**Recommendation**

The Board is asked

**DECISION**

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

**NOTE**

**Reporting to:**

Trust Board

**Date**

30 November 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 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.

Attachment 1 - Board Assurance Framework Summary

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

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.

Attachment 2 - Board Assurance Framework - Tier 2 Committees review their risks each month

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.

Attachment 4 – Operational Risk Register. This information is reviewed by Sustainability, Quality and Safety and Workforce each month with the BAF papers.

**Sponsoring Director**

Chief Executive

**Author(s)**

Head of Assurance

**Recommended / escalated by**

Trust Board (September 2017)

Audit Committee (September 2017)

Tier 2 Committees (monthly)

**Previously considered by**

Trust Board (September 2017)

Audit Committee (September 2017)

Tier 2 Committees (monthly)

**Link to strategic objectives**

All

**Link to Board Assurance Framework**


| 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  
| Freedom of Information Act (2000) status (select one) | ☑ This document is for full publication  
| | ☑ This document includes FOIA exempt information  
| | ☑ This whole document is exempt under the FOIA |
**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) | Identified April 2012

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

**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

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 - 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

**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 - Amber*

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

**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 - Red*

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 focusing on population needs

*Risk Appetite - Amber*

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

**SAFEST AND KINDEST** - Deliver a transformed system of care (VMI) and partnership working that consistently delivers operational performance objectives

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**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

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**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

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

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

**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 - Amber*

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
<table>
<thead>
<tr>
<th>Trust Risk Ref</th>
<th>Lead Director + Lead Committee</th>
<th>Principal Risk and Potential Impacts</th>
<th>Inherent Risk</th>
<th>Key Controls</th>
<th>Planned Sources of Assurance + date received/expected</th>
<th>Residual Risk rating &amp; direction of travel</th>
<th>Gaps in Control + assurance</th>
<th>Action Lead</th>
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<tbody>
<tr>
<td></td>
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<td></td>
<td>Delivery monitored at the A&amp;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 3 year workforce plan 90 day performance meetings.</td>
<td>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</td>
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<tr>
<td>WRD 561</td>
<td>Chief Operating Officer (COO)</td>
<td>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.</td>
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<td>Gaps in Control:</td>
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<td></td>
<td>Sustainability Committee</td>
<td>Potential Impacts</td>
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<td>Progress on admission avoidance schemes</td>
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<tr>
<td></td>
<td></td>
<td>- Poor /unsafe patient care &amp; experience</td>
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<td>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</td>
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<td></td>
<td></td>
<td>- Financial penalties</td>
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<td>Workforce gaps in ED and other key areas.</td>
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<td></td>
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<td>- Performance notices</td>
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<td>Recovery plan for oral surgery RTT outside of SaTH control</td>
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<td>- Failure to comply with national access</td>
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<td>Increase in demand (ED attendances, emergency admissions and ambulance conveyances).</td>
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<td>- Failure to receive STF allocation</td>
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<td></td>
<td>Gaps in Assurance/ Negative Assurance:</td>
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<tr>
<td></td>
<td></td>
<td>- Additional patients on wards</td>
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<td></td>
<td>- Not achieving the A&amp;E 4 hr target;</td>
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<td></td>
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<td>RED</td>
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<td></td>
<td></td>
<td></td>
<td>- Whole health economy plans and trajectory to deliver 4 hour target now agreed but actions are long term;</td>
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<td></td>
<td></td>
<td>RED</td>
<td></td>
<td></td>
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<td></td>
<td>- Demand over winter exceeding what has been planned for;</td>
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<td></td>
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<td>RED</td>
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<td></td>
<td></td>
<td></td>
<td>- O&amp;S view of limited assurance on progress with Criteria-led discharge (Sept 17)</td>
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<td></td>
<td></td>
<td>RED</td>
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</table>

