

Paper 22

<p><b>Recommendation</b></p> <p><input checked="" type="checkbox"/> <b>DECISION</b></p> <p><input type="checkbox"/> <b>NOTE</b></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><b>Reporting to:</b></p>	<p><b>Trust Board</b></p>
<p><b>Date</b></p>	<p>March 2018</p>
<p><b>Paper Title</b></p>	<p>Board Assurance Framework</p>
<p><b>Brief Description</b></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>Attachment 2 - Board Assurance Framework - Tier 2 Committees review their risks each month</p> <p>Attachment 3 - BAF Associated Action Plans</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>In April, a revised BAF will be submitted for approval based on the updated Corporate Objectives agreed at the Board Development Sessions.</p> <p>It has also been agreed that Executive Directors will update their own risks and consider the status of the risks before submission to the relevant Tier 2 Committee and Trust Board, with the CEO having total oversight of the BAF</p>
<p><b>Sponsoring Director</b></p>	<p>Chief Executive</p>
<p><b>Author(s)</b></p>	<p>Head of Assurance</p>
<p><b>Recommended / escalated by</b></p>	
<p><b>Previously considered by</b></p>	<p>Trust Board (November 2017) Audit Committee (December 2017) &amp; Tier 2 Committees (monthly)</p>
<p><b>Link to strategic objectives</b></p>	<p>All</p>
<p><b>Link to Board Assurance Framework</b></p>	
<p><b>Equality Impact Assessment</b></p>	<p><input checked="" type="radio"/> <b>Stage 1 only (no negative impacts identified)</b></p> <p><input type="radio"/> <b>Stage 2 recommended (negative impacts identified)</b></p>

	<p><input type="radio"/> negative impacts have been mitigated</p> <p><input type="radio"/> negative impacts balanced against overall positive impacts</p>
<b>Freedom of Information Act (2000) status</b>	<p><input checked="" type="radio"/> <b>This document is for full publication</b></p> <p><input type="radio"/> <b>This document includes FOIA exempt information</b></p> <p><input type="radio"/> <b>This whole document is exempt under the FOIA</b></p>

Board Assurance Framework - Summary - Mar 2018

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 numbers of patients who are **medically fit for discharge and delayed transfers of care**, alongside streamlining our own internal processes, we will not reduce length of stay or increase the number of simple and complex discharges to reduce the bed occupancy levels to 92%. (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	Red	Red	Red
3 - Possible	Green	Yellow	Orange	Red	Red
2 - Unlikely	Green	Yellow	Orange	Yellow	Red
1 - Rare	Green	Green	Yellow	Yellow	Yellow

