| | |
|---|---|
| **Recommendation**<br><br>☑ **DECISION**<br><br>☐ **NOTE** | The Board is asked<br><br>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.<br><br>To **agree** the RAG ratings and direction of travel for each risk |
| **Reporting to:** | Trust Board |
| **Date** | June 29<sup>th</sup> 2017 |
| **Paper Title** | Revised Board Assurance Framework |
| **Brief Description** | 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.   The attached draft Board Assurance Framework reflects the revised draft strategic objectives and proposed risks. Four new risks have been proposed<br><br>• If we do not have the patients in the right place, by removing medical outliers, patient experience will be affected (RR1185)<br>• If we do not develop real engagement with our staff and our community we will fail to support an improvement in health outcomes and deliver our service vision (RR 1186)<br>• If we do not deliver our CIPs and budgetary control totals then we will be unable to invest in services to meet the needs of our patients (RR1187)<br>• If the maternity service does not evidence a robust approach to learning and quality improvement, there will be a lack of public confidence and reputational damage<br><br>In addition one risk has been reworded:<br><br>• If **we are unable to implement** our clinical service vision in a timely way then we will not deliver the best services to patients (RR 668)<br><br>The individual risks will be reviewed by the relevant Tier 2 Committees.<br><br>Attachment 1 - Board Assurance Framework Summary<br>This summary shows each risk is categorised by colour according to the current risk matrix.<br>Attachment 2 - Board Assurance Framework<br><br>Attachment 3 - BAF Associated Action Plans<br><br>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. These action plans are required for the CQC for the new Provider Information Return and must be submitted regularly to the Head of Assurance. |
| **Sponsoring Director** | Chief Executive |
| **Author(s)** | Head of Assurance |
| **Recommended / escalated by** | |
| **Previously considered by** | Executive Directors |

| **Link to strategic objectives** | Key document describing risks to achievement of corporate objectives |
| --- | --- |
| **Link to Board Assurance Framework** | |
| **Equality Impact Assessment** | ⬤ **Stage 1 only (no negative impacts identified)**<br><br>⬤ **Stage 2 recommended (negative impacts identified)**<br><br>   ⬤ negative impacts have been mitigated<br><br>   ⬤ negative impacts balanced against overall positive impacts |
| **Freedom of Information Act (2000) status** | ⬤ **This document is for full publication**<br><br>⬤ **This document includes FOIA exempt information**<br><br>⬤ **This whole document is exempt under the FOIA** |

**Key :** | ↑ Improvement | ↓ Deterioration | = No change

| | | | **Trend** | |
|---|---|---|---|---|

**PATIENT AND FAMILY** - Deliver a transformed system of care (VMI) and partnership working that consistently delivers operational performance objectives
*Risk Appetite -*

**Trend** — NEW — **RED**

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) *I Identified April 2012*

↑ — Red

If we do not work with our partners to reduce the number of patients on the **Delayed Transfer of Care (DTOC)** lists, and streamline our internal processes we will not improve our 'simple' discharges. (RR 951) *Identified Nov 2014*

↑ — Amber

**SAFEST AND KINDEST -** Develop innovative approaches which deliver the safest and highest quality care in the NHS causing zero harm
*Risk Appetite -*

NEW — **AMBER**

If there is a lack of system support for **winter planning** then this would have major impacts on the Trust's ability to deliver safe, effective and efficient care to patients (RR 1134) *Identified Oct 2016*

↑ — Amber

If the **maternity service** does not evidence a robust approach to learning and quality improvement, there will be a lack of public confidence and reputational damage (RR 1204) *Identified April 2017*

NEW — Red

**SAFEST AND KINDEST -** Deliver the kindest care in the NHS with an embedded patient partnership approach
*Risk Appetite -*

NEW — **AMBER**

If we do not have the patients in the right place, by removing **medical outliers**, patient experience will be affected (RR 1185) *Identified March 2017*

NEW — Amber

**HEALTHIEST HALF MILLION ON THE PLANET** – Build resilience and social capital so our communities live healthier and happier lives and become the healthiest 0.5 million on the planet through distributed models of health
*Risk Appetite -*

**Trend** — NEW — **AMBER**

If we do not develop real **engagement with our staff and our community** we will fail to support an improvement in health outcomes and deliver our service vision (RR 1186) *Identified March 2017*