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

**Key:**
- **** Risk increasing
- **** Risk decreasing
- **=** No change

- **RED**

- **GREEN**
<table>
<thead>
<tr>
<th>Trust Risk Ref</th>
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</table>
| 951           | Chief Operating Officer          | 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  
- Additional patients on wards. | RED | OPPID list  
Whole health economy plan in place and monitored closely.  
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.  
- 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 |
| 1134          | O&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  
- 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  
STF E Escalation policy  
Whole System Surge Plan  
Care Group Boards  
Weekly LHE CDOO meetings  
Shropshire, T & W A&E Delivery Board  
Regional Urgent Care Network  
STP  
DSTP  
DSTP | A&E Exception Report  
SITREP'S  
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 | Chief Operating Officer |
| 1204          | Director of Nursing and Quality  | 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  
Oxix - 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 NECs  
HED and CHKS reports  
Successful recruitment of staff  
RCOG review (Dec 17)  
SCOS review (2018) | AMBER ↓ | Gaps in Controls  
-  
Gaps in Assurance/ Negative Assurance  
- Audit of Policy and Procedure Compliance in maternity services (April 17)  
- MBRACE data (2016)  
- CQC ‘requires improvement’ - Aug 17 | Director of Nursing and Quality |
<table>
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<tr>
<td>1185</td>
<td>Chief Operating Officer + Q&amp;S Committee</td>
<td>If we do not have the patients in the right place, by removing medical outliers, patient experience will be affected</td>
<td>RED</td>
<td>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</td>
<td>Daily briefs</td>
<td>Gaps in Controls, lack of ring-fenced surgical beds</td>
<td>Chief Operating Officer</td>
<td></td>
</tr>
<tr>
<td>1186</td>
<td>Director of Corporate Governance + Trust Board</td>
<td>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</td>
<td>RED</td>
<td>Volunteer and Third Sector Forum, Community Engagement Facilitator, Large public membership with regular newsletters and opportunities to become involved, Volunteer Strategy, 900 active volunteers</td>
<td>Over 1000 public members, Well attended series of health lectures, Friends and Family Test 97.2%+G39, Citizens Academy (Dec 17), Community Forum (Dec 17), Community and voluntary assembly (Dec 17)</td>
<td>Gaps in Control, mechanisms to work with community</td>
<td>Director of Corporate Governance</td>
<td></td>
</tr>
<tr>
<td>668</td>
<td>Chief Executive Officer + Trust Board</td>
<td>If we are unable to implement our clinical service vision in a timely way then we will not deliver the best services to patients</td>
<td>RED</td>
<td>Structured programme of work to arrive at service delivery models agreed through ‘Future Fit’ Health Economy Leaders Core Group, Urgent Care Network Board, Programme Board established for ‘Future Fit’ and all stakeholders engaged, Workstreams established for finance, activity and capacity modelling, development of the clinical model, Communications and engagement and Assurance, Clinical Reference Group established, Clinical Senate involvement, Programme Plan approved, Programme resources in place, GP engagement strategy, Interim plans for services remaining at RSH, Internal Executive Board to provide governance of process, Internal Project team to develop Strategic Outline Case, Contingency plans for sustainable services, Clinical Sustainability Group, Sustainability and Transformation Plan +F39</td>
<td>Scope and objectives of ‘Future Fit’ Programme agreed with Trust and partner organisations for strategic review of hospital and associated community services, On-going engagement plan, 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</td>
<td>Gaps in Control, severe shortages of key clinical staff required to sustain clinical services</td>
<td>Chief Executive Officer</td>
<td></td>
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<tr>
<td>Trust Risk Ref</td>
<td>Finance Director</td>
<td>Sustainability Committee</td>
<td>Principal Risk and Potential Impacts</td>
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<tr>
<td>670</td>
<td>Finance Director</td>
<td>Sustainability Committee</td>
<td>If we are unable to resolve the structural imbalance in the Trust's Income &amp; Expenditure position then we will not be able to fulfil our financial duties and address the modernisation of our ageing estate and equipment</td>
<td>Red</td>
<td>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 &amp; Infrastructure, Revenue Support Loan of £1.8m, Care Group Boards</td>
<td>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)</td>
<td>Red †</td>
<td>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</td>
</tr>
<tr>
<td>1187</td>
<td>Finance Director</td>
<td>Sustainability Committee</td>
<td>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</td>
<td>Red</td>
<td>Cost Improvement Programme (CIP) Board monthly including Quality Impact Assessment (QIA) process, Confirm and challenge meetings with Care Groups, Care Group Boards</td>
<td>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)</td>
<td>Red †</td>
<td>Gaps in Controls: Insufficient identified CIPs, Gaps in Assurance/ Negative Assurance: Performance outside plan so CIP deficit</td>
</tr>
</tbody>
</table>

