Paper 22

Recommendation ☑ **DECISION** ☐ **NOTE** (select)	The Board is asked 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
Reporting to:	**Trust Board**
Date	September 2017
Paper Title	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. 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 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..
Sponsoring Director	Chief Executive
Author(s)	Head of Assurance
Recommended / escalated by (Tier 2 Committee)	
Previously considered by (consultation / communication)	**Trust Board (June 2017)** **Audit Committee (September 2017)** **Tier 2 Committees (monthly)**
Link to strategic objectives (see over)	All
Link to Board Assurance Framework (see over)	

Equality Impact Assessment
(select one)
	● **Stage 1 only (no negative impacts identified)**
	
	● **Stage 2 recommended (negative impacts identified)**
	
	   ● negative impacts have been mitigated
	
	   ● negative impacts balanced against overall positive impacts

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 -

↑ | **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 -

↑ | **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*

↑ | Red

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

↑ | **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*

↑ | Amber

Trend

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 -

↑ | **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*

↑ | 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 -

↓ | **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*

↓ | 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 -

↓ | **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

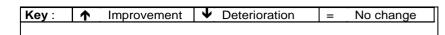| Likelihood	Consequence				
	1 Insignificant	2 Minor	3 Moderate	4 Severe	5 Critical
5 – Almost Certain					
4 – Likely					
3 – Possible					
2 – Unlikely					
1 – Rare					

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)

Sustainability 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

Potential Impacts
• Poor /unsafe patient care & experience
• Financial penalties
• Performance notices
•Failure to comply with national access targets
* 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. NHSI monthly IDM and Quarterly Reviews 5 year workforce plan Internal ED performance meeting. SPF Joint Contract meeting Ophthalmology Value Stream Respiratory Value Stream SAFER programme of work Red to Green Director of Transformation Frailty Project Bed Reconfiguration Project 15 NHSI Emergency Improvement Lead support | 1. RTT Recovery plans for non-compliant specialties; 2. Internal improvement plan for ED 4 hour target recovery in place; 3. Operational Capacity and Resilience Plan in place; 4. Site safety meetings in place. 5. ED Kaizen | RED ↑ | **Gaps in Control** • Progress on admission avoidance schemes * Failure to discharge 90% of patients within 48 hours from the MFFD resulting in inability to meet targets due to increasing need for escalation beds * Workforce gaps in ED and other key areas. * Recovery plan for oral surgery RTT outside of SaTH control * Increase in demand (ED attendances, emergency admissions and ambulance conveyances).

Gaps in Assurance/ Negative Assurance • Not achieving the A&E 4 hr target; • Whole health economy plans and trajectory to deliver 4 hour target now agreed but actions are long term; • Demand over winter exceeding what has been planned for. * Q&S view of limited assurance on progress with Criteria-led discharge (Sept 17) | #NAME? |
		– A&E targets			– A&E targets	RED ↑		
		– Cancer waiting times targets			– Cancer waiting times targets	GREEN ↑		
		– RTT targets			– RTT targets	MBER /GREEN		

Key :	↑	Improvement	↓	Deterioration	=	No change

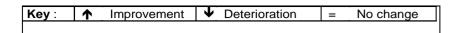| Trust Risk Ref	Lead Director + Lead Committee	Principal Risk and Potential Impacts	Inherent Risk	Key Controls	Planned Sources of Assurance + date received/*expected*	Residual Risk rating & direction of travel	Gaps in Control + assurance	Action Lead
951	Chief Operating Officer Director of Nursing and Quality Q&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. 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	RED	MFFD list Whole health economy surge plan in place and monitored closely. Heads of Capacity. Twice daily discharge hub meetings. Daily DTOC report circulated to responsible organisations. A&E Delivery Board meets monthly. Internal A&E Improvement Meeting held monthly. LHE Complex Discharge Escalation process. New money for health economy for DTOC Incident reporting - making boarders visible Breach analysis Care Group Boards Director of Transformation	Recovery plan to deliver 4 hour target includes target of 90% patients being discharged within 48 hours Helping Home from Hospital team report DTOC target of 3.5% monitored nationally. Revised ED improvements incorporating 5 national interventions Project 15	AMBER ↑	**Gaps in Controls** • Failure of to reduce Delayed Transfers of Care list sustainably * Failure to deliver 48 hour target **Gaps in Assurance/ Negative Assurance** • Whole health economy plans and trajectory to deliver 4 hour target now agreed but reduction in Delayed Transfers of Care list. • High levels of escalation resulting in high use of agency staff. • Not meeting DTOC target of 3.5%. * Not meeting Discharge to Assess KPI's are being seen but not yet sustained.	Director of Nursing and Quality Chief Operating Officer