NEW — Amber

**INNOVATIVE AND INSPIRATIONAL LEADERSHIP -** Through innovative and inspirational leadership achieve financial surplus and a sustainable clinical services strategy focussing on population needs
*Risk Appetite -*

NEW — **RED**

If we are unable to implement our **clinical service vision** in a timely way then we will not deliver the best services to patients (RR 668) *Identified April 2012*

↓ — Red

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 (RR 670) *Identified Sept 2012*

↓ — Red

If we do not deliver our **CIPs and budgetary control totals** then we will be unable to invest in services to meet the needs of our patients (RR1187) *Identified March 2017*
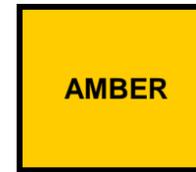
NEW — Red

**VALUES INTO PRACTICE -** Value our workforce to achieve cultural change by putting our values into practice to make our organisation a great place to work with an appropriately skilled fully staffed workforce
*Risk Appetite -*

NEW — **RED**

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*

= — Amber

Risk to sustainability of clinical services due to **shortages of key clinical staff** (RR 859) *Identified March 2014*
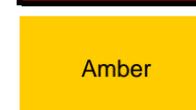
↓ — Red

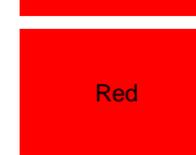| Likelihood | Consequence | | | | |
|---|---|---|---|---|---|
| | 1 Insignificant | 2 Minor | 3 Moderate | 4 Severe | 5 Critical |
| 5 – Almost Certain | | | | | |
| 4 – Likely | | | | | |
| 3 – Possible | | | | | |
| 2 – Unlikely | | | | | |
| 1 – Rare | | | | | |

| Key : | ↑ | Improvement | ↓ | Deterioration | = | No change |
|---|---|---|---|---|---|---|

| Trust Risk Ref | Lead Director + Lead Committee | Principal Risk and Potential Impacts | Inherent Risk | Key Controls | Planned Sources of Assurance + date received/*expected* | Residual Risk rating & direction of travel | Gaps in Control + assurance | Action Lead |
|---|---|---|---|---|---|---|---|---|
| **Principal Objective:  PATIENT AND FAMILY - Deliver a transformed system of care (VMI) and partnership working that consistently delivers operational performance objectives** | | | | | | | | |
| 561 | Chief Operating Officer (COO)\n\nSustainability Committee | 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\n\nPotential Impacts\n• Poor /unsafe patient care & experience\n• Financial penalties\n• Performance notices\n•Failure to comply with national access targets\n* Failure to receive STF allocation | RED | Delivery monitored at the A&E Delivery Board, Sustainability Committee, monthly Care Group Confirm and Challenge sessions, and Trust Board as well as the Care Group RAP monitoring groups. Whole health economy surge plan in place and monitored closely.\nNHSI monthly IDM and Quarterly Reviews\n5 year workforce plan\nInternal ED performance meeting.\nMonthly A&E Improvement meeting.\nSPF\nJoint Committee meeting\nOphthalmology Value Stream\nRespiratory Value Stream\nSAFER programme of work\nRed to Green\n+F19 | 1. Booking & Scheduling action plan in place;\n2. RTT Recovery plans for non-compliant specialties;\n3. Internal improvement plan for ED 4 hour target recovery in place;\n4. CCG plans for 'Better Care Fund' in place;\n5. Operational Capacity and Resilience Plan in place;\n6. Site safety meetings in place.\n7. ED value stream | RED ↑ | **Gaps in Control**\n• 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\n• Failure to adequately reduce the Medically Fit For Discharge list and Delayed Transfers of Care (DToC's) resulting in inability to meet targets due to increasing need for escalation beds\n* Workforce gaps in ED.\n* Recovery plan for oral surgery RTT outside of SaTH control\n\n**Gaps in Assurance/ Negative Assurance**\n• Not achieving the A&E 4 hr target;\n• Whole health economy plans and trajectory to deliver 4 hour target now agreed but actions are long term;\n• Delays in patients receiving follow up appointments due to capacity issues in some specialities;\nDemand over winter exceeding what has been planned for. | Chief Operating Officer |
| | | – A&E targets | | | – A&E targets | RED ↑ | | |
| | | – Cancer waiting times targets | | | – Cancer waiting times targets | GREEN ↑ | | |
| | | – RTT targets | | | – RTT targets | AMBER = | | |
| 951 | Chief Operating Officer\n\nDirector of Nursing and Quality\n\nQ&S Committee | If we do not work with our partners to reduce the number of patients on the Delayed Transfer of Care (DTOC) lists, and streamline our internal processes we will not improve our 'simple' discharges.\nPotential impacts:\n• Hospital acquired infections\n• Poor experience for patients\n• Increased patient falls\n• Increased staffing needs\n• Increased use of escalation beds\n• Increased financial risks\n• Failure to meet national performance targets\n• Cancelled elective activity | RED | Fit To Transfer list (FTT) list\nWhole health economy surge plan in place and monitored closely.\nHeads of Capacity.\nTwice daily discharge hub meetings.\nDaily DTOC report circulated to responsible organisations.\nA&E Delivery Board meets monthly.\nInternal A&E Improvement Meeting held monthly.\nLHE Complex DIscharge Escalation process.\nNew money for health economy for DTOC\nIncident reporting - making boarders visible\nBreach analysis\nCare Group Boards | Recovery plan to deliver 4 hour target includes FTT reduction.\nHelping Home from Hospital team report\nDTOC target of 3.5% monitored nationally.\nRevised ED improvements incorporating 5 national interventions | AMBER = | **Gaps in Controls**\n• Failure of to reduce Delayed Transfers of Care list sustainably\n**Gaps in Assurance/ Negative Assurance**\n• Whole health economy plans and trajectory to deliver 4 hour target now agreed but reduction in Delayed Transfers of Care list.\n• High levels of escalation resulting in high use of agency staff.\n\n• Not meeting DTOC target of 3.5%.\n* Not meeting Discharge to Assess KPI's are being seen but not yet sustained. | Director of Nursing and Quality\n\nChief Operating Officer |
| **Principal Objective: SAFEST AND KINDEST - Develop innovative approaches which deliver the safest and highest quality care in the NHS causing zero harm** | | | | | | | | |