**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

<table>
<thead>
<tr>
<th>Workforce Director</th>
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<th>Workforce Com.</th>
<th>Principal Risk and Potential Impacts</th>
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<th>Key Controls</th>
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<tbody>
<tr>
<td>423</td>
<td>Workforce Dir.</td>
<td>Workforce Com.</td>
<td>If we do not get good levels of staff engagement to get a culture of continuous improvement than staff morale and patient outcomes may not improve</td>
<td>Red</td>
<td>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</td>
<td>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</td>
<td>AMBER †</td>
<td>Gaps in Controls: Rates of appraisal (currently 87% with Medical Staff at 84%), Rates of Statutory and Mandatory Training (currently 75%)</td>
<td>Workforce Director</td>
</tr>
<tr>
<td>Trust Risk Ref</td>
<td>Lead Director + Lead Committee</td>
<td>Principal Risk and Potential Impacts</td>
<td>Inherent Risk</td>
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<td></td>
<td>Chief Operating Officer Workforce</td>
<td>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</td>
<td>RED</td>
<td>Clinical Sustainability Group</td>
<td>Workforce component of Integrated Performance Report (monthly)</td>
<td>RED</td>
<td>Gaps in Controls</td>
<td>Medical Director of Nursing and Quality</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Potential Impacts:</td>
<td></td>
<td>Service redesign</td>
<td>Progress with the clinical service review with support from CCG / NHSI</td>
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<tr>
<td></td>
<td></td>
<td>- inability to continue with current provision of service</td>
<td></td>
<td>Workforce reviews including job redesign and skill mix reviews</td>
<td>Operational Risk Group</td>
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<tr>
<td></td>
<td></td>
<td>- Poor experience for patients</td>
<td></td>
<td>Temporary staffing department</td>
<td>Workforce Risk report completed</td>
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<tr>
<td></td>
<td></td>
<td>- Delays in care</td>
<td></td>
<td>Process for managing staff shortages which may impact on patient care</td>
<td>Nurses and Drs overseas recruitment</td>
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<tr>
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<td></td>
<td>- Failure to comply with national standards and best practice tariffs</td>
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<td>Development of new roles</td>
<td>Monthly recruitment meetings.</td>
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<td></td>
<td></td>
<td>- Reduced patient safety</td>
<td></td>
<td>5 year workforce plan</td>
<td>NHSE Workforce Summit</td>
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<tr>
<td>859</td>
<td></td>
<td>- Reduced quality of care</td>
<td></td>
<td>Winter Plan</td>
<td>Nursing</td>
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<td></td>
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<td>- Low staff morale</td>
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<td>Care Group Boards</td>
<td>E-rostering system</td>
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<td>- 8% cap on agency spend - potential for unfilled rotas</td>
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<td>Nursing</td>
<td>Site safety reports (daily)</td>
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<td></td>
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<td>- Further difficulties in recruiting staff due to unreasonable on-call commitments</td>
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<td>Ward staffing templates</td>
<td>Nurse staffing levels reported in IPR (monthly)</td>
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<td>- Well being apprentices</td>
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<td>E-rostering</td>
<td>Safer Nursing Care tool</td>
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<td>- Block booking agency staff</td>
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<td>Nurse staffing review</td>
<td>6 monthly Safe Nursing review to Board and Q&amp;S</td>
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<td>- Values based recruitment for nursing staff</td>
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<td>Well being apprentices</td>
<td>Medical</td>
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<td>- Job planning</td>
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<td>- Overseas recruitment</td>
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<td>Values based recruitment for nursing staff</td>
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<td>- Joint appointments UHNM</td>
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<td>Medical staffing streamlined consultant recruitment</td>
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<td>- Recruitment RIPW</td>
