>Develop a clinical strategy that ensures the safety and short term sustainability of our clinical services pending the outcome of the Future Fit Programme</td>
</tr>
<tr>
<td>To undertake a review of all current services at specialty level to inform future service and business decisions</td>
</tr>
<tr>
<td>Develop a sustainable long term clinical services strategy for the Trust to deliver our vision of future healthcare services through our Future Fit Programme</td>
</tr>
<tr>
<td>Through our People Strategy develop, support and engage with our workforce to make our organisation a great place to work</td>
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</table>

<table>
<thead>
<tr>
<th>2. People</th>
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</thead>
<tbody>
<tr>
<td>Support service transformation and increased productivity through technology and continuous improvement strategies</td>
</tr>
<tr>
<td>Develop the principle of ‘agency’ in our community to support a prevention agenda and improve the health and well-being of the population</td>
</tr>
<tr>
<td>Embed a customer focussed approach and improve stakeholder engagement strategies</td>
</tr>
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<tr>
<th>3. Innovation</th>
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<tr>
<th>4 Community and Partnership</th>
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</thead>
<tbody>
<tr>
<td>5 Financial Strength: Sustainable Future</td>
</tr>
<tr>
<td>----------------------------------------</td>
</tr>
</tbody>
</table>
| **Board Assurance Framework (BAF) Risks** | ✧ If we do not deliver **safe care** then patients may suffer avoidable harm and poor clinical outcomes and experience  
✧ If we do not implement our **falls prevention** strategy then patients may suffer serious injury  
✧ If the local health and social care economy does not reduce the **Fit To Transfer** (FTT) waiting list from its current unacceptable levels then patients may suffer serious harm  
✧ Risk to **sustainability** of clinical services due to potential shortages of key clinical staff  
✧ If we do not achieve safe and efficient **patient flow** and improve our processes and capacity and demand planning then we will fail the national quality and performance standards  
✧ 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  
✧ If we do not have a clear **clinical service vision** then we may not deliver the best services to patients  
✧ If we are unable to resolve our (historic) shortfall in **liquidity** and the structural imbalance in the Trust’s **Income & Expenditure** position then we will not be able to fulfill our financial duties and address the modernisation of our ageing estate and equipment |
| **Care Quality Commission (CQC) Domains** | ✧ **Safe**  
✧ **Effective**  
✧ **Caring**  
✧ **Responsive**  
✧ **Well led** |
| ✔ Receive  ☑ Review  ☐ Note  ☑ Approve | **Recommendation**  
To REVIEW and APPROVE the BAF and to consider if any additional assurances are necessary to assure the Board that the risks to the strategic objectives are being properly managed.  
To agree the RAG ratings and direction of travel for each risk |
QUALITY AND SAFETY - reduce harm, deliver best clinical outcomes & improve patient experience

*Risk Appetite - moderate*

If we do not deliver safe care then patients may suffer avoidable harm and poor clinical outcomes and experience (RR415) identified April 2012

If the local health and social care economy does not reduce the Fit To Transfer (FTT) waiting list from its current unacceptable levels then patients may suffer serious harm. (951) identified Nov 2014

**QUALITY AND SAFETY - Develop a clinical strategy that ensures the safety and short term sustainability of our clinical services pending the outcome of the Future Fit Programme**

*Risk Appetite - hungry*

Risk to sustainability of clinical services due to potential shortages of key clinical staff (859) identified March 2014

- Medical Staffing
- Nurse Staffing

**QUALITY AND SAFETY - Address the existing capacity shortfall & process issues to consistently deliver national healthcare standards**

*Risk Appetite - open*

If we do not achieve safe and efficient patient flow and improve our processes and capacity and demand planning then we will fail the national quality and performance standards (RR 561) identified April 2012

Components:

- A&E Performance
- Cancer Waiting Times
- Referral to Treatment Times (RTT)