| Key : | ↑ | Improvement | ↓ | Deterioration | = | No change |
|---|---|---|---|---|---|---|

| Trust Risk Ref | Lead Director + Lead Committee | Principal Risk and Potential Impacts | Inherent Risk | Key Controls | Planned Sources of Assurance + date received/*expected* | Residual Risk rating & direction of travel | Gaps in Control + assurance | Action Lead |
|---|---|---|---|---|---|---|---|---|
| 1134 | Chief Operating Officer

Q&S Committee | If there is a lack of system support for winter planning then this would have major impacts on the Trust's ability to deliver safe, effective and efficient care to patients.
Potential Impacts
• Inability to continue with current provision of service
• Poor experience for patients including over 8 hour trolley waits and cancelled operations
• Failure to comply with national standards and best practice tariffs
• Reduced patient safety
• Reduced quality of care
• Low staff morale
• Increased levels of Delays in Transfers of Care
• Additional escalation and staffing costs
• Failure to achieve STF financial control total
• Increasd ambulance handover delays
• Increased mortality | RED | Clinical sustainability group
Temporary staffing department
SaTH Escalation policy
Whole System Surge Plan
Care Group Boards
Weekly LHE COO meetings
Shropshire, T & W A&E Delivery Board
Regional Urgent Care Network
STP
Divert Policy
Care Group Boards | A&E Exception Report
SITREPS
Daily Executive Report
Operational Performance Report
System Dashboard
Incident reports
RCA's
Daily DToC report | AMBER
↑ | **Gaps in Controls**
• Inadequate Whole System Winter Plan
* Non-compliance with Divert Policy

**Gaps in Assurance/ Negative Assurance**
• Shropshire CCG Special Measures
• System financial deficit | Director of Nursing and Quality

Chief Operating Officer |
| 1204 | Director of Nursing and Quality

Q&S Committee | If the maternity service does not evidence a robust approach to learning and quality improvement, there will be a lack of public confidence and reputational damage
Potential impacts:
• Patients choosing other providers
• difficulty  recruiting staff
• low staff morale | RED | Being Open and Duty of Candour policy
Quality and Safety Committee
Incident reporting policy
W&C Care Group Board
Datix - identifying themes and trends
Confirm and Challenge | MBRACE and RCOG (2013; 2015 data awaited)
Shropshire Midwifery Led Units Enter & View visit report (Feb 16)
Review of a maternal and neonatal death Serious Incident (2016)
*Birth Rate Plus Midwifery service staffing review(spring 2017)*
*NHSI review*
*Internal review of leanring from incidents  (Ovington reiview)(June 2017)*
Matenity dashboaard (monthly)
Walkabouts - Execs and NEDs
HED and CHKS reports | RED
New | **Gaps in Controls**
•