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
<b>Principal Objective: PATIENT AND FAMILY - Deliver a transformed system of care (VMI) and partnership working that consistently delivers operational performance objectives</b>								
561	Chief Operating Officer (COO) Medical Director (MD) Director of Nursing, Midwifery and Quality and Quality (DNMQ) 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"> <li>• Poor /unsafe patient care &amp; experience</li> <li>• Financial penalties</li> <li>• Performance notices</li> <li>• Failure to comply with national access</li> <li>• Failure to receive STF allocation</li> <li>• Additional patients on wards</li> </ul>	RED	<p>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 Performance Review Meeting (PRM) and Quarterly Reviews</p> <p>5 year workforce plan</p> <p>Internal ED performance meeting.</p> <p>System Performance Forum</p> <p>Clinical Quality Review Meeting with Commissioners</p> <p>Ophthalmology Value Stream</p> <p>SAFER programme of work</p> <p>Director of Transformation</p> <p>Frailty Project</p> <p>Bed Reconfiguration</p> <p>NHSI Emergency Improvement Lead support</p> <p>Service Escalation Framework</p> <p>System Director for Urgent Care</p> <p>Cancer Board</p> <p>SaTH2Home</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. Site safety meetings in place.</p> <p>4. ED Kaizen</p> <p>5. ED value stream commencing March 19th</p> <p>6 System wide improvement plan</p> <p>7.Revised A&amp;E delivery group includes Care Group Heads of Nursing and Medical Directors (fortnightly)</p>	<p>RED =</p>	<p><b>Gaps in Control</b></p> <ul style="list-style-type: none"> <li>• Progress on admission avoidance schemes</li> <li>* 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</li> <li>* Workforce gaps in ED and other key areas.</li> <li>* Increase in demand (ED attendances, emergency admissions and ambulance conveyances).</li> </ul> <p><b>Gaps in Assurance/ Negative Assurance</b></p> <ul style="list-style-type: none"> <li>• Not achieving the A&amp;E 4 hr target; (74.77 ytd Jan 21st 2018)</li> <li>• Demand over winter exceeding what has been planned for.</li> <li>* Q&amp;S view of limited assurance on progress with Criteria-led discharge (Sept 17)</li> </ul>	Chief Operating Officer
		- 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, Midwifery and Quality Q&S Committee	<p>If we do not work with our partners to reduce the numbers of patients who are medically fit for discharge and delayed transfers of care, alongside streamlining our own internal processes, we will not reduce length of stay or increase the number of simple and complex discharges to reduce the bed occupancy levels to 92%.</p> <p>Potential impacts:</p> <ul style="list-style-type: none"> <li>Hospital acquired infections</li> <li>Poor experience for patients</li> <li>Increased patient falls</li> <li>Increased staffing needs</li> <li>Increased use of escalation beds</li> <li>Increased financial risks</li> <li>Failure to meet national performance targets</li> <li>Cancelled elective activity</li> <li>Additional patients on wards</li> </ul>	RED	<p>MFFD list</p> <p>Whole health economy surge plan in place and monitored closely.</p> <p>Heads of Capacity</p> <p>Twice daily discharge hub meetings.</p> <p>Daily DTOC report circulated to responsible organisations.</p> <p>A&amp;E Delivery Board meets monthly.</p> <p>Internal A&amp;E Improvement Meeting held monthly.</p> <p>LHE Complex Discharge Escalation process.</p> <p>Incident reporting - making boarders visible</p> <p>Breach analysis</p> <p>Care Group Boards</p> <p>Director of Transformation</p>	<p>Recovery plan to deliver 4 hour target includes target of 90% patients being discharged within 48 hours</p> <p>Revised ED improvements incorporating 5 national interventions</p> <p>Meeting DTOC target of 3.5%.</p>	AMBER =	<p><b>Gaps in Controls</b></p> <ul style="list-style-type: none"> <li>Failure of to reduce Delayed Transfers of Care list sustainably</li> <li>Failure to deliver 48 hour target</li> <li>7-day working not in place throughout service</li> </ul> <p><b>Gaps in Assurance/ Negative Assurance</b></p> <ul style="list-style-type: none"> <li>Whole health economy plans and trajectory to deliver 4 hour target now agreed but reduction in Delayed Transfers of Care list.</li> <li>High levels of escalation resulting in high use of agency staff.</li> <li>Additional patients on wards</li> <li>Not delivering criterion led discharge due to cultural issues; and escript not joined up</li> </ul>	<p>Director of Nursing and Quality</p> <p>Chief Operating Officer</p>
<b>Principal Objective: SAFEST AND KINDEST - Develop innovative approaches which deliver the safest and highest quality care in the NHS causing zero harm</b>								
1134	Chief Operating Officer Q&S Committee	<p>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.</p> <p>Potential Impacts</p> <ul style="list-style-type: none"> <li>Inability to continue with current provision of service</li> <li>Poor experience for patients including over 8 hour trolley waits and cancelled operations</li> <li>Additional patients on wards</li> <li>Failure to comply with national standards and best practice tariffs</li> <li>Reduced patient safety</li> <li>Reduced quality of care</li> <li>Low staff morale</li> <li>Increased levels of Delays in Transfers of Care</li> <li>Additional escalation and staffing costs</li> <li>Failure to achieve STF financial control total</li> <li>Increased ambulance handover delays</li> <li>Increased mortality</li> </ul>	RED	<p>SaTH Escalation policy</p> <p>Care Group Boards</p> <p>Hospital Full Protocol</p> <p>Weekly LHE COO meetings</p> <p>Shropshire, T &amp; W A&amp;E Delivery Board</p> <p>STP</p> <p>Ambulance Divert Policy</p> <p>Temporary staffing department</p>	<p>A&amp;E Exception Report</p> <p>SITREPS</p> <p>Daily Executive Report</p> <p>Operational Performance Report</p> <p>System Dashboard</p> <p>Incident reports</p> <p>RCA's</p> <p>Report to November Board on winter planning</p> <p>Whole system Demand and Capacity Model (March 18)</p>	AMBER =	<p><b>Gaps in Controls</b></p> <ul style="list-style-type: none"> <li>Inadequate Whole System Winter Plan</li> <li>Non-compliance with Divert Policy</li> <li>Lack of Whole System Surge Plan</li> <li>Lack of demand and capacity model</li> <li>Lack of staff for additional beds which are open</li> </ul> <p><b>Gaps in Assurance/ Negative Assurance</b></p> <ul style="list-style-type: none"> <li>System financial deficit</li> </ul>	<p>Director of Nursing and Quality</p> <p>Chief Operating Officer</p>