**QUALITY AND SAFETY – Develop a sustainable long term clinical services strategy for the Trust to deliver our vision of future healthcare services through our Future Fit programme.**

*Risk Appetite - hungry*

If we do not have a clear clinical service vision then we may not deliver the best services to patients (RR 668) identified April 2012

**PEOPLE – Through our People Strategy develop, support and engage with our workforce to make our organisation a great place to work**

*Risk Appetite - open*

If we do not get good levels of staff engagement to get a culture of continuous improvement then staff morale & patient outcomes may not improve (RR 423) identified April 2012

**FINANCIAL STRENGTH: SUSTAINABLE FUTURE - Develop a transition plan that ensures financial sustainability & addresses liquidity pending the outcome of the Future Fit Programme**

*Risk Appetite - moderate*

If we are unable to resolve the structural imbalance in the Trust’s Income & Expenditure position then we will not be able to fulfil our financial duties & address the modernisation of our ageing estate & equipment (670) identified Sept 2012
### Principal Objective: QUALITY AND SAFETY - reduce harm, deliver best clinical outcomes & improve patient experience

**Potential Impacts:**
- Avoidable harm to patients
- Poor clinical outcomes
- High level of complaints and litigation
- Failure to comply with Care Quality Commission (CQC) standards
- Loss of Commissioning for Quality and Innovation (CQUIN) income
- Loss of patients to our competitors
- Risk of prosecution
- Loss of reputation

**Key Controls:**
- CQC Compliance Framework
- Quality Improvement Strategy & centre’s action plans
- Datix Incident reporting with Root Cause Analysis (RCA) and monitoring of actions
- Consultant revalidation & Nurse revalidation from Apr 16
- Patient Safety visits to ward
- Patient Engagement and Improvement Panel (PEIP) work programme
- Safety Thermometer
- Embedded Early Warning System
- QIA process in place
- Quality dashboards
- Ward-to-Board metrics
- Care Group Governance meetings
- Revised nursing records including risk assessments
- Enhanced support to patients at high risk of harm - well being apprentices
- Handover guidelines
- Successful appraisal requires compliance with mandatory training
- Being Open Policy and Complaints Process
- Quality Improvement framework for wards identified as needing improvements in quality and safety
- Falls risk assessment and implementation of falls prevention measures with Fall prevention plan & Falls Prevention Practitioner
- GEMBA walks
- Corporate Governance Structure
- Safeguarding processes embedded
- Sepsis Working Group

**Planned Sources of Assurance + date received/expected:**
- Quality component of Integrated Performance Report (monthly)
- Serious Incident Board Report (monthly)
- Quality & Safety Committee which reports to Trust Board (TB) (monthly)
- Friends and Family Test (TB monthly)
- Venous Thromboembolism (VTE) (TB monthly)
- Mortality - within expected range (Nov 15)
- CQC Intelligent Monitoring (IMR) Report May 15
- Internal and External patient experience surveys
- Daily site safety reports and Hospital @ Night reports
- National Inpatient Survey (TB May 15)
- Annual Consultant Revalidation Report (TB Jul 15)
- Annual review of all falls
- Clinical Governance Executive (monthly)
- Pressure Ulcer and Infection Prevention and Control annual reports
- Confirmation of ‘sign-off’ of clinical results (CGE Quarterly)
- Quality of Care - Good - Some services rated as Good by CQC inspection. CQC rating January 2015
- Royal College of Ophthalmologists review of ophthalmology outpatients
- CQC National Inpatient and Childrens’ Surveys
- End of Life Plan (TB Oct 15 mid year review)
- VMI reports
- Regular audit of Fit to Transfer list to determine if harm occurred (Q&S)

**Residual Risk rating & direction of travel:**

**Gaps in Control + assurance:**
- Failure to reduce Fit to Transfer list potentially resulting in patients suffering harm as result of prolonged hospital stay
- Under-reporting of incidents
- Significant gaps in key clinical staff groups (see risk 859)
- Inability to introduce standardisation across two sites
- Inability to deliver national targets leading to longer waiting times, delayed treatment, and poorer patient experience