**Gaps in Assurance/ Negative Assurance**
•Audit of Policy and Procedure Compliance in maternity services (April 17) | Director of Nursing and Quality |

| **Principal Objective: SAFEST AND KINDEST - Deliver the kindest care in the NHS with an embedded patient partnership approach** | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 1185 | Chief Operating Officer

Q&S Committee | If we do not have the patients in the right place, by removing medical outliers, patient experience will be affected
Potential impacts:
• Poor experience for patients
• Failure to meet national performance targets
• Cancelled elective activity | RED | Clinical Site Managers
Care Group Boards | | AMBER
New | | |

| **Principal Objective:  HEALTHIEST HALF MILLION ON THE PLANET  – Build resilience and social capital so our communities live healthier and happier lives and become the healthiest 0.5 million on the planet through distributed models of health** | | | | | | | | |

| Key : | ↑ | Improvement | ↓ | Deterioration | = | No change |
|---|---|---|---|---|---|---|

| Trust Risk Ref | Lead Director + Lead Committee | Principal Risk and Potential Impacts | Inherent Risk | Key Controls | Planned Sources of Assurance + date received/*expected* | Residual Risk rating & direction of travel | Gaps in Control + assurance | Action Lead |
|---|---|---|---|---|---|---|---|---|
| 1186 | Director of Corporate Governance<br><br>Trust Board | If we do not develop real engagement with our staff and our community we will fail to support an improvement in health outcomes and deliver our service vision<br><br>Potential impacts:<br>• Disengaged community<br>• Failure to meet S242, statutory obligations of Health and Social Care Act<br>• Damage to Trust reputation | RED | Volunteer and Third Sector Forum<br>Community Engagement Facilitator<br>Large public membership with regular newsletters and opportunities to become involved<br>Volunteer Strategy<br>800 active volunteers | Over 1000 public members<br>Well attended series of health lectures<br>Citizens Academy (Dec 17) | AMBER New | **Gaps in Control**<br>• Engagement Strategy<br>• Mechanisms to work with community<br><br>**Gaps in Assurance** | Director of Corporate Governance |

**Principal Objective: INNOVATIVE AND INSPIRATIONAL LEADERSHIP - Through innovative and inspirational leadership achieve financial surplus and a sustainable clinical services strategy focussing on population needs**

