

<p>Recommendation</p> <p><input checked="" type="checkbox"/> DECISION</p> <p><input type="checkbox"/> NOTE</p>	<p>The Board is asked</p> <p>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.</p> <p>To agree the RAG ratings and direction of travel for each risk</p>
<p>Reporting to:</p>	<p>Trust Board</p>
<p>Date</p>	<p>30 November 2017</p>
<p>Paper Title</p>	<p>Board Assurance Framework</p>
<p>Brief Description</p>	<p>The Board needs to be able to provide evidence that it has systematically identified the Trust's strategic 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.</p> <p>Attachment 1 - Board Assurance Framework Summary This summary shows each risk is categorised by colour according to the current risk matrix.</p> <p>It is recommended that the rating for risk 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' be updated from Red to Amber.</p> <p>Attachment 2 - Board Assurance Framework - Tier 2 Committees review their risks each month</p> <p>Attachment 3 - BAF Associated Action Plans</p> <p>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.</p> <p>Attachment 4 – Operational Risk Register. This information is reviewed by Sustainability, Quality and Safety and Workforce each month with the BAF papers.</p>
<p>Sponsoring Director</p>	<p>Chief Executive</p>
<p>Author(s)</p>	<p>Head of Assurance</p>
<p>Recommended / escalated by</p>	
<p>Previously considered by</p>	<p>Trust Board (September 2017)</p> <p>Audit Committee (September 2017)</p> <p>Tier 2 Committees (monthly)</p>
<p>Link to strategic objectives</p>	<p>All</p>
<p>Link to Board Assurance Framework</p>	

Equality Impact Assessment (select one)	<ul style="list-style-type: none"><input checked="" type="radio"/> Stage 1 only (no negative impacts identified)<input type="radio"/> Stage 2 recommended (negative impacts identified)<ul style="list-style-type: none"><input type="radio"/> negative impacts have been mitigated<input type="radio"/> negative impacts balanced against overall positive impacts
Freedom of Information Act (2000) status (select one)	<ul style="list-style-type: none"><input checked="" type="radio"/> This document is for full publication<input type="radio"/> This document includes FOIA exempt information<input type="radio"/> This whole document is exempt under the FOIA

Board Assurance Framework - Summary - Nov 2017

Key :	↑ Risk increasing	↓ Risk decreasing	= No change
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PATIENT AND FAMILY - Deliver a transformed system of care (VMI) and partnership working that consistently delivers operational performance objectives
Risk Appetite -

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*

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

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

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*

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*

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

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*

Trend

↓ **RED**

↓ Red

↓ Amber

↓ **AMBER**

↓ Amber

↓ Amber

↓ **AMBER**

↓ 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 -

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*

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

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*

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*

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*

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 -

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*

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

Trend

↓ **AMBER**

↓ Amber

↑ **RED**

↓ Red

↑ Red

↑ Red

↑ **RED**

↑ Amber

↑ Red

Likelihood	Consequence				
	1 Insignificant	2 Minor	3 Moderate	4 Severe	5 Critical
5 - Almost Certain	Yellow	Orange	Red	Red	Red
4 - Likely	Yellow	Orange	Orange	Red	Red
3 - Possible	Green	Yellow	Orange	Orange	Red
2 - Unlikely	Green	Yellow	Orange	Orange	Orange
1 - Rare	Green	Green	Green	Orange	Yellow

Key: ↑ Risk increasing ↓ Risk decreasing = 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	<p>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</p> <p>Potential Impacts</p> <ul style="list-style-type: none"> • Poor /unsafe patient care & experience • Financial penalties • Performance notices • Failure to comply with national access • Failure to receive STF allocation • Additional patients on wards 	RED	<p>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.</p> <p>Whole health economy surge plan in place and monitored closely.</p> <p>NHSI monthly IDM and Quarterly Reviews</p> <p>5 year workforce plan</p> <p>Internal ED performance meeting.</p> <p>SPF</p> <p>Joint Contract meeting</p> <p>Ophthalmology Value Stream</p> <p>Respiratory Value Stream</p> <p>SAFER programme of work</p> <p>Red to Green</p> <p>Director of Transformation</p> <p>Frailty Project</p> <p>Bed Reconfiguration</p> <p>Project 15</p> <p>NHSI Emergency Improvement Lead support</p>	<p>1. RTT Recovery plans for non-compliant specialties;</p> <p>2. Internal improvement plan for ED 4 hour target recovery in place;</p> <p>3. Operational Capacity and Resilience Plan in place;</p> <p>4. Site safety meetings in place.</p> <p>5. ED Kaizen</p>	RED ↓	<p>Gaps in Control</p> <ul style="list-style-type: none"> • 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). <p>Gaps in Assurance/ Negative Assurance</p> <ul style="list-style-type: none"> • 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	GREEN ↓		