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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
1204	Director of Nursing, Midwifery and Quality  Q&S Committee	If the maternity service does not evidence a robust approach to learning and quality improvement, there will be a lack of public confidence and reputational damage Potential impacts: • Patients choosing other providers • difficulty recruiting staff • low staff morale	RED	Being Open and Duty of Candour policy Quality and Safety Committee Incident reporting policy W&C Care Group Board Datix - identifying themes and trends Confirm and Challenge Weekly Rapid Review meetings to review incidents and complaints	MBRACE and RCOG (2013; 2015) Shropshire Midwifery Led Units Enter & View visit report (Feb 16) Review of a maternal and neonatal death Serious Incident (2016) Birth Rate Plus Midwifery service staffing review(spring 2017) Internal review of learning from incidents (Ovington review)(June 2017) Maternity dashboard (monthly) Walkabouts - Execs and NEDs HED and CHKS reports Successful recruitment of staff RCOG review (Feb 18) SOS review (2018) Legacy review screening process complete	AMBER =	<b>Gaps in Controls</b> • Ability to staff MLUs sustainably  <b>Gaps in Assurance/ Negative Assurance</b> • Audit of Policy and Procedure Compliance in maternity services (April 17) • MBRACE data (2015) • CQC 'requires improvement' - Aug 17	Director of Nursing and Quality
<b>Principal Objective: SAFEST AND KINDEST - Deliver the kindest care in the NHS with an embedded patient partnership approach</b>								
1185	Chief Operating Officer  Medical Director  Director of Nursing, Midwifery and Quality  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 Operational Capacity and Resilience Plan in place; Site safety meetings SaTH2Home Ring fenced orthopaedic beds on ward 17 at PRH	Daily sitreps	AMBER =	<b>Gaps in Controls</b> • lack of ring-fenced surgical beds  <b>Gaps in Assurance / Negative Assurance</b> Additional patients on wards	Chief Operating Officer
<b>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</b>								
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% Citizens Academy Volunteer Strategy Community Forum (Mar 18)	AMBER ↓	<b>Gaps in Control</b> • Engagement Strategy • Mechanisms to work with community  <b>Gaps in Assurance</b>	Director of Corporate Governance
<b>Principal Objective: INNOVATIVE AND INSPIRATIONAL LEADERSHIP - Through innovative and inspirational leadership achieve financial surplus and a sustainable clinical services strategy focussing on population needs</b>								

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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
668	Chief Executive Officer Trust Board	<p>If we are unable to implement our clinical service vision in a timely way then we will not deliver the best services to patients</p> <p>Potential impacts:</p> <ul style="list-style-type: none"> <li>• unsustainable services</li> <li>• Suboptimal use of scarce workforce resource</li> <li>• Additional costs arising from current service reconfiguration</li> <li>• Inability to attract essential staff due to unreasonable working conditions exacerbated by split site services</li> </ul>	RED	<p>Structured programme of work to arrive at service delivery models agreed through 'Future Fit'</p> <p>Health Economy Leaders Core Group</p> <p>Urgent Care Network Board</p> <p>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</p> <p>Programme resources in place</p> <p>GP engagement strategy</p> <p>Interim plans for services remaining at RSH</p> <p>Internal Executive Board to provide governance of process</p> <p>Internal Project team to develop Strategic Outline Case</p> <p>Contingency plans for sustainable services</p> <p>Clinical Sustainability Group</p> <p>Sustainability and Transformation Plan</p>	<p>Scope and objectives of 'Future Fit' Programme agreed with Trust and partner organisations for strategic review of hospital and associated community services</p> <p>On-going engagement plan</p> <p>'Future Fit' Programme Updates (TB monthly)</p> <p>'Future Fit' assurance workstream in place</p> <p>Outline SOC approved by Board (Feb 16)</p> <p><i>Independent review of financial and non financial appraisals to be carried out before consultation commences</i></p>	RED ↓	<p><b>Gaps in Control</b></p> <ul style="list-style-type: none"> <li>• Severe shortages of key clinical staff required to sustain clinical services</li> </ul> <p><b>Gaps in Assurance</b></p> <ul style="list-style-type: none"> <li>• Decision delayed by CCGs - further modelling work is required</li> <li>• 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 2018</li> <li>• Provider and Commissioner affordability of the shortlisted options</li> </ul>	Chief Operating Officer
670	Finance Director Sustainability Committee	<p>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</p> <p>Potential Impacts</p> <ul style="list-style-type: none"> <li>• Inability to invest in services and infrastructure</li> <li>• Impacts on cash flow</li> <li>• Lack of modernisation fund to invest in equipment and environment to improve efficiency</li> <li>• Poor patient experience</li> <li>• Failure to deliver Historic Due Diligence (HDD) action plan</li> </ul>	RED	<p>Capital planning process including capital aspirations list</p> <p>Business planning process</p> <p>Risk based approach to replacement of equipment</p> <p>Contingency funds</p> <p>Charitable funding</p> <p>Confirm and challenge meetings with Care Groups</p> <p>Registers and processes to invest in Estate &amp; Infrastructure</p> <p>Revenue Support Loan of £1.8m</p> <p>Care Group Boards</p>	<p>Financial component of integrated performance report (monthly TB)</p> <p>Reports from Sustainability Committee which reports to TB</p> <p>Reports from Internal and External Audit</p> <p>Financial recovery plan</p> <p>Reports to Exec Directors (monthly)</p>	RED ↑	<p><b>Gaps in Controls</b></p> <ul style="list-style-type: none"> <li>• Insufficient investment resource to modernise estate, equipment and IT</li> <li>• Failure to reduce Delayed Transfers of Care resulting in increasing costs for escalation beds and increasing penalties due to failure to meet targets</li> </ul> <p><b>Gaps in Assurance/ Negative Assurance</b></p> <ul style="list-style-type: none"> <li>• Not all QIPP schemes agreed</li> <li>• Historic and on-going liquidity problem</li> </ul>	Finance Director
		Shortfall in liquidity	RED		Shortfall in liquidity	RED ↑		
		Income and Expenditure	RED		Income and Expenditure	RED ↑		
1187	Finance Director Sustainability Committee	<p>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</p>	RED	<p>Cost Improvement Programme (CIP) Board monthly including Quality Impact Assessment (QIA) process</p> <p>Confirm and challenge meetings with Care Groups</p> <p>Care Group Boards</p>	<p>Financial component of integrated performance report (monthly TB)</p> <p>Reports from Sustainability Committee which reports to TB</p> <p>Reports from Internal and External Audit</p> <p>Financial recovery plan</p> <p>Reports to Exec Directors (monthly)</p>	RED ↑	<p><b>Gaps in Controls</b></p> <ul style="list-style-type: none"> <li>• Insufficient identified CIPS</li> </ul> <p><b>Gaps in Assurance/ Negative Assurance</b></p> <ul style="list-style-type: none"> <li>• Performance outside plan so CIP deficit</li> </ul>	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								