**Action Lead:**
- Director of Nursing and Quality

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**Principal Risk and Potential Impacts**

<table>
<thead>
<tr>
<th>Trust Risk Ref</th>
<th>Lead Director/Category of risk + Lead Committee</th>
<th>Inherent Risk</th>
<th>Key Controls</th>
<th>Planned Sources of Assurance + date received/expected</th>
<th>Residual Risk rating &amp; direction of travel</th>
<th>Gaps in Control + assurance</th>
<th>Action Lead</th>
</tr>
</thead>
<tbody>
<tr>
<td>415</td>
<td>Director of Nursing and Quality Safety and Patient Experience Quality &amp; Safety Committee (Q&amp;S)</td>
<td>RED</td>
<td>CQC Compliance Framework</td>
<td>Quality component of Integrated Performance Report (monthly)</td>
<td>Serious Incident Board Report (monthly)</td>
<td>- Failure to reduce Fit to Transfer list potentially resulting in patients suffering harm as result of prolonged hospital stay • Under-reporting of incidents • Significant gaps in key clinical staff groups (see risk 859) • Inability to introduce standardisation across two sites • Inability to deliver national targets leading to longer waiting times, delayed treatment, and poorer patient experience</td>
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</tr>
<tr>
<td>951</td>
<td>Director of Nursing and Quality / Chief Operating Officer</td>
<td>If the local health and social care economy does not reduce the Fit To Transfer (FTT) waiting list from its current unacceptable levels then patients may suffer serious harm. Potential impacts: Hospital acquired infections, Poor experience for patients, Increased patient falls, Increased staffing needs, Increased use of escalation beds, Increased financial risks, Failure to meet national performance targets, Cancelled elective activity</td>
<td>RED</td>
<td>FTT list Whole health economy surge plan in place and monitored closely. Heads of Capacity in post. System Resilience Group meets monthly. Urgent Care Working Group meetings. NHSE/TDA escalation meeting April 15 to increase focus on FTT. Twice daily discharge hub meetings. Daily DTOC report circulated to responsible organisations.</td>
<td>SRG recovery plan to deliver 4 hour target includes FTT reduction. Patients on FTT list require EPS Helping Home from Hospital team report IA Discharge Management Audit (Oct 15) DTOC target of 3.5% monitored nationally. Emergency Care Intensive Programme (Oct 15). Internal audit on MFFD (Nov 15).</td>
<td>Gaps in Controls</td>
<td>Director of Nursing and Quality / Chief Operating Officer</td>
</tr>
</tbody>
</table>

Gaps in Controls
- Failure of to reduce Fit to Transfer list (Jan15)
- RED Gaps in Assurance/ Negative Assurance
- Whole health economy plans and trajectory to deliver 4 hour target now agreed but reduction in Medically Fit For Discharge list is not being sustained.
- High levels of escalation resulting in high use of agency staff.
- West Midlands Quality Review Service - Discharge (May 15)
- Not meeting DTOC target of 3.5%.

Potential impacts:
- Hospital acquired infections
- Poor experience for patients
- Increased patient falls
- Increased staffing needs
- Increased use of escalation beds
- Increased financial risks
- Failure to meet national performance targets
- Cancelled elective activity
### Principal Objective: QUALITY AND SAFETY - Develop a clinical strategy that ensures the safety and short term sustainability of our clinical services pending the outcome of the Future Fit Programme