| Trust Risk Ref | Lead Director + Lead Committee | Principal Risk and Potential Impacts | Inherent Risk | Key Controls | Planned Sources of Assurance + date received/*expected* | Residual Risk rating & direction of travel | Gaps in Control + assurance | Action Lead |
|---|---|---|---|---|---|---|---|---|
| 668 | Chief Executive Officer<br><br>Trust Board | If we are unable to implement our clinical service vision in a timely way then we will not deliver the best services to patients<br><br>Potential impacts:<br>• unsustainable services<br>• Suboptimal use of scarce workforce resource<br>• Additional costs arising from current service reconfiguration<br>• Inability to attract essential staff due to unreasonable working conditions exacerbated by split site services | RED<br><br>RED | Structured programme of work to arrive at service delivery models agreed through 'Future Fit'<br>Health Economy Leaders Core Group<br>Urgent Care Network Board<br>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 .<br>Clinical Senate involvement. Programme Plan approved<br>Programme resources in place<br>GP engagement strategy<br>Interim plans for services remaining at RSH<br>Internal Executive Board to provide governance of process<br>Internal Project team to develop Strategic Outline Case<br>Contingency plans for sustainable services<br>Clinical Sustainability Group<br>Sustainabilty and Transformation Plan<br>+F39 | Scope and objectives of 'Future Fit' Programme agreed with Trust and partner organisations for strategic review of hospital and associated community services<br>On-going engagement plan<br>'Future Fit' Programme Updates (TB monthly)<br>'Future Fit' assurance workstream in place<br>Outline SOC approved by Board (Feb 16)<br>*Independent review of financial and non financial appraisals to be carried out before consultation commences* | RED<br><br>↓ | **Gaps in Control**<br>• Severe shortages of key clinical staff required to sustain clinical services<br><br>**Gaps in Assurance**<br>• Decision delayed by CCGs - further modelling work is required<br>• Timescales for finalising consultation and the consequent business case and approval process mean that a certain vision of future service reconfiguration will not be available until mid to late 2017<br>• Provider and Commissioner affordability of the shortlisted options | Chief Operating Officer |
| 670 | Finance Director<br><br>Sustainability Committee | 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 and address the modernisation of our ageing estate and equipment<br><br>Potential Impacts<br>• Inability to invest in services and infrastructure<br>• Impacts on cash flow<br>• Lack of modernisation fund to invest in equipment and environment to improve efficiency<br>• Poor patient experience<br>• Failure to deliver Historic Due Diligence (HDD) action plan | RED<br><br>RED | Capital planning process including capital aspirations list<br>Business planning process<br>Risk based approach to replacement of equipment<br>Contingency funds<br>Charitable funding<br>Confirm and challenge meetings with Care Groups<br>Registers and processes to invest in Estate & Infrastructure<br>Revenue Support Loan of £1.8m<br>Care Group Boards | Financial component of integrated performance report (monthly TB)<br>Reports from Sustainablity Committee which reports to TB<br>Reports from Internal and External Audit<br>Financial recovery plan<br>Reports to Exec Directors (monthly) | RED<br><br>↓ | **Gaps in Controls**<br>• Insufficient investment resource to modernise estate, equipment and IT<br>• Failure to reduce Delayed Transfers of Care resulting in increasing costs for escalation beds and increasing penalties due to failure to meet targets<br><br>**Gaps in Assurance/ Negative Assurance**<br>• Not all QIPP schemes agreed<br>• Historic and on-going liquidity problem | Finance Director |
| | | Shortfall in liquidity | RED | | Shortfall in liquidity | AMBER | | |
| | | Income and Expenditure | RED | | Income and Expenditure | RED | | |

| Key : | ↑ | Improvement | ↓ | Deterioration | = | No change |
|---|---|---|---|---|---|---|

| Trust Risk Ref | Lead Director + Lead Committee | Principal Risk and Potential Impacts | Inherent Risk | Key Controls | Planned Sources of Assurance + date received/*expected* | Residual Risk rating & direction of travel | Gaps in Control + assurance | Action Lead |
|---|---|---|---|---|---|---|---|---|
| 1187 | Finance Director<br><br>Sustainability Committee | If we do not deliver our CIPs and budgetary control totals then we will be unable to invest in services to meet the needs of our patients | RED | Cost Improvement Programme (CIP) Board monthly including Quality Impact Assessment (QIA) process<br>Confirm and challenge meetings with Care Groups<br>Care Group Boards | Financial component of integrated performance report (monthly TB)<br>Reports from Sustanablity Committee which reports to TB<br>Reports from Internal and External Audit<br>Financial recovery plan<br>Reports to Exec Directors (monthly) | RED | | |