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
423	Workforce Director  Workforce Com.	<p>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</p> <p>Potential impacts:</p> <ul style="list-style-type: none"> <li>• Loss of key staff</li> <li>• Poor experience for patients</li> <li>• High sickness absence including stress</li> <li>• poor staff well-being</li> <li>• conflicting priorities</li> <li>• staff working in excess of contracted hours</li> </ul>	RED	<p>Appraisals and Personal Development Plan</p> <p>Staff induction linked to Trust values</p> <p>Leave policy cluster updated and including managing attendance and wellbeing policy updated. (Jan 16)</p> <p>Stress risk assessments process for staff</p> <p>Wellbeing Programme</p> <p>Values-based recruitment</p> <p>Coaching programme</p> <p>5 year workforce plan</p> <p>Staff engagement strategy</p> <p>Values Behaviours and Attitudes (VBA) training for job interviewers</p> <p>VBA Conversations training</p> <p>Leadership development programme</p> <p>Enhanced health and wellbeing programme including fast access staff physiotherapy (Nov 2015)</p> <p>Care Group Boards</p>	<p>Monthly Workforce Reports</p> <p>Care Group 'Deep Dive' monthly at Workforce Committee (rotating schedule)</p> <p>Annual NHS Staff survey results</p> <p>99% staff who responded in staff survey know the Values (Feb 2017)</p> <p>Uptake on staff accessing wellbeing initiatives</p> <p>Annual and monthly VIP Awards.</p> <p>Launch of organisation strategy -bespoke question in 2017 staff survey on our vision to be the safest and kindest organisation .</p> <p>monthly contact review meetings occupational health</p> <p>Leadership academy launched Q2 2017</p>	AMBER  ↑	<p><b>Gaps in Controls</b></p> <ul style="list-style-type: none"> <li>• Rates of appraisal (currently 85% with Medical Staff at 96%)</li> <li>• Rates of Statutory and Mandatory Training (currently 73%)</li> </ul> <p><b>Gaps in Assurance/ Negative Assurance</b></p>	Workforce Director
859	Chief Operating Officer  Medical Director  Director of Nursing, Midwifery and Quality  Workforce	<p>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</p> <p>Potential Impacts:</p> <ul style="list-style-type: none"> <li>• Inability to continue with current provision of service</li> <li>• Poor experience for patients</li> <li>• Delays in care</li> <li>• Failure to comply with national standards and best practice tariffs</li> <li>• Reduced patient safety</li> <li>• Reduced quality of care</li> <li>• Low staff morale</li> <li>• 8% cap on agency spend - potential for unfilled rotas</li> <li>• Further difficulties in recruiting staff due to unreasonable on-call commitments</li> </ul>	RED	<p>All</p> <p>Clinical Sustainability Group</p> <p>Service redesign</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>Nursing</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>Medical</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>Recruitment RPIW</p>	<p>All</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>Drs overseas recruitment</p> <p>Monthly recruitment meetings.</p> <p>NHSE Workforce Summit</p> <p>Nursing</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&amp;S</p> <p>Medical</p> <p>Business continuity plan for ED &amp; ITU</p> <p>Planned joint collaboration for dermatology (April 18)</p> <p>Spinal surgery transferring to RJAH</p> <p>Ophthalmology service to fully reopen in April 18</p> <p>Working with Walton Centre to develop a hub and spoke model for neurology</p> <p>ED</p> <p>Service Continuity Plan</p>	RED  ↑	<p><b>Gaps in Controls</b></p> <ul style="list-style-type: none"> <li>• Potential interim/transitional solutions to mitigate service sustainability relating to A&amp;E and ITU staffing carry significant alternative risks in terms of capacity management and operational efficiency</li> <li>• Full implementation of nurse staffing templates geared to nurse recruitment</li> <li>• National nursing shortfall leading to recruitment delays</li> <li>* CESR posts in ED</li> <li>* Joint appointments with other local Acute Trusts</li> </ul> <p><b>Gaps in Assurance/ Negative Assurance</b></p> <ul style="list-style-type: none"> <li>• Timescales for achieving the outcome of Future Fit and service reconfiguration require maintenance of current service reconfiguration for at least 5 years.</li> <li>• High levels of escalation resulting in high use of agency staff</li> <li>• Fragility of some services (Mar 17)</li> <li>• ED officially 'fragile'</li> <li>• Information shows that more medical and nursing staff leave the Trust than commence employment (Feb 18)</li> </ul>	<p>Medical Director</p> <p>Director of Nursing and Quality</p> <p>CEO</p> <p>Director of Nursing and Quality</p>
		Nurse staffing	RED			RED =		
		Medical staffing - Critical care	RED			RED =		
		Medical staffing - ED	RED			RED ↑		