<table>
<thead>
<tr>
<th>Risk to sustainability of clinical services due to potential shortages of key clinical staff particularly in Critical Care, ED and Emergency Medicine, nursing</th>
<th>All</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor experience for patients</td>
<td>All</td>
<td>Workforce component of Integrated Performance Report (monthly)</td>
</tr>
<tr>
<td>Development of new roles</td>
<td>Workforce reviews including job redesign and skill mix reviews</td>
<td>Progress with the clinical service review with support from CCG / TDA</td>
</tr>
<tr>
<td>5 year workforce plan</td>
<td>Temporary staffing department</td>
<td>Operational Risk Group</td>
</tr>
<tr>
<td>20 weeks of winter plan</td>
<td>Process for managing staff shortages which may impact on patient care</td>
<td>Workforce Risk report completed</td>
</tr>
<tr>
<td>859</td>
<td>Workforce and Drs overseas recruitment</td>
<td>Nurses and Drs overseas recruitment</td>
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<td>©</td>
<td>Monthly recruitment meetings.</td>
<td>Monthly recruitment meetings.</td>
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<tr>
<td>©</td>
<td>Monthly recruitment meetings.</td>
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<tr>
<td>Nurse staffing</td>
<td>Monthly recruitment meetings.</td>
<td>Monthly recruitment meetings.</td>
</tr>
<tr>
<td>Medical staffing - Critical care</td>
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<td>Monthly recruitment meetings.</td>
</tr>
<tr>
<td>Medical staffing - ED</td>
<td>Monthly recruitment meetings.</td>
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</tr>
</tbody>
</table>

**Gaps in Controls**
- Potential interim/transitional solutions to mitigate service sustainability relating to A&E and ITU staffing carry significant alternative risks in terms of capacity management and operational efficiency
- Absence of Nurse Staffing Policy (due Jan 16)
- Real time Acuity tool (on PSAG by Jan 16)

**Gaps in Assurance/ Negative Assurance**
- Timescales for achieving the outcome of Future Fit and service reconfiguration require maintenance of current service reconfiguration for at least 5 years.
- Full implementation of nurse staffing templates geared to nurse recruitment
- Master vendor contract
- National nursing shortfall leading to recruitment delays
- Severe delays in overseas recruitment due to changes to national policy
- High levels of escalation resulting in high use of agency staff
- Regional benchmarks in relation to medical staffing in ED, Critical care and emergency medicine (TB June 15)

**Gaps in Control + assurance**
- Potential interim/transitional solutions to mitigate service sustainability relating to A&E and ITU staffing carry significant alternative risks in terms of capacity management and operational efficiency
- Absence of Nurse Staffing Policy (due Jan 16)
- Real time Acuity tool (on PSAG by Jan 16)

**Action Lead**
- Medical Director
- Director of N&Q
- CEO
- Director of N&Q
- MD

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**Legend:**
- **↑ Improvement**
- **↓ Deterioration**
- **0 = No change**
**Principal Objective: QUALITY AND SAFETY - Address the existing capacity shortfall & process issues to consistently deliver national healthcare standards**

**Chief Operating Officer (COO)**

**Patient Flow Systems & Processes**

Potential Impacts:
- Financial penalties
- Performance notices
- National Trust Development Authority (NTDA) intervention
- Failure to achieve Foundation Trust status
- Failure to comply with national access targets

If we do not achieve safe and efficient patient flow and improve our processes and capacity and demand planning then we will fail the national quality and performance standards.