Key: ↑ Risk increasing ↓ Risk decreasing = 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: <ul style="list-style-type: none"> 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 Additional patients on wards 	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 ↓	<p>Gaps in Controls</p> <ul style="list-style-type: none"> Failure of to reduce Delayed Transfers of Care list sustainably Failure to deliver 48 hour target <p>Gaps in Assurance/ Negative Assurance</p> <ul style="list-style-type: none"> 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. Additional patients on wards 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								
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 <ul style="list-style-type: none"> Inability to continue with current provision of service Poor experience for patients including over 8 hour trolley waits and cancelled operations Additional patients on wards 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 ↓	<p>Gaps in Controls</p> <ul style="list-style-type: none"> Inadequate Whole System Winter Plan Non-compliance with Divert Policy <p>Gaps in Assurance/ Negative Assurance</p> <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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 Successful recruitment of staff RCOG review (Dec 17) SOS review (2018)	AMBER ↓	<p>Gaps in Controls</p> <ul style="list-style-type: none"> <p>Gaps in Assurance/ Negative Assurance</p> <ul style="list-style-type: none"> Audit of Policy and Procedure Compliance in maternity services (April 17) MBRACE data (2015) CQC 'requires improvement' - Aug 17 	Director of Nursing and Quality

Key:	↑ Risk increasing	↓ Risk decreasing	= No change
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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: 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 • Additional patients on wards	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 Additional patients on wards	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								
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 Friends and Family Tes 97.2%+G39 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								
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) <i>Independent review of financial and non financial appraisals to be carried out before consultation commences</i>	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: ↑ Risk increasing ↓ Risk decreasing = 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 <ul style="list-style-type: none"> • 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 ↑	<p>Gaps in Controls</p> <ul style="list-style-type: none"> • 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 <p>Gaps in Assurance/ Negative Assurance</p> <ul style="list-style-type: none"> • Not all QIPP schemes agreed • Historic and on-going liquidity problem 	Finance Director
			Shortfall in liquidity Income and Expenditure	RED RED		Shortfall in liquidity Income and Expenditure	RED ↑ 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 ↑	<p>Gaps in Controls</p> <ul style="list-style-type: none"> • Insufficient identified CIPS <p>Gaps in Assurance/ Negative Assurance</p> <ul style="list-style-type: none"> • Performance outside plan so CIP deficit 	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: <ul style="list-style-type: none"> • 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 ↑	<p>Gaps in Controls</p> <ul style="list-style-type: none"> • Rates of appraisal (currently 87% with Medical Staff at 94%) • Rates of Statutory and Mandatory Training (currently 75%) <p>Gaps in Assurance/ Negative Assurance</p>	Workforce Director

Key: ↑ Risk increasing ↓ Risk decreasing = 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	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	RED	<p><u>All</u></p> <p>Clinical Sustainability Group</p> <p>Service redesign</p> <p>Overseas recruitment</p> <p>Workforce reviews including job redesign and skill mix reviews</p> <p>Temporary staffing department</p> <p>Process for managing staff shortages which may impact on patient care</p> <p>Development of new roles</p> <p>5 year workforce plan</p> <p>Winter Plan</p> <p>Care Group Boards</p> <p><u>Nursing</u></p> <p>Ward staffing templates</p> <p>E-rostering</p> <p>Nurse staffing review</p> <p>Well being apprentices</p> <p>Block booking agency staff</p> <p>Values based recruitment for nursing staff</p> <p><u>Medical</u></p> <p>Medical staffing streamlined consultant recruitment</p> <p>Clinical leaders managing workforce cover including "working down"</p> <p>Job planning</p> <p>Overseas recruitment</p> <p>CESR posts in ED</p> <p>Joint appointments with other local Acute Trusts</p> <p>Recruitment RIPW</p>	<p><u>All</u></p> <p>Workforce component of Integrated Performance Report (monthly)</p> <p>Progress with the clinical service review with support from CCG / NHSI</p> <p>Operational Risk Group</p> <p>Workforce Risk report completed</p> <p>Nurses and Drs overseas recruitment</p> <p>Monthly recruitment meetings.</p> <p><u>NHSE Workforce Summit</u></p> <p><u>Nursing</u></p> <p>E-rostering system</p> <p>Site safety reports (daily)</p> <p>Nurse staffing levels reported in IPR (monthly)</p> <p>Safer Nursing Care tool</p> <p>6 monthly Safe Nursing review to Board and Q&S</p> <p><u>Medical</u></p> <p>Enhanced medical staffing (middle grade drs) to cover gaps</p> <p>Business continuity plan for ED & ITU</p> <p>Joint appointments UHNM</p> <p><u>ED</u></p> <p>Service Continuity Plan</p>	RED ↑	<p>Gaps in Controls</p> <ul style="list-style-type: none"> 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 <p>Gaps in Assurance/ Negative Assurance</p> <ul style="list-style-type: none"> 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' Shropshire and Staffordshire Quality Surveillance Group - Amber rating 	<p>Medical Director</p> <p>Director of Nursing and Quality</p> <p>CEO</p> <p>Director of Nursing and Quality</p>		
	Workforce	<p>Potential Impacts:</p> <ul style="list-style-type: none"> 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 								
	Nurse staffing	RED							Nurse Staffing	RED =
	Medical staffing - Critical care	RED							Medical staffing - Critical care	RED =
Medical staffing - ED	RED	Medical staffing - ED	RED ↑							