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<td>Medical leaders managing workforce cover including &quot;working down&quot;</td>
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<td>- Clinical leaders managing workforce cover including &quot;working down&quot;</td>
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<td>- CESR posts in ED</td>
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<td>Joint appointments with other local Acute Trusts</td>
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<td>Nurse staffing</td>
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<td>Nurse staffing</td>
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<td>Recruitment RIPW</td>
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<td>Medical staffing - Critical care</td>
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<td>Medical staffing - Critical care</td>
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<td>Medical staffing - ED</td>
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| 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  
▪ Medically fit for discharge update  
▪ 4 Hour standard Internal Recovery and Improvement Plan  
▪ RTT Performance | Trust Board via IPR  
Trust Board  
Trust Board via Q&S  
Trust Board via IPR | Sept 17  
Sept 17  
Sept 17  
Sept 17 | COO  
COO  
DNQ  
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  
▪ IA DTOC Audit  
▪ Care Quality Commission action plan  
▪ IA DTOC Audit  
▪ Workforce Report with extension of nurse recruitment outside Europe: Attendance at national career events | Trust Board via IPR  
Audit Committee  
Trust Board via Q&S  
Audit Committee  
Trust Board via IPR | Sept 17  
Sep 17  
Sept 17  
Sept 17  
Sept 17 | COO  
COO  
DNQ  
COO  
COO |
| 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  
▪ Medically fit for discharge update  
▪ 4 Hour standard Internal Recovery and Improvement Plan  
▪ RTT Performance | Trust Board  
Trust Board  
Trust Board via IPR  
Trust Board via IPR | Sept 17  
Sept 17  
Sept 17  
Sept 17 | COO  
COO  
COO  
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 | Quality and Safety Committee | Oct 17  
July 17  
July 17 | DNMQ  
DNMQ  
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 | Quality and Safety Committee | Sept 17  
July 17 | DCMG  
DNMQ |
| 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  
▪ Review and revise Patient Experience strategy  
▪ Enlist support from experts in NHSI pt experience team | Trust Board  
Trust Board  
Trust Board | Sept 17  
July 17  
July 17 | DCMG  
DNMQ  
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  
▪ Sustainability and Transformation Plan  
▪ Strategic Outline Case for acute services element of Future Fit  
▪ Emergency Department Continuity Plan | Trust Board  
Trust Board  
Trust Board  
Trust Board | Sept 17  
Sept 17  
Sept 17  
Sept 17 | FD  
FD  
FD  
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  
▪ Cost Improvement Programme  
▪ Carter implementation progress | Trust Board via IPR  
Trust Board  
Sustainability Committee | Sept 17  
Sept 17  
Sept 17 | FD  
FD  
FD |
<table>
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<tr>
<th>Risk Ref</th>
<th>Risk Title</th>
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</table>
| 1187    | able to fulfil our financial duties & address the modernisation of our ageing estate & equipment | • Monthly financial monitoring  
• Confirm and Challenge discussions                                                    | Trust Board                        |               |      |
| 423     | 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 | • Staff survey action plan  
• Organisational Development Plan and People Strategy  
• Integrated Education Report                                                    | Workforce Committee Trust Board    | Mar 17        | WD   |
|         |                                                                             |                                                                                      | Trust Board                        | Feb 17        | WD   |
|         |                                                                             |                                                                                      | Trust Board                        | Nov 16        | WD   |
| 859     | Risk to **sustainability** of clinical services due to potential shortages of key clinical staff | • Future Fit Update  
• Workforce Report with extension of nurse recruitment outside Europe; Attendance at national career events | Trust Board                        | Sept 17       | CEO  |
<p>|         |                                                                             |                                                                                      | Trust Board via IPR                | Sept 17       | WD   |</p>
<table>
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<tr>
<th>Risk Ref</th>
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<th>Risk and update</th>
<th>Score</th>
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<th>Date reviewed</th>