<table>
<thead>
<tr>
<th>Lead Director + Category of risk + Lead Cotent</th>
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<th>Residual Risk rating &amp; direction of travel</th>
<th>Gaps in Control + assurance</th>
<th>Action Lead</th>
</tr>
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</table>
| 561                                           | If we do not achieve safe and efficient patient flow and improve our processes and capacity and demand planning then we will fail the national quality and performance standards | Delivery monitored at the Urgent Care Working Group, Planned Care Working Group, Cancer Board, Contracts Meetings, monthly Care Group Confirm and Challenge sessions, and Trust Board as well as the Care Group RAP monitoring groups and System Resilience Group (SRG). Whole health economy surge plan in place and monitored closely. NTDA monthly IDM and Quarterly Reviews 5 year workforce plan Fortnightly ED 4 Hour Recovery Meetings. | 1. Booking & Scheduling action plan in place; 2. Remedial Action Plan's (RAPs) in place for RTT and Cancer, 3. Whole health economy recovery plan for emergency access in place (SMART Plan) being revisited; 4. Internal improvement plan for ED 4 hour target recovery in place; 5. CCG plans for 'Better Care Fund' in place; 6. Heads of Capacity in post (Mar 14) 7. Operational Capacity and Resilience Plan in place; 8. RTT no longer a risk on CQC IMR (Nov 14) 9. Breaking the Cycle week. 10. Internal winter plan approved by HEC (Oct 15). | Gaps in Control
- Progress on admission avoidance schemes and early discharge/discharge to assess in Local Health Economy (LHE) are slower than needed and not yet delivering in full
- Failure of the local health economy and local authorities to reduce the Medically Fit For Discharge list and Delayed Transfers of Care (DToCs) resulting in inability to meet targets due to increasing need for escalation beds (Nov 14 and ward 21 opened (Dec 14)
- No LHE winter plan (Nov 15) | **Gaps in Assurance/ Negative Assurance**
- Not achieving admitted RTT targets but improving, with plan to achieve by 1/10/15;
- Whole health economy plans and trajectory to deliver 4 hour target now agreed but reduction in Fit to Transfer list is not being sustained;
- Delays in patients receiving follow up appointments due to capacity issues in some specialities; | Chief Operating Officer |
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<thead>
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<tr>
<td></td>
<td>Chief Executive Officer</td>
<td>Strategy</td>
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<td></td>
<td></td>
<td>Director of Business and Enterprise</td>
</tr>
<tr>
<td>668</td>
<td>If we do not have a clear clinical service vision then we may not deliver the best services to patients</td>
<td>Potential impacts:</td>
<td></td>
<td>Structured programme of work to arrive at service delivery models agreed through ‘Future Fit’ Health Economy Leaders Core Group Urgent Care Network Board Programme Board established for ‘Future Fit’ and all stakeholders engaged. Workstreams established for finance, activity and capacity modelling, development of the clinical model, Communications and engagement and Assurance. Clinical Reference Group established. Clinical Senate involvement. Programme Plan approved Programme resources in place GP engagement strategy Interim plans for services remaining at RSH Internal Executive Board to provide governance of process Internal Project team to develop Strategic Outline Case Contingency plans for sustainable services Clinical Sustainability Group</td>
<td>Scope and objectives of ‘Future Fit’ Programme agreed with Trust and partner organisations for strategic review of hospital and associated community services On-going engagement plan Public consultation planned for Dec 15 ‘Future Fit’ assurance workstream in place Short list presented and endorsed by Trust Board in Feb 2015 W&amp;C move to PRH completed Sept 14 (TB July 14) with formal benefits realisation review by July 15 Interim location for CAU and women's zone agreed at RSH pending ‘Future Fit’ outcome. ‘Future Fit’ Senior Responsible Officer update with risk register, gateway review outcome and options appraisal process (TB April 15) Activity modelling signed off by Exec Team (March 15) Internal Audit of ‘Future Fit ’ governance arrangements (Sept 15)</td>
<td>RED</td>
<td>Gaps in Control</td>
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<td>Gaps in Assurance</td>
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<td></td>
<td>Provider and Commissioner affordability of the shortlisted options</td>
</tr>
</tbody>
</table>

**Principal Objective: QUALITY AND SAFETY – Develop a sustainable long term clinical services strategy for the Trust to deliver our vision of future healthcare services through our Future Fit programme.**
## Board Assurance Framework