## Attachment 3

Risk Ref	Risk Title	Action plan Updates	Committee	latest update	Lead
561	If we do not achieve safe and efficient <b>patient flow</b> 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	Feb 18	COO
		▪ Operational Plan	Finance and Performance	Feb 18	COO
		▪ 4 Hour standard Internal Recovery and Improvement Plan	Trust Board via IPR	Nov 17	COO
951	If we do not work with our partners to reduce the number of patients on the <b>Delayed Transfer of Care</b> (DTC) lists, and streamline our internal processes we will not improve our 'simple' discharges.	▪ Medically fit for discharge update	Trust Board	Nov 17	COO
		▪ IA DTC Audit	Audit Committee	Sept 17	COO
		▪ Care Quality Commission action plan	Quality and Safety	Sept 17	DNQ
1134	If there is a lack of system support for <b>winter planning</b> 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	Nov 17	COO
		▪ Operational Plan	Finance and Performance	Feb 18	COO
1204	If the <b>maternity service</b> 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	Quality and Safety Committee	Mar 18	DNMQ
1185	If we do not have the patients in the right place, by removing <b>medical outliers</b> , patient experience will be affected	▪ Operational Plan	Finance and Performance	Feb 18	
1186	If we do not develop <b>real engagement</b> 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	Feb 18	DCG
		▪ Review and revise Patient Experience strategy	Q&S	Feb 18	DNMQ
668	If we are unable to implement our <b>clinical service vision</b> in a timely way then we will not deliver the best services to patients	▪ Future Fit Programme	Trust Board	Feb 18	FD
		▪ Sustainability and Transformation Plan	Trust Board	Feb 18	FD
		▪ Emergency Department Continuity Plan	Trust Board	Feb 18	COO
670	If we are unable to resolve the structural imbalance in the Trust's <b>Income &amp; Expenditure</b> position then we will not be able to fulfil our financial duties & address the modernisation of our ageing estate & equipment	▪ Financial Strategy	Trust Board	Feb 18	FD
		▪ Cost Improvement Programme	Trust Board via IPR	Feb 18	FD
		▪ Carter implementation progress	Sustainability Committee Trust Board	Feb 18	FD
1187	If we do not deliver our <b>CIPs and budgetary control totals</b> then we will be unable to invest in services to meet the needs of our patients	▪ Monthly financial monitoring	Sustainability Committee Trust Board	Feb 18	Feb 18
		▪ Confirm and Challenge discussions	Confirm and Challenge	Feb 18	FD
423	If we do not get good levels of staff	▪ Staff survey action plan	Workforce Committee Trust Board	March 18	WD