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<tbody>
<tr>
<td>626</td>
<td>Emergency assessment</td>
<td>1</td>
<td>Insufficient consultant capacity in Emergency Department which has the potential to adversely affect patients safety and patient flow  <strong>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</strong></td>
<td>20</td>
<td>20/8/12</td>
<td>25/10/17</td>
</tr>
<tr>
<td>817</td>
<td>Trust wide</td>
<td>2</td>
<td>Failure to recruit nurses to fill Trust-wide vacancies resulting in staffing issues.  <strong>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</strong></td>
<td>20</td>
<td>28/11/13</td>
<td>07/11/17</td>
</tr>
<tr>
<td>1105</td>
<td>Medicine</td>
<td>3</td>
<td>Cardiac Catheter Lab needs replacement. The lab has regular periods of downtime which require repair. Impacts on retention and recruitment of consultant cardiologists  <strong>Update: Cath lab replacement needs to feature within the capital replacement programme whilst discussions are continuing with Medtronic</strong></td>
<td>20</td>
<td>06/06/17</td>
<td>05/11/17</td>
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<tr>
<td>1075</td>
<td>Estates</td>
<td>4</td>
<td>Estates Condition (6 facet) surveys have highlighted a number of significant risks across both sites.  <strong>Update: Funding allocated to resolve some areas of Estates priority 1 issues and highest priority maintenance</strong>  - Ward Block calorifiers  - Fire safety works  - RSH subway duct  - RSH ward block lifts  - Roof repairs – Copthorne Building MLU  - Asbestos removal  <strong>Works in progress across these areas</strong></td>
<td>20</td>
<td>1/3/2016</td>
<td>07/11/17</td>
</tr>
<tr>
<td>33</td>
<td>Estates – Medical Engineering Services</td>
<td>5</td>
<td>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.  <strong>Update: Small contingency to replace highest priority devices.</strong></td>
<td>20</td>
<td>1/3/16</td>
<td>07/11/17</td>
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| 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      |
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<tr>
<td>1157</td>
<td>Trust wide</td>
<td>3</td>
<td>Trust delays in invoice payments due to cash flow problems within the trust. Update: Finance team are liaising with operational teams to prioritise supplies.</td>
<td>16</td>
<td>20/12/16</td>
<td>07/11/17</td>
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<tr>
<td>855</td>
<td>Radiology</td>
<td>4</td>
<td>Multiple (5x) X-ray rooms cross site need updating (plus 2 fluoroscopy rooms). Update: Costed and phased plan to be developed for capital programme</td>
<td>16</td>
<td>07/11/17</td>
<td>07/11/17</td>
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<tr>
<td>1243</td>
<td>Ophthalmology</td>
<td>5</td>
<td>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</td>
<td>16</td>
<td>02/01/17</td>
<td>07/11/17</td>
</tr>
<tr>
<td>1221</td>
<td>Women &amp; Children</td>
<td>6</td>
<td>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 &gt; 2 year lead in time until competent</td>
<td>16</td>
<td>04/07/17</td>
<td>07/11/17</td>
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<tr>
<td>1190</td>
<td>Women &amp; Children</td>
<td>7</td>
<td>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 &gt; 2 year lead in time until competent</td>
<td>16</td>
<td>04/07/17</td>
<td>07/11/17</td>
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<tr>
<td>1154</td>
<td>Medicine</td>
<td>8</td>
<td>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.</td>
<td>16</td>
<td>29/11/16</td>
<td>07/11/17</td>
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<tr>
<td>1183</td>
<td>IT</td>
<td>9</td>
<td>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.</td>
<td>16</td>
<td>01/08/17</td>
<td>07/11/17</td>
</tr>
<tr>
<td>955</td>
<td>Women &amp; Children / Trustwide</td>
<td>10</td>
<td>Access to Mental Health Service (CAMHS/RAID) Update: Access to mental health service remains an issue. Continues to be raised with Commissioners</td>
<td>16</td>
<td>25/2/15</td>
<td>07/11/17</td>
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<tr>
<td>1216</td>
<td>Medicine</td>
<td>11</td>
<td>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</td>
<td>16</td>
<td>03/10/17</td>
<td>07/11/17</td>
</tr>
<tr>
<td>1236</td>
<td>Ophthalmology</td>
<td>12</td>
<td>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</td>
<td>16</td>
<td>03/10/17</td>
<td>07/11/17</td>
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<tr>
<td>1234</td>
<td>MSK</td>
<td>13</td>
<td>MSK Junior doctors rota fragile at RSH Update: number of options to deliver the service being considered by SCG</td>
<td>16</td>
<td>22/06/17</td>
<td>07/11/17</td>
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| 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    | =            | 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    | =            | 07/11/17      |
| 1121    | Medicine                  | 17       | Appropriate storage of dialysis fluids  
