

<b>