Attachment 3

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	Sept 17	COO
		▪ Medically fit for discharge update	Trust Board	Sept 17	COO
		▪ 4 Hour standard Internal Recovery and Improvement Plan	Trust Board via IPR	Sept 17	COO
		▪ RTT Performance	Trust Board via IPR	Sept 17	COO
951	If we do not work with our partners to reduce the number of patients on the Delayed Transfer of Care (DTC) lists, and streamline our internal processes we will not improve our 'simple' discharges.	▪ Medically fit for discharge update	Trust Board	Sept 17	COO
		▪ IA DTC Audit	Audit Committee	Sept 17	COO
		▪ Care Quality Commission action plan	Trust Board via Q&S	Sept 17	DNQ
		▪ IA DTC Audit	Audit Committee	Sept 17	COO
		▪ Workforce Report with extension of nurse recruitment outside Europe; Attendance at national career events	Trust Board via IPR	Sept 17	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	Sept 17	COO
		▪ Medically fit for discharge update	Trust Board	Sept 17	COO
		▪ 4 Hour standard Internal Recovery and Improvement Plan	Trust Board via IPR	Sept 17	COO
		▪ RTT Performance	Trust Board via IPR	Sept 17	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	<ul style="list-style-type: none"> ▪ 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 	Quality and Safety Committee	Oct 17	DNMQ
1185	If we do not have the patients in the right place, by removing medical outliers , patient experience will be affected	<ul style="list-style-type: none"> ▪ 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 	Quality and Safety Committee	Sept 17	
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	▪ Community Engagement plan	Trust Board	Sept 17	DCG
		▪ Review and revise Patient Experience strategy	Trust Board	July 17	DNMQ
		▪ Enlist support from experts in NHSI pt experience team	Trust Board	July 17	DNMQ
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	Sept 17	FD
		▪ Sustainability and Transformation Plan	Trust Board	Sept 17	FD
		▪ Strategic Outline Case for acute services element of Future Fit	Trust Board	Sept 17	FD
		▪ Emergency Department Continuity Plan	Trust Board	Sept 17	COO
670	If we are unable to resolve the structural imbalance in the Trust's Income & Expenditure position then we will not be	▪ Financial Strategy	Trust Board	Sept 17	FD
		▪ Cost Improvement Programme	Trust Board via IPR	Sept 17	FD
		▪ Carter implementation progress	Sustainability Committee	Sept 17	FD

Board Assurance Framework – Associated Action Plans

Risk Ref	Risk Title	Action plan Updates	Committee	latest update	Lead
	able to fulfil our financial duties & address the modernisation of our ageing estate & equipment		Trust Board		
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	Sept 17	FD
		▪ Confirm and Challenge discussions	Confirm and Challenge	Sept 17	FD
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	Workforce Committee Trust Board	Mar 17	WD
		▪ Organisational Development Plan and People Strategy	Trust Board	Feb 17	WD
		▪ Integrated Education Report	Trust Board	Nov 16	WD
859	Risk to sustainability of clinical services due to potential shortages of key clinical staff	▪ Future Fit Update	Trust Board	Sept 17	CEO
		▪ Workforce Report with extension of nurse recruitment outside Europe; Attendance at national career events	Trust Board via IPR	Sept 17	WD