### Key:
- ↑ Improvement
- ↓ Deterioration
- 0 = No change

<table>
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<tr>
<th>Principal Risk and Potential Impacts</th>
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<tr>
<td>Workforce Director Workforce Workforce Com.</td>
<td>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:</td>
<td>Management Development Programme Management Development Programme Management Development Programme Leadership / Development Academy Leadership / Development Academy Leadership / Development Academy Appraisals and Personal Development Plan Appraisals and Personal Development Plan Appraisals and Personal Development Plan Staff induction linked to Trust values Staff induction linked to Trust values Staff induction linked to Trust values Review Sickness policy Review Sickness policy Review Sickness policy Stress risk assessments process for staff Stress risk assessments process for staff Stress risk assessments process for staff Wellbeing Programme Wellbeing Programme Wellbeing Programme Values-based recruitment Values-based recruitment Values-based recruitment Coaching programme Coaching programme Coaching programme 5 year workforce plan 5 year workforce plan 5 year workforce plan Staff engagement strategy Staff engagement strategy Staff engagement strategy Values Behaviours and Attitudes (VBA) training for job interviewers Values Behaviours and Attitudes (VBA) training for job interviewers Values Behaviours and Attitudes (VBA) training for job interviewers VBA Conversations training VBA Conversations training VBA Conversations training</td>
<td>Monthly Workforce Reports Leadership Conference (Oct 15) Leadership Conference (Oct 15) Leadership Conference (Oct 15) High nomination rate for staff heroes (Oct 15) High nomination rate for staff heroes (Oct 15) High nomination rate for staff heroes (Oct 15) Trust values launched and used in recruitment process (Nov 13) Trust values launched and used in recruitment process (Nov 13) Trust values launched and used in recruitment process (Nov 13) Centre workforce reviews and plans in progress (Feb 14) Centre workforce reviews and plans in progress (Feb 14) Centre workforce reviews and plans in progress (Feb 14) Staff survey results show improvements in staff engagement. Developments in values mean they will be embedded throughout employment life cycle (Mar 14) Staff survey results show improvements in staff engagement. Developments in values mean they will be embedded throughout employment life cycle (Mar 14) SaTH leadership development programme began March 2014 SaTH leadership development programme began March 2014 SaTH leadership development programme began March 2014 Friends and Family Test with improvements in scores compared with 2013 (Oct 14) Friends and Family Test with improvements in scores compared with 2013 (Oct 14) Friends and Family Test with improvements in scores compared with 2013 (Oct 14) Programme to become values driven organisation including values video, staff pledges to live the values, visualisation of the values (Oct 14) Programme to become values driven organisation including values video, staff pledges to live the values, visualisation of the values (Oct 14) Programme to become values driven organisation including values video, staff pledges to live the values, visualisation of the values (Oct 14) Job plans in place for all medical staff Job plans in place for all medical staff Job plans in place for all medical staff IMR - number of staff survey risks reduced (May 15) IMR - number of staff survey risks reduced (May 15) IMR - number of staff survey risks reduced (May 15) 80% of staff questioned knew staff values 80% of staff questioned knew staff values 80% of staff questioned knew staff values Staff engagement strategy update (TB Apr 15) Staff engagement strategy update (TB Apr 15) Staff engagement strategy update (TB Apr 15) Sickness absence below 4% (3.8% TB Oct 15) Sickness absence below 4% (3.8% TB Oct 15) Sickness absence below 4% (3.8% TB Oct 15) Trust won 'Employee of the Year' - Local Energize Awards (Nov 15) Trust won 'Employee of the Year' - Local Energize Awards (Nov 15) Trust won 'Employee of the Year' - Local Energize Awards (Nov 15) 'Deep Dive' at Workforce Committee on appraisal 'Deep Dive' at Workforce Committee on appraisal 'Deep Dive' at Workforce Committee on appraisal</td>
<td>Gaps in Controls + Gaps in Controls + Gaps in Controls + Rates of appraisal (currently 87% with Medical Staff at 96.4%) Rates of Statutory and Mandatory Training (currently 74%) Rates of Statutory and Mandatory Training (currently 74%) Internal Audit LCFS report on consultant job planning (Apr 15) Internal Audit LCFS report on consultant job planning (Apr 15) Internal Audit LCFS report on consultant job planning (Apr 15)</td>
<td>Workforce Director</td>
<td></td>
</tr>
</tbody>
</table>