| Principal Objective: VALUES INTO PRACTICE - Value our workforce to achieve cultural change by putting our values into practice to make our organisation a great place to work with an appropriately skilled fully staffed workforce ||||||||| |
|---|---|---|---|---|---|---|---|---|
| 423 | Workforce Director<br><br>Workforce Com. | 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<br><br>Potential impacts:<br>• Loss of key staff<br>• Poor experience for patients<br>• High sickness absence | RED | Appraisals and Personal Development Plan<br>Staff induction linked to Trust values<br>Leave policy cluster updated and including managing attendance and wellbeing policy updated. (Jan 16)<br>Stress risk assessments process for staff<br>Wellbeing Programme<br>Values-based recruitment<br>Coaching programme<br>5 year workforce plan<br>Staff engagement strategy<br>Values Behaviours and Attitudes (VBA) training for job interviewers<br>VBA Conversations training<br>Leadership development programme<br>Enhanced health and wellbeing programme including fast access staff physiotherapy (Nov 2015)<br>Care Group Boards | Monthly Workforce Reports<br>Friends and Family Test (Monthly Board)<br>'Deep Dive' at Workforce Committee on appraisal<br>Staff survey results improving (Mar 16)<br>Highly commended in Health Education West Midlands large apprentice employer of the year ( Feb 2016)<br>97% staff who responded in staff survey know the Values (Feb 2016)<br>Apprentice of the year award (July 2016).<br>Launch of VIP Awards.<br>Launch of organisation strategy at both sites | AMBER<br><br>= | **Gaps in Controls**<br>• Rates of appraisal (currently 86% with Medical Staff at 96.4%)<br>• Rates of Statutory and Mandatory Training (currently 78%)<br>• Training pause instituted<br><br>**Gaps in Assurance/ Negative Assurance** | Workforce Director |
| 859 | Chief Operating Officer<br><br>Workforce | Risk to sustainability of clinical services due to potential shortages of key clinical staff particularly in Critical Care, ED and Emergency Medicine, Acute Medicine and Nursing<br>Potential Impacts:<br>• Inability to continue with current provision of service<br>• Poor experience for patients<br>• Delays in care<br>• Failure to comply with national standards and best practice tariffs<br>• Reduced patient safety<br>• Reduced quality of care<br>• Low staff morale<br>• 8% cap on agency spend - potential for unfilled rotas<br>• Further difficulties in recruiting staff due to unreasonable on-call commitments | RED | All<br>Clinical Sustainability Group<br>Service redesign<br>Overseas recruitment<br>Workforce reviews including job redesign and skill mix reviews<br>Temporary staffing department<br>Process for managing staff shortages which may impact on patient care<br>Development of new roles<br>5 year workforce plan<br>Winter Plan<br>Care Group Boards<br>Nursing<br>Ward staffing templates<br>E-rostering<br>Nurse staffing review<br>Well being apprentices<br>Block booking agency staff<br>Values based recruitment for nursing staff<br>Medical<br>Medical staffing streamlined consultant recruitment<br>Clinical leaders managing workforce cover including "working down"<br>Job planning<br>Overseas recruitment<br>CESR posts in ED<br>Joint appointments with other local Acute Trusts<br>Recruitment RIPW | All<br>Workforce component of Integrated Performance Report (monthly)<br>Progress with the clinical service review with support from CCG / TDA<br>Operational Risk Group<br>Workforce Risk report completed<br>Nurses and Drs overseas recruitment<br>Monthly recruitment meetings.<br>Nursing<br>E-rostering system<br>Site safety reports (daily)<br>Nurse staffing levels reported in IPR (monthly)<br>Safer Nursing Care tool<br>6 monthly Safe Nursing review to Board and Q&S<br>Medical<br>Enhanced medical staffing (middle grade drs) to cover gaps<br>Business continuity plan for ED & ITU | RED<br><br>↓ | **Gaps in Controls**<br>• 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<br>• Full implementation of nurse staffing templates geared to nurse recruitment<br>• National nursing shortfall leading to recruitment delays<br><br>**Gaps in Assurance/ Negative Assurance**<br>• Timescales for achieving the outcome of Future Fit and service reconfiguration require maintenance of current service reconfiguration for at least 5 years.<br>• High levels of escalation resulting in high use of agency staff<br>• Fragility of Neurology, Spinal Surgery, Dermatology, Ophthalmology (Glaucoma) services (Mar 17)<br>• ED officially 'fragile' | Medical Director<br><br><br>Director of Nursing and Quality<br><br><br><br><br>CEO<br><br><br><br><br>Director of Nursing and Quality |

| Key : | ↑ | Improvement | ↓ | Deterioration | = | No change |
|---|---|---|---|---|---|---|

| Trust Risk Ref | Lead Director + Lead Committee | Principal Risk and Potential Impacts | Inherent Risk | Key Controls | Planned Sources of Assurance + date received/*expected* | Residual Risk rating & direction of travel | Gaps in Control + assurance | Action Lead |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |
| | | Nurse staffing | RED | | Nurse Staffing | RED = | | |
| | | Medical staffing - Critical care | RED | | Medical staffing - Critical care | RED = | | |
| | | Medical staffing - ED | RED | | Medical staffing - ED | RED ↓ | | |