  **Update:** Exploring options with suppliers                                                                                                                                                    | 16    | =            | 07/11/17      |
| 353     | Women & Children          | 18       | Medical staffing cover for obstetric services  
  **Update:** National shortage of staff                                                                                                                                                        | 16    | =            | 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    | =            | 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    | =            | 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    | =            | 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    | =            | 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    | =            | 07/11/17      |
| 428     | Gynaec & Fertility        | 21=      | Fertility accommodation  
  **Update:** Work in progress to develop off site facility with opening planned for May 2018                                                                                                     | 16    | =            | 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    | =            | 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    | =            | 07/11/17      |
| 266     | Women & Children          | 21=      | Resource for obstetric theatres  
  **Update:** Discussions ongoing                                                                                                                                                    | 16    | =            | 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    | =            | 07/11/17      |
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<tr>
<td>816</td>
<td>Radiology Workforce</td>
<td>1</td>
<td>Lack of Interventional Radiologists leading to no out of hours vascular interventional Radiology service. <strong>Update:</strong> No success in recruiting to this post. Radiology Workforce planning currently taking place.</td>
<td>15</td>
<td>26/11/13</td>
<td>07/11/17</td>
</tr>
<tr>
<td>1258</td>
<td>Trust wide</td>
<td>2</td>
<td>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. <strong>Update:</strong> revised hospital full protocol to be agreed</td>
<td>15</td>
<td>03/10/17</td>
<td>07/11/17</td>
</tr>
<tr>
<td>1153</td>
<td>Pathology</td>
<td>3</td>
<td>Risk of Telepath server failure. Recent server failure in Leeds causing major disruption. <strong>Update:</strong> cannot use internal server so requires external solution</td>
<td>15</td>
<td>24/11/16</td>
<td>07/11/17</td>
</tr>
<tr>
<td>1184</td>
<td>Anaes &amp; Critical care</td>
<td>4</td>
<td>Lack of an integrated call bell system in anaesthetic rooms in theatres at RSH. <strong>Update:</strong> Paper for capital planning being written</td>
<td>15</td>
<td>03/04/17</td>
<td>07/11/17</td>
</tr>
<tr>
<td>893</td>
<td>Radiology Workforce</td>
<td>5</td>
<td>Detrimental Impact of inability to recruit to Sonographer and Radiologist vacancy on the ultrasound service. <strong>Update:</strong> recruited 2 long-term locums</td>
<td>15</td>
<td>01/08/14</td>
<td>07/11/17</td>
</tr>
<tr>
<td>1123</td>
<td>Estates</td>
<td>6</td>
<td>Capital Strategy for Fire Safety. Fire Compartmentation incomplete in some areas. <strong>Update:</strong> Work in progress to reduce areas of highest risks with rolling programme of work in place. 'Before and after' maps demonstrate significant progress</td>
<td>15</td>
<td>07/09/13</td>
<td>07/11/17</td>
</tr>
<tr>
<td>1144</td>
<td>Women &amp; Children</td>
<td>7</td>
<td>Paediatric nursing staffing levels do not meet the Unit’s template timetable to recruit to temporary posts to cover maternity leave. <strong>Update:</strong> Review current staffing template at as service creep is adding to the staffing pressures within the unit</td>
<td>15</td>
<td>07/02/17</td>
<td>07/11/17</td>
</tr>
<tr>
<td>664</td>
<td>Surgery</td>
<td>8</td>
<td>Mixed gender waiting area in SAS. <strong>Update:</strong> was in capital plan but removed due to other priorities</td>
<td>15</td>
<td>12/11/12</td>
<td>07/11/17</td>
</tr>
<tr>
<td>1250</td>
<td>Radiology</td>
<td>9</td>
<td>Potential errors in radiology reports (Impacted by PACS integration) <strong>Update:</strong> Review of implementation and lessons learned to be discussed at CGE in March 2018</td>
<td>15</td>
<td>26/07/17</td>
<td>07/11/17</td>
</tr>
<tr>
<td>1011</td>
<td>Estates</td>
<td>10=</td>
<td>Management of electrical low voltage systems (merged with previous risk 223). <strong>Update:</strong> thermo-imaging and limited testing in progress</td>
<td>15</td>
<td>20/08/15</td>
<td>07/11/17</td>
</tr>
<tr>
<td>940</td>
<td>Women &amp; Children</td>
<td>10=</td>
<td>Building management system of the Shropshire Women and Children’s Unit at PRH. <strong>Update:</strong> few snags remaining but particular issue with water supply to paediatrics</td>
<td>15</td>
<td>02/12/14</td>
<td>07/11/17</td>
</tr>
</tbody>
</table>