### Principal Objective: PEOPLE – Through our People Strategy develop, support and engage with our workforce to make our organisation a great place to work

- RED
- Amber
- Green
<table>
<thead>
<tr>
<th>Trust Risk Ref</th>
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<th>Gaps in Control + assurance</th>
<th>Action Lead</th>
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<tbody>
<tr>
<td>670 Finance Director/Finance Committee</td>
<td>If we are unable to resolve the structural imbalance in the Trust’s Income &amp; Expenditure position then we will not be able to fulfil our financial duties and address the modernisation of our ageing estate and equipment</td>
<td>Financial component of integrated performance report (monthly TB) Reports from Finance Committee which reports to TB Reports from Internal and External Audit QIA to TB (Sept 14) Financial recovery plan Reports to Exec Directors (monthly) NTDA confirmed it is reasonable for Trust to assume they will make sufficient cash available such that the organisation is able to meet its current liabilities</td>
<td>RED</td>
<td>Financial planning process including capital aspirations list Business planning process Risk based approach to replacement of equipment Contingency funds Charitable funding Confirm and challenge meetings with Care Groups Cost Improvement Programme (CIP) Board monthly including Quality Impact Assessment (QIA) process Application for Interim Revolving Working Capital Support Facility (RWC) Registers and processes to invest in Estate</td>
<td>Gaps in Controls</td>
<td>+ No investment resource to modernise estate, equipment and IT + No agreed transition plan that ensures financial sustainability and addresses liquidity issues pending outcome of ‘Future Fit’ + Trust will require cash support within 2015/16 to underpin the in year planned deficit + Failure of CCGs to reduce Fit to Transfer list resulting in increasing costs for escalation beds and increasing penalties due to failure to meet targets (Nov 14) + No plan to resolve 2016/17 cash position + Contractual penalties</td>
<td>Finance Director</td>
<td></td>
</tr>
</tbody>
</table>