Board Assurance Framework – Associated Action Plans

| Risk Ref | Risk Title | Action plan Updates | Committee | latest update | Lead |
|---|---|---|---|---|---|
| 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 | ▪ Emergency Department Continuity Plan | Trust Board | | *COO* |
| | | ▪ Medically fit for discharge update | Trust Board | | COO |
| | | ▪ 4 Hour standard Internal Recovery and Improvement Plan | Trust Board via IPR | | COO |
| | | ▪ RTT Performance | Trust Board via IPR | | COO |
| 951 | If we do not work with our partners to reduce the number of patients on the **Delayed Transfer of Care** (DTOC) lists, and streamline our internal processes we will not improve our 'simple' discharges. | ▪ Medically fit for discharge update | Trust Board | | COO |
| | | ▪ IA DTOC Audit | Audit Committee | | COO |
| | | ▪ Care Quality Commission action plan | Trust Board via Q&S | | DNQ |
| | | ▪ IA DTOC Audit | Audit Committee | | COO |
| | | ▪ Workforce Report with extension of nurse recruitment outside Europe; Attendance at national career events | Trust Board via IPR | | WD |
| 1134 | If there is a lack of system support for **winter planning** then this would have major impacts on the Trust's ability to deliver safe, effective and efficient care to patients | ▪ Winter Resilience plan | Trust Board | | COO |
| | | ▪ Medically fit for discharge update | Trust Board | | COO |
| | | ▪ 4 Hour standard Internal Recovery and Improvement Plan | Trust Board via IPR | | COO |
| | | ▪ RTT Performance | Trust Board via IPR | | COO |
| 1204 | If the **maternity service** does not evidence a robust approach to learning and quality improvement, there will be a lack of public confidence and reputational damage | ▪ Maternity Safety Improvement plan<br>▪ Ovington review<br>▪ NHSI review<br>▪ Review of Trust incident reporting /SI framework<br>▪ Development of a Trust 'Learning Lessons' guideline<br>▪ CCG MLU review<br>▪ Collaboration with key stakeholders /LMS/Healthwatch<br>▪ Involve patients and public in co-producing the above | | | DNMQ |
| 1185 | If we do not have the patients in the right place, by removing **medical outliers**, patient experience will be affected | ▪ Improving operational capacity by implementing the SAFER bundle inc R2G<br>▪ Cease normalisation of additional patients on wards<br>▪ Implement objectives in Trust operational plan 17/18 | | | |
| 1186 | If we do not develop **real engagement** with our staff and our community we will fail to support an improvement in health outcomes and deliver our service vision | ▪ Revitalise and re-launch a more representative PEIP<br>▪ Review and revise Patient Experience strategy<br>▪ Enlist support from experts in NHSI pt experience team ,Healthwatch | | | |
| 668 | If we are unable to implement our **clinical service vision** in a timely way then we will not deliver the best services to patients | ▪ Future Fit Programme | Trust Board | | FD |
| | | ▪ Sustainability and Transformation Plan | Trust Board | | FD |
| | | ▪ Strategic Outline Case for acute services element of Future Fit | Trust Board | | FD |
| | | ▪ Emergency Department Continuity Plan | Trust Board | | *COO* |
| 670 | If we are unable to resolve the structural | ▪ Financial Strategy | Trust Board | | FD |

Board Assurance Framework – Associated Action Plans

| Risk Ref | Risk Title | Action plan Updates | Committee | latest update | Lead |
|---|---|---|---|---|---|
| | 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 | ▪  Cost Improvement Programme | Trust Board via IPR | | FD |
| | | ▪  Internal Audit  - Review Action Plans | Sustainability  Committee | | FD |
| | | ▪  Carter implementation progress | Trust Board | | FD |
| 1187 | If we do not deliver our **CIPs and budgetary control totals** then we will be unable to invest in services to meet the needs of our patients | ▪  Monthly financial monitoring | Sustainability Committee Trust Board | | |
| | | ▪  Confirm and Challenge discussions | Confirm and Challenge | | |
| | | ▪ | | | |
| | | ▪ | | | |
| 423 | 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 | ▪  Staff survey action plan | Trust Board | | WD |
| | | ▪  Organisational Development Plan and People Strategy | Trust Board | | WD |
| | | ▪  Integrated Education Report | Trust Board | | WD |
| 859 | Risk to **sustainability** of clinical services due to potential shortages of key clinical staff | ▪  Future Fit Update | Trust Board | | CEO |
| | | ▪  Workforce Report with extension of nurse recruitment outside Europe; Attendance at national career events | Trust Board via IPR | | WD |