OPERATIONAL RISK REGISTER
Prioritisation of Red Risks
at 07/11/17

Risks rated 25						
Risk Ref	Centre	Priority	Risk and update	Score	Date entered	Date reviewed
			None			
Risks rated 20						
Risk Ref	Centre	Priority	Risk and update	Score	Date entered	Date reviewed
626	Emergency assessment	1	Insufficient consultant capacity in Emergency Department which has the potential to adversely affect patients safety and patient flow Update: Further ED business continuity plan stakeholder workshop held in October. Tipping point will be reached if Trust loses any more consultants. Rolling programme of recruitment for permanent and locum medical staff	20 =	20/8/12	25/10/17
817 807	Trust wide	2	Failure to recruit nurses to fill Trust-wide vacancies resulting in staffing issues. Update: still issues with recruiting staff. 20% of nursing staff approaching retirement. 42 new nurses commenced in Sept with further recruitment events planned on rolling basis	20 =	28/11/13	07/11/17
1105	Medicine	3	Cardiac Catheter Lab needs replacement. The lab has regular periods of downtime which require repair. Impacts on retention and recruitment of consultant cardiologists Update: Cath lab replacement needs to feature within the capital replacement programme whilst discussions are continuing with Medtronic	20 =	06/06/17	05/11/17
1075	Estates	4	Estates Condition (6 facet) surveys have highlighted a number of significant risks across both sites. Update: Funding allocated to resolve some areas of Estates priority 1 issues and highest priority maintenance <ul style="list-style-type: none"> • Ward Block calorifiers • Fire safety works • RSH subway duct • RSH ward block lifts • Roof repairs – Copthorne Building MLU • Asbestos removal Works in progress across these areas	20 =	1/3/2016	07/11/17
33	Estates – Medical Engineering Services	5	Lack of capital for medical equipment 'rolling' programme. MES uses an Equipment Replacement Priority Evaluation process to provide indication of medical equipment replacement needs with the purpose of informing the Trusts capital replacement decision making, it allows direct comparison of devices via the numeric value score generated by the process. The result is a table of ordered priorities of medical devices. Update: Small contingency to replace highest priority devices.	20 =	1/3/16	07/11/17

949	Anaes and Critical Care	6	Non-compliance with Critical Care Standards for Intensivist Cover within ITU Update: Trying to recruit to the 4WTE at PRH and 2WTE at RSH substantive vacancies and additional 3 WTE at PRH and 1 additional WTE at RSH new posts.	20 =	20/1/15	07/11/17
748	Radiology	7	Lack of Breast Consultant Radiologists impacting on viability of breast screening service Update: Service fragile but safe as being supported by 3 'retire & returns'. However, the likelihood is that these staff will retire completely during 2018. Recruitment unsuccessful.	20 =	27/07/13	07/11/17
910	Medical Director	8	Systems (manual and electronic) do not facilitate management of significant patient test results. Update: On hold: Implementation of electronic system has not been successful elsewhere. Awaiting decision and procurement of EPR	20 =	08/09/14	07/11/17
1035	Radiology	9=	Aged MRI scanners / failing technology at both sites. Update: currently being procured but delay due to enabling works Update: PRH scanner installed Aug 17; RSH scanner will be installed winter 17 and third scanner by Mar 18	20 ↓	05/07/16	07/11/17
1156	Pharmacy	9=	Pharmacy system non-compliant with NHS data standards – NHSE require compliance Update: Software chosen – will be implemented by March 2018	20 ↓	01/11/16	07/11/17
931	Pharmacy	9=	Pharmacy staff working over capacity to support oncology and haematology services Update: Additional workforce required as increasing capacity demand year on year (increased 15% 2015-16)" updated. To be implemented by 31/12/2017.	20 ↓	24/11/14	07/11/17
397	Estates / IT	9=	Power supply, cooling and fire protection to the computer room Update: Work at RSH completed with PRH work due to be completed by March 2018 programme	20 ↓	29/6/11	07/11/17