Principal Objective: SAFEST AND KINDEST - Develop innovative approaches which deliver the safest and highest quality care in the NHS causing zero harm

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 • Increased 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 *Report to September Board on winter planning*	AMBER ↑	**Gaps in Controls** • Inadequate Whole System Winter Plan * Non-compliance with Divert Policy **Gaps in Assurance/ Negative Assurance** • 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 Weekly Rapid Review meetings to review incidents and complaints	MBRACE and RCOG (2013; 2015) 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) Internal review of learning from incidents (Ovington review)(June 2017) Maternity dashboard (monthly) Walkabouts - Execs and NEDs HED and CHKS reports *NHSI review*	RED ↑	**Gaps in Controls** • **Gaps in Assurance/ Negative Assurance** •Audit of Policy and Procedure Compliance in maternity services (April 17) • MBRACE data (2015) • CQC 'requires improvement' - Aug 17	Director of Nursing and Quality

Principal Objective: SAFEST AND KINDEST - Deliver the kindest care in the NHS with an embedded patient partnership approach

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
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 SAFER programme of work Red to Green Operational Capacity and Resilience Plan in place; Site safety meetings Project 15	Daily sitreps	AMBER ↑	**Gaps in Controls** • lack of ring-fenced surgical beds **Gaps in Assurance / Negative Assurance**	Chief Operating Officer

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

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 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 Potential impacts: • Disengaged community • Failure to meet S242, statutory obligations of Health and Social Care Act • Damage to Trust reputation	RED	Volunteer and Third Sector Forum Community Engagement Facilitator Large public membership with regular newsletters and opportunities to become involved Volunteer Strategy 800 active volunteers	Over 1000 public members Well attended series of health lectures *Citizens Academy (Dec 17)* *Community Forum (Dec 17)* *Community and voluntary assembly (Dec 17)*	AMBER ↓	**Gaps in Control** • Engagement Strategy • Mechanisms to work with community **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 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 Potential impacts: • unsustainable services • Suboptimal use of scarce workforce resource • Additional costs arising from current service reconfiguration • Inability to attract essential staff due to unreasonable working conditions exacerbated by split site services	RED	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 Sustainability and Transformation Plan +F39	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 'Future Fit' Programme Updates (TB monthly) 'Future Fit' assurance workstream in place Outline SOC approved by Board (Feb 16) *Independent review of financial and non financial appraisals to be carried out before consultation commences*	RED ↑	**Gaps in Control** • Severe shortages of key clinical staff required to sustain clinical services **Gaps in Assurance** • Decision delayed by CCGs - further modelling work is required • 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 • Provider and Commissioner affordability of the shortlisted options	Chief Operating Officer

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
670	Finance Director

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

Potential Impacts
• Inability to invest in services and infrastructure
• Impacts on cash flow
• Lack of modernisation fund to invest in equipment and environment to improve efficiency
• Poor patient experience
• Failure to deliver Historic Due Diligence (HDD) action plan | RED | Capital 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
Registers and processes to invest in Estate & Infrastructure
Revenue Support Loan of £1.8m
Care Group Boards | Financial component of integrated performance report (monthly TB)
Reports from Sustainability Committee which reports to TB
Reports from Internal and External Audit
Financial recovery plan
Reports to Exec Directors (monthly) | RED

↓ | **Gaps in Controls**
• Insufficient investment resource to modernise estate, equipment and IT
• Failure to reduce Delayed Transfers of Care resulting in increasing costs for escalation beds and increasing penalties due to failure to meet targets

Gaps in Assurance/ Negative Assurance
• Not all QIPP schemes agreed
• Historic and on-going liquidity problem | Finance Director |
| | | Shortfall in liquidity | RED | | Shortfall in liquidity | AMBER | | |
| | | Jincome and Expenditure | RED | | Income and Expenditure | RED | | |
| 1187 | Finance Director