Board Assurance Framework – Associated Action Plans

Risk Ref	Risk Title	Action plan Updates	Committee	latest update	Lead
	engagement to get a <b>culture of continuous improvement</b> then staff morale & patient outcomes may not improve	<ul style="list-style-type: none"> <li>▪ <a href="#">Organisational Development Plan and People Strategy</a></li> </ul>	Trust Board	March 18	WD
		<ul style="list-style-type: none"> <li>▪ Integrated Education Report</li> </ul>	Trust Board	Feb 2018	WD
859	Risk to <b>sustainability</b> of clinical services due to potential shortages of key clinical staff	<ul style="list-style-type: none"> <li>▪ Future Fit Update</li> </ul>	Trust Board	Feb 18	CEO
		<ul style="list-style-type: none"> <li>▪ Workforce Report with extension of nurse recruitment outside Europe; Attendance at national career events</li> </ul>	Workforce Committee Trust Board	Feb 18	WD

**OPERATIONAL RISK REGISTER**  
**Prioritisation of Red Risks**  
**at 13 March 2018**

**KEY:** ↑ risk increasing ↓risk decreasing = no change

*To be ordered / otherwise being resolved*

**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 <b>Further consultant has resigned wef 31/3. ED Business continuity plan discussed at Board Feb 18</b>	<b>20</b> ↑	20/8/12	02/02/2018
1123	Estates	2	Capital Strategy for Fire Safety esp in ward block at RSH with Fire Compartmentation incomplete. In order to complete this work the wards will need to be progressively decanted resulting in loss of approx. 38 beds until work is complete. <b>Update: The Fire Service are seeking urgent confirmation that remedial work will be undertaken</b>	<b>20</b> ↑	07/09/13	13/03/2018
817 807	Trust wide	3	Failure to recruit nurses to fill Trust-wide vacancies resulting in staffing issues. <b>Update: still issues with recruiting staff. Additional beds open causing additional pressures</b>	<b>20</b> =	28/11/13	30/01/2018
1045	Radiology	4	PRH CT scanner is becoming increasingly unreliable with significant unplanned downtime experienced over the past 6 months impacting on patient treatment, patient flow, staffing, and the ambulance service. <b>Update: Business case being developed</b>	<b>20</b> ↑	06/11/15	02/03/2018
1082 855	Radiology	5	The Trust is the only one of 150 Trusts surveyed which has no digital x-ray rooms. The CR equipment, which translates xrays into digital images so they can be uploaded into PACS is now showing signs of imminent breakdown beyond repair. Multiple (5x) X-ray rooms cross site need updating (plus 2 fluoroscopy rooms). <b>Update: Costed and phased plan to be developed for capital programme</b>	<b>20</b> <b>NEW</b>	13/03/18	13/03/2018
1105	Medicine	6	Cardiac Catheter Lab needs replacement. The lab has regular periods of downtime which require repair. Impacts on retention and recruitment of consultant cardiologists <b>Update: Option appraisal paper presented to Capital Planning Group in January – further information requested</b>	<b>20</b> =	06/06/17	13/02/2018
1075	Estates	7	Estates Condition (6 facet) surveys have highlighted a number of significant risks across both sites. <b>Update: Funding allocated to resolve some areas of Estates priority 1 issues and highest priority maintenance</b> <ul style="list-style-type: none"> <li>• Fire safety works</li> <li>• RSH subway duct</li> <li>• Roof repairs – Copthorne Building MLU</li> </ul>	<b>20</b> =	1/3/2016	01/02/2018

			<ul style="list-style-type: none"> <li>• <b>Asbestos removal</b></li> </ul> <b>Works in progress across these areas</b>			
33	Estates – Medical Engineering Services	8	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. <b>Update: Small contingency to replace highest priority devices.</b>	20 =	1/3/16	01/02/2018
949	Anaes and Critical Care	9	Non-compliance with Critical Care Standards for Intensivist Cover within ITU <b>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.</b>	20 =	20/1/15	13/03/2018
748	Radiology	10	Lack of Breast Consultant Radiologists impacting on viability of breast screening service <b>Update: Service fragile but safe as being supported by 3 'retire &amp; returns'. However, the likelihood is that these staff will retire completely during 2018. Recruitment unsuccessful to date</b>	20 =	27/07/13	13/03/2018
910	Medical Director	11	Systems (manual and electronic) do not facilitate management of significant patient test results. <b>Update: On hold: Implementation of electronic system has not been successful elsewhere. Awaiting decision and procurement of EPR</b>	20 =	08/09/14	13/03/2018
1156	Pharmacy	12=	Pharmacy system non-compliant with NHS data standards – NHSE require compliance <b>Update: Data file transfers from current to new system commenced in January 2018</b>	20 ↓	01/11/16	13/03/2018
397	Estates / IT	12=	Power supply, cooling and fire protection to the computer room <b>Update: Work at RSH completed with PRH work due to be completed by March 2018 programme</b>	20 ↓	29/6/11	13/03/2018