Risks rated 16						
Risk Ref	Centre	Priority	Risk and update	Score	Date entered	Date reviewed
105	Emergency Medicine	1	Poor patient flow leading to sustained failure to meet A&E target and increased ambulance offload delays Update: number of initiatives including Creation of a CDU on PRH site from 1st October 2017 • GP streaming in place from 28th October 2017 • Fit to sit implemented on both sites from September – Impact on 4hour standard to be monitored • Ambulance handover programme to be launched on 9th October 2017 • Operational teams on shop floor to assist with delays • Day before discharge planning to be monitored with Heads of Nursing	16 ↑	22/06/09	07/11/17
1122	Emergency Medicine	2	Lack of Middle Grade Medical cover in ED. Shortage of middle grade doctors is giving risk to safety and financial risks: Update: Continued rolling national and international recruitment; • Rolling request for agency cover at all levels in place; • Bi-weekly medical staffing meetings to address rota issues and mitigate risks; • All long term locums have been met with to discuss substantive options and discussions are continuing; • NHS locum posts being offered accordingly	16 =	06/09/16	07/11/17

Risks rated 16

Risk Ref	Centre	Priority	Risk and update	Score	Date entered	Date reviewed
1157	Trust wide	3	Trust delays in invoice payments due to cash flow problems within the trust. Update: Finance team are liaising with operational teams to prioritise supplies.	16 ↑	20/12/16	07/11/17
855	Radiology	4	Multiple (5x) X-ray rooms cross site need updating (plus 2 fluoroscopy rooms). Update: Costed and phased plan to be developed for capital programme	16 NEW	07/11/17	07/11/17
1243	Ophthalmology	5	Demand exceeding capacity in Diabetic Eye Screening Service – year on year increase of almost 5% with no additional resource Update: Issue raised with Commissioners and to be included in contract negotiations	16 =	02/01/17	07/11/17
1221	Women & Children	6	Reduction in numbers of Advanced Paediatric Nurse Practitioners (APNP) due to retirement and maternity leave; and national shortages of trained staff. The Tier One rota is currently managed and shift patterns are allocated between Junior Doctors and APNPs. Update: Risk may be mitigated by using locum junior drs if available. Recruit trainees but > 2 year lead in time until competent	16 =	04/07/17	07/11/17
1190	Women & Children	7	Reduction in numbers of Advanced Neonatal Nurse Practitioners (ANNP) due to retirement and maternity leave; and national shortages of trained staff. Shortfall in staffing of 45 shifts in August Update: Trainees recruited but > 2 year lead in time until competent	16 ↓	04/07/17	07/11/17
1154	Medicine	8	Neurology: Clinical risk due to inability to recruit consultants Update: Sept Trust Board agreed to extend the temporary suspension of the service to new referrals for a further 3 – 6 months. Royal Wolverhampton NHS Trust has been commissioned to provide this service to our patients Looking for permanent solution with commissioners.	16 ↓	29/11/16	07/11/17
1183	IT	9	Insufficient and out dated digital data storage with risk of failure of storage units and insufficient capacity supporting growth in the Trust's digital systems and archive of data Update: £70k capital funding been approved and reserved to purchase two additional data storage units which have been ordered.	16 ↓	01/08/17	07/11/17
955	Women & Children / Trustwide	10	Access to Mental Health Service (CAMHS/RAID) Update: Access to mental health service remains an issue. Continues to be raised with Commissioners	16 =	25/2/15	07/11/17
1216	Medicine	11	Dermatology: clinical risk due to single consultant. Unable to recruit additional consultant and service provided by uncapped agency doctors. Update: Discussions with other provider in relation to providing capacity at SaTH	16 ↓	03/10/17	07/11/17
1236	Ophthalmology	12	Risk to provision of Ophthalmology services due to shortage of consultant medical staff for key specialisms including medical retina; paediatrics and glaucoma. Update: Interviews held Oct 17 with 2 posts offered with start dates from Jan 18	16 ↓	03/10/17	07/11/17
1234	MSK	13	MSK Junior doctors rota fragile at RSH Update: number of options to deliver the service being considered by SCG	16 =	22/06/17	07/11/17