Principal Objective: FINANCIAL STRENGTH: SUSTAINABLE FUTURE - Develop transition plan that ensures financial sustainability & addresses liquidity pending outcome of the Future Fit Programme
<table>
<thead>
<tr>
<th>Risk Ref</th>
<th>Risk Title</th>
<th>Action plan Updates</th>
<th>Committee</th>
<th>latest update</th>
<th>Lead</th>
</tr>
</thead>
<tbody>
<tr>
<td>415</td>
<td>If we do not deliver <strong>safe care</strong> then patients may suffer avoidable harm and poor clinical outcomes and experience</td>
<td>• Maternity Services Review and Action Plan&lt;br&gt;• Care Quality Commission action plan&lt;br&gt;• Action plan on recommendations from national inquiries&lt;br&gt;• C difficile Action Plan&lt;br&gt;• Falls Action plan</td>
<td>Trust Board&lt;br&gt;Trust Board&lt;br&gt;Trust Board&lt;br&gt;Trust Board via IPR&lt;br&gt;Trust Board via IPR</td>
<td>Jan-14&lt;br&gt;Feb-15&lt;br&gt;Jan-14&lt;br&gt;July 15&lt;br&gt;July 15</td>
<td>DNQ&lt;br&gt;DNQ&lt;br&gt;DNQ&lt;br&gt;DNQ&lt;br&gt;DNQ</td>
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<td>951</td>
<td>If CCGs do not reduce the <strong>Fit To Transfer</strong> (FTT) waiting list from its current unacceptable levels then patients may suffer serious harm.</td>
<td>• SMART action plan to deliver 4 hour target including FTT reduction</td>
<td>Trust Board via IPR</td>
<td>July 15</td>
<td>COO</td>
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<td>859</td>
<td>Risk to <strong>sustainability</strong> of clinical services due to potential shortages of key clinical staff</td>
<td>• Future Fit Shortlist&lt;br&gt;• Workforce Report with extension of nurse recruitment outside Europe; Attendance at national career events</td>
<td>Trust Board&lt;br&gt;Trust Board via IPR</td>
<td>Aug 15&lt;br&gt;July 15</td>
<td>CEO&lt;br&gt;WD</td>
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<td>561</td>
<td>If we do not achieve safe and efficient <strong>patient flow</strong> and improve our processes and capacity and demand planning then we will fail the national quality and performance standards</td>
<td>• Emergency Department Action plan&lt;br&gt;• Transforming our Booking and Scheduling Systems&lt;br&gt;• IST Cancer Action Plan &amp; RTT Remedial Action Plan&lt;br&gt;• Chair to formally raise FTT position with CCG chairs&lt;br&gt;• Booking &amp; Scheduling Improvement Plan</td>
<td>Trust Board via IPR&lt;br&gt;Trust Board via IPR&lt;br&gt;Trust Board via IPR&lt;br&gt;Trust Board&lt;br&gt;Finance Committee</td>
<td>July 15&lt;br&gt;July 15&lt;br&gt;July 15&lt;br&gt;Oct 14&lt;br&gt;Oct 14</td>
<td>COO&lt;br&gt;COO&lt;br&gt;COO&lt;br&gt;COO&lt;br&gt;COO</td>
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<td>423</td>
<td>If we do not get good levels of <strong>staff engagement</strong> to get a culture of continuous improvement then staff morale and patient outcomes may not improve</td>
<td>• Staff survey action plan&lt;br&gt;• Staff training Internal Audit Review action plan&lt;br&gt;• People Strategy Updated</td>
<td>Workforce Committee&lt;br&gt;Workforce Committee&lt;br&gt;Trust Board</td>
<td>Jul 15&lt;br&gt;Oct 14&lt;br&gt;Jan 15</td>
<td>WD&lt;br&gt;WD&lt;br&gt;WD</td>
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<td>668</td>
<td>If we do not have a clear <strong>clinical service vision</strong> then we may not deliver the best services to patients</td>
<td>• Future Fit Programme Execution Plan&lt;br&gt;• Future Configuration of Hospital Services&lt;br&gt;• Emergency Service Contingency Plan with Commissioners</td>
<td>Trust Board&lt;br&gt;Trust Board&lt;br&gt;Trust Board</td>
<td>Mar 15&lt;br&gt;Oct 14&lt;br&gt;Oct-14</td>
<td>DBE&lt;br&gt;DBE&lt;br&gt;COO</td>
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<td>670</td>
<td>If we are unable to resolve our (historic) shortfall in <strong>liquidity</strong> &amp; the structural imbalance in the Trust's <strong>Income &amp; Expenditure</strong> position then we will not be able to fulfil our financial duties &amp; address the modernisation of our ageing estate &amp; equipment</td>
<td>• Financial Recovery Plan&lt;br&gt;• Cost Improvement Programme&lt;br&gt;• Historic Due Diligence 1 Action Plan&lt;br&gt;• Internal Audit - Review Action Plans&lt;br&gt;• Workforce Controls Internal Audit Action Plan&lt;br&gt;• Review of current services at specialty level</td>
<td>Executive Directors&lt;br&gt;Trust Board via IPR&lt;br&gt;Finance Committee&lt;br&gt;Finance Committee&lt;br&gt;Finance Committee&lt;br&gt;Trust Board – ‘deep dives’</td>
<td>Aug 15&lt;br&gt;Jul 15&lt;br&gt;Apr 15&lt;br&gt;Jul 15&lt;br&gt;Mar 15&lt;br&gt;Jul 15</td>
<td>FD&lt;br&gt;FD&lt;br&gt;FD&lt;br&gt;FD&lt;br&gt;COO&lt;br&gt;COO</td>
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