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 <b>Update: number of initiatives including admitting additional patients to wards; HALO employed in ED</b>	16 ↑	22/06/09	02/02/2018
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: <b>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</b>	16 =	06/09/16	02/02/2018
1062	Surgery	2 =	Failure to recruit to Consultant vacancies in Gastroenterology. One consultant is leaving in April; and a second in September. If we cannot recruit (and there is a national shortage of gastroenterologists) then it will be difficult to maintain the service. <b>Update: jobs being</b>	16 NEW	13/03/18	13/03/2018

**Risks rated 16**

Risk Ref	Centre	Priority	Risk and update	Score	Date entered	Date reviewed
			<b>advertised</b>			
1157	Trust wide	4	Trust delays in invoice payments due to cash flow problems within the trust. <b>Update: Finance team are liaising with operational teams to prioritise supplies. QIAs carried out</b>	16 ↑	20/12/16	13/03/2018
389 1277	Estates	5	Overarching risk of infrastructure of Copthorne building at RSH <b>Update: estate used for Shrewsbury MLU has deteriorated such that service has been moved in order that critical repairs can be carried out.</b>	16 ↑	29/06/11	13/03/2018
853	Radiology	6	RSH Vascular cath lab service is beyond end of life. The server which runs the system cannot be updated and runs on outdated software which causes the system to 'crash'. <b>Update: regular Datix reports submitted indicated regular problems with system fails.</b>	16 NEW	13/03/18	13/03/2018
1243	Ophthalmology	7	Demand exceeding capacity in Diabetic Eye Screening Service – year on year increase of almost 5% with no additional resource <b>Update: Issue raised with Commissioners and to be included in contract negotiations</b>	16 =	02/01/17	14/02/2018
1183	IT	8	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 <b>Update: £70k capital funding been approved and reserved to purchase two additional data storage units which have been ordered.</b>	16 ↓	01/08/17	02/02/2018
1342	Women & Children	9	Reduced functional ability of four ultrasound machines in Maternity / fertility leading to risk of not being able to visualise fetal anomalies and inaccurate fetal measurements for growth and screening requirements. <b>Update: Seek funding for planned programme of replacement.</b>	16 NEW	13/02/18	01/02/2018
1287	Surgery	10	Endoscopic Ultrasound scope reliability – used for diagnostic pathway for upper GI cancer. Breakdowns are causing delays in the pathway for patients, and inaccurate staging of cancerous lesions. <b>Update: Seek funding for replacement.</b>	16 = NEW	30/10/17	12/03/2018
1221	Women & Children	11	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. <b>Update: Risk may be mitigated by using locum junior drs if available. Recruit trainees but &gt; 2 year lead in time until competent</b>	16 =	04/07/17	01/02/2018
1190	Women & Children	12	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 <b>Update: Trainees recruited but &gt; 2 year lead in time until competent</b>	16 ↓	04/07/17	01/02/2018
1234	MSK	13	MSK Junior doctors rota fragile at RSH <b>Update: number of options to deliver the service being considered by SCG</b>	16 =	22/06/17	30/01/2018
1291	Anaes & Critical Care	14	Inability to obtain critical care nursing to support an increase in dependency (eg if increase in respiratory admissions as a result of winter / flu pandemic)	16 ↓	27/11/17	13/02/2018