Risks rated 16						
Risk Ref	Centre	Priority	Risk and update	Score	Date entered	Date reviewed
55	Workforce	14	Attendance at statutory and mandatory training Update: plan to achieve compliance by Dec 17 after training pause.	16 ↓	16/11/08	07/11/17
1090	Trust wide	15	Lack of active monitoring system for Trust compliance with H&S legislation Action: Plan to include as part of document management system necessary for new intranet development	16 =	25/4/17	07/11/17
1112	Ophthalmology	16	Inability to recruit Glaucoma Specialist Consultant has led to suspension of service. Update: Potential redistribution of duties being explored which may allow resolution	16 =	26/7/16	07/11/17
1121	Medicine	17	Appropriate storage of dialysis fluids Update: Exploring options with suppliers	16 =	06/09/16	07/11/17
353	Women & Children	18	Medical staffing cover for obstetric services Update: National shortage of staff	16 =	30/12/10	07/11/17
1251	Medicine	19	Renal dialysis chairs not fit for purpose (5 at Ludlow, 5 at RSH). Update: Option to use charitable funds and LoF being explored. Paper to Nov CPG	16 =	03/10/17	07/11/17
1081	MSK	20	Combined ENT/T&O junior doctor rota could lead to withdrawal of deanery doctors Update: Recent Deanery visit resulted in criticism of support for doctors	16 =	04/04/16	07/11/17
1054	Ophthalmology	21=	The 3 OCT machines are obsolete and no longer supported by the manufacturers Update: on priority 1 list for equipment replacement - funded	16 ↓	03/05/16	07/11/17
446	Estates	21=	Lifts in ward block frequently break down Update: Lift 1 has been refurbished. Lift 2 in progress. Lift 3 will commence in Jan 18	16 ↓	06/09/16	07/11/17
1237	Facilities	21=	Flooring in dishwasher area at PRH not fit for purpose – significant risk to staff safety and hygiene regulations Update: replacement funded from contingency funds	16 ↓	05/06/17	07/11/17
428	Gynae & Fertility	21=	Fertility accommodation Update: Work in progress to develop off site facility with opening planned for May 2018	16 ↓	7/9/11	07/11/17
984	Therapies	21=	Therapy Care Group inability to meet national clinical quality standards, guidelines and service specifications Update: improved situation due to winter plans	16 ↓	17/06/15	07/11/17
606	Women & Children	21=	Update Trust systems to enable serology and blood bank details to be available in REVIEW Update: Jo Banks to discuss required system changes with IT	16 =	28/06/12	07/11/17
266	Women & Children	21=	Resource for obstetric theatres Update: Discussions ongoing	16 =	19/05/10	07/11/17
389	Estates	21=	Overarching risk of infrastructure of Copthorne building at RSH Update: recent testing and review exercise that has been undertaken. Risk will reduce	16 ↓	29/06/11	07/11/17

Risks rated 15

Risk Ref	Centre	Priority	Risk and update	Score	Date entered	Date reviewed
816	Radiology Workforce	1	Lack of Interventional Radiologists leading to no out of hours vascular interventional Radiology service. Update: No success in recruiting to this post. Radiology Workforce planning currently taking place.	15 =	26/11/13	07/11/17
1258	Trust wide	2	Additional patients on our wards - Due to the increasing number of patients admitted to a hospital bed and the increasing numbers of patients using the emergency department, there are occasions when there are insufficient beds available for new admissions. Update: revised hospital full protocol to be agreed	15 ↑	03/10/17	07/11/17
1153	Pathology	3	Risk of Telepath server failure. Recent server failure in Leeds causing major disruption. Update: cannot use internal server so requires external solution	15 =	24/11/16	07/11/17
1184	Anaes & Critical care	4	Lack of an integrated call bell system in anaesthetic rooms in theatres at RSH Update: Paper for capital planning being written	15 =	03/04/17	07/11/17
893	Radiology Workforce	5	Detrimental Impact of inability to recruit to Sonographer and Radiologist vacancy on the ultrasound service. Update: recruited 2 long-term locums	15 =	01/08/14	07/11/17
1123	Estates	6	Capital Strategy for Fire Safety Fire Compartmentation incomplete in some areas. Update: Work in progress to reduce areas of highest risks with rolling programme of work in place. 'Before and after' maps demonstrate significant progress	15 ↓	07/09/13	07/11/17
1144	Women & Children	7	Paediatric nursing staffing levels do not meet the Unit's template timetable to recruit to temporary posts to cover maternity leave Update: Review current staffing template at as service creep is adding to the staffing pressures within the unit	15 =	07/02/17	07/11/17
664	Surgery	8	Mixed gender waiting area in SAS Update: was in capital plan but removed due to other priorities	15 =	12/11/12	07/11/17
1250	Radiology	9	Potential errors in radiology reports (Impacted by PACS integration) Update: Review of implementation and lessons learned to be discussed at CGE in March 2018	15 NEW	26/07/17	07/11/17
1011	Estates	10=	Management of electrical low voltage systems (merged with previous risk 223) Update: thermo-imaging and limited testing in progress	15 ↓	20/08/15	07/11/17
940	Women & Children	10=	Building management system of the Shropshire Women and Children's Unit at PRH Update: few snags remaining but particular issue with water supply to paediatrics	15 ↓	02/12/14	07/11/17