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
Confirm and challenge meetings with Care Groups
Care Group Boards | Financial component of integrated performance report (monthly TB)
Reports from Sustainability Committee which reports to TB
Reports from Internal and External Audit
Financial recovery plan
Reports to Exec Directors (monthly) | RED

↓ | **Gaps in Controls**

Gaps in Assurance/ Negative Assurance | Chief Operating Officer |
| **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

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

Potential impacts:
• Loss of key staff
• Poor experience for patients
• High sickness absence including stress
• poor staff well-being
• conflicting priorities
• staff working in excess of contracted hours | RED | Appraisals and Personal Development Plan
Staff induction linked to Trust values
Leave policy cluster updated and including managing attendance and wellbeing policy updated. (Jan 16)
Stress risk assessments process for staff
Wellbeing Programme
Values-based recruitment
Coaching programme
5 year workforce plan
Staff engagement strategy
Values Behaviours and Attitudes (VBA) training for job interviewers
VBA Conversations training
Leadership development programme
Enhanced health and wellbeing programme including fast access staff physiotherapy (Nov 2015)
Care Group Boards | Monthly Workforce Reports
Friends and Family Test (Monthly Board)
'Deep Dive' at Workforce Committee on appraisal
Staff survey results improving (Mar 16)
Highly commended in Health Education West Midlands large apprentice employer of the year (Feb 2016)
97% staff who responded in staff survey know the Values (Feb 2016)
Apprentice of the year award (July 2016).
Launch of VIP Awards.
Launch of organisation strategy at both sites | AMBER

↓ | **Gaps in Controls**
• Rates of appraisal (currently 86% with Medical Staff at 96.4%)
• Rates of Statutory and Mandatory Training (currently 78%)
• Training pause instituted

Gaps in Assurance/ Negative Assurance | Workforce Director |

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
859	Chief Operating Officer 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 Potential Impacts: • Inability to continue with current provision of service • Poor experience for patients • Delays in care • Failure to comply with national standards and best practice tariffs • Reduced patient safety • Reduced quality of care • Low staff morale • 8% cap on agency spend - potential for unfilled rotas • Further difficulties in recruiting staff due to unreasonable on-call commitments	RED	All Clinical Sustainability Group Service redesign Overseas recruitment Workforce reviews including job redesign and skill mix reviews Temporary staffing department Process for managing staff shortages which may impact on patient care Development of new roles 5 year workforce plan Winter Plan Care Group Boards Nursing Ward staffing templates E-rostering Nurse staffing review Well being apprentices Block booking agency staff Values based recruitment for nursing staff Medical Medical staffing streamlined consultant recruitment Clinical leaders managing workforce cover including "working down" Job planning Overseas recruitment CESR posts in ED Joint appointments with other local Acute Trusts Recruitment RIPW	All Workforce component of Integrated Performance Report (monthly) Progress with the clinical service review with support from CCG / NHSI Operational Risk Group Workforce Risk report completed Nurses and Drs overseas recruitment Monthly recruitment meetings. Nursing E-rostering system Site safety reports (daily) Nurse staffing levels reported in IPR (monthly) Safer Nursing Care tool 6 monthly Safe Nursing review to Board and Q&S Medical Enhanced medical staffing (middle grade drs) to cover gaps Business continuity plan for ED & ITU Joint appointments UHNM ED Service Continuity Plan	RED ↓	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 • Full implementation of nurse staffing templates geared to nurse recruitment • National nursing shortfall leading to recruitment delays 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. • High levels of escalation resulting in high use of agency staff • Fragility of Neurology, Spinal Surgery, Dermatology, Ophthalmology (Glaucoma) services (Mar 17) • ED officially 'fragile'	Medical Director Director of Nursing and Quality CEO Director of Nursing and Quality
		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 ▪ Ovington review ▪ NHSI review ▪ Review of Trust incident reporting /SI framework ▪ Development of a Trust 'Learning Lessons' guideline ▪ CCG MLU review ▪ Collaboration with key stakeholders /LMS/Healthwatch ▪ 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 ▪ Cease normalisation of additional patients on wards ▪ 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 ▪ Review and revise Patient Experience strategy ▪ 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