**Risks rated 16**

<b>Risk Ref</b>	<b>Centre</b>	<b>Priority</b>	<b>Risk and update</b>	<b>Score</b>	<b>Date entered</b>	<b>Date reviewed</b>
			<b>Update: when required, tier 5 agency staff is being booked and has mitigated the risk somewhat</b>			
55	Workforce	15	Attendance at statutory and mandatory training <b>Update: SSU compliance continues to fall despite increase in capacity to meet requirements, changes in programmes to meet departmental needs, monthly Confirm and Challenge meetings. This suggests that the underlying problem is structural and/or service and staffing challenges. A paper will be taken to Workforce Committee for discussion and review in March 2018.</b>	<b>16</b> ↑	16/11/08	13/02/2018
1090	Trust wide	16	Lack of active monitoring system for Trust compliance with H&S legislation <b>Action: Previous plan to include as part of intranet redevelopment on hold. Paper put forward for IT support for option appraisal</b>	<b>16</b> =	25/4/17	08/03/2018
1345	Corporate	17	Reducing stock of patient hoists due to the equipment being taken out of service as due to age of equipment have exceeded the number of lifts they can safely perform. This will impact on patient and staff safety and could delay discharge. <b>Update: Corporate lead identified and on-going replacement programme being developed.</b>	<b>16</b> <b>NEW</b>	05/12/17	13/02/2018
955	Women & Children / Trustwide	18	Access to Mental Health Service (CAMHS/RAID) <b>Update: Access to mental health service remains an issue. Continues to be raised with Commissioners</b>	<b>16</b> =	25/2/15	01/02/2018
1216	Medicine	19	Dermatology: clinical risk due to single consultant. Unable to recruit additional consultant and service provided by uncapped agency doctors. <b>Update: Discussions with other provider in relation to providing capacity at SaTH</b>	<b>16</b> ↓	03/10/17	13/03/2018
493	Emergency Planning	20	Emergency decontamination tent for casualties of chemical incident. The Trust is required to have a functional decontamination tent in line with the Civil Contingency Act. The current inflatable unit has multiple failures and cannot be repaired. <b>Update: Seek funding to replace</b>	<b>16</b> =	13/02/18	30/01/2018
353	Women & Children	21	Medical staffing cover for obstetric services <b>Update: National shortage of staff</b>	<b>16</b> =	30/12/10	01/02/2018
1081	MSK	22	Combined ENT/T&O junior doctor rota could lead to withdrawal of deanery doctors <b>Update: Recent Deanery visit resulted in criticism of support for doctors</b>	<b>16</b> =	04/04/16	30/01/2018
1313	Therapies	23	Reduced in-patient therapy staffing levels caused by vacancies and staff sickness means the service is only to operate at the level of a bank holiday service. <b>Update: number of mitigations to be put in place</b>	<b>16</b> <b>NEW</b>	13/02/18	13/03/2018
1329	Pharmacy	24	Trust is non-compliant with national requirements for Electronic Prescribing and Medicine Administration (EPMA) system <b>Update: explore options for a solution</b>	<b>16</b> <b>NEW</b> <b>W</b>	13/02/18	13/03/2018
1279	Women & Children	25	Lack of timely and on-going psychological support for children with diabetes - non compliant with NICE guidance and highlighted as an issue by peer review. <b>Update: this service is provided by ShropCom – keep under discussion with Commissioners.</b>	<b>16</b> <b>NEW</b>	03/10/17	13/02/2018
1121	Medicine	26	Appropriate storage of dialysis fluids <b>Update: Exploring options with suppliers</b>	<b>16</b> =	06/09/16	13/03/2018

Risks rated 16						
Risk Ref	Centre	Priority	Risk and update	Score	Date entered	Date reviewed
428	Gynae & Fertility	27 =	Fertility accommodation <b>Update: Work in progress to develop off site facility with opening planned for May 2018</b>	16 ↓	7/9/11	13/03/2018
984	Therapies	27 =	Therapy Care Group inability to meet national clinical quality standards, guidelines and service specifications <b>Update: improved situation due to winter plans</b>	16 ↓	17/06/15	05/03/2018
606	Women & Children	27 =	Update Trust systems to enable serology and blood bank details to be available in REVIEW <b>Update: Jo Banks to discuss required system changes with IT</b>	16 =	28/06/12	02/18/2018
266	Women & Children	27 =	Resource for obstetric theatres <b>Update: Discussions ongoing</b>	16 =	19/05/10	01/02/2018

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. <b>Update: No success in recruiting to this post. Radiology Workforce planning currently taking place.</b>	15 =	26/11/13	13/03/2018
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. <b>Update: revised hospital full protocol agreed</b>	15 ↑	03/10/17	02/02/2018
1097	Patient access	3	Racking in medical records no longer fit for purpose <b>Update: exploring options for off site storage</b>	15 NEW	01/06/16	02/02/2018
1184	Anaest & Critical care	4	Lack of an integrated call bell system in anaesthetic rooms in theatres at RSH <b>Update: Paper for capital planning being written</b>	15 =	03/04/17	12/02/2018
1144	Women & Children	5	Paediatric nursing staffing levels do not meet the Unit's template timetable to recruit to temporary posts to cover maternity leave <b>Update: Review current staffing template at as service creep is adding to the staffing pressures within the unit</b>	15 =	07/02/17	01/02/2018
974	Oncology and Haematology	6	Capacity for outpatient appointments in oncology not meeting demand due to consultant vacancies and difficulty in recruitment.	15 NEW	13/03/18	13/03/18
664	Surgery	7	Mixed gender waiting area in SAS <b>Update: was in capital plan but removed due to other priorities</b>	15 =	12/11/12	01/02/18
1250	Radiology	8	Potential errors in radiology reports (Impacted by PACS integration) <b>Update: Situation improving.</b>	15 NEW	26/07/17	13/03/18
1011	Estates	9 =	Management of electrical low voltage systems (merged with previous risk 223) <b>Update: thermo-imaging and limited testing in progress</b>	15 ↓	20/08/15	13/03/18

**Risks rated 15**

Risk Ref	Centre	Priority	Risk and update	Score	Date entered	Date reviewed
940	Women & Children	9 =	<i>Building management system of the Shropshire Women and Children's Unit at PRH</i> <b>Update: few snags remaining but particular issue with water supply to paediatrics</b>	<b>15</b> ↓	02/12/14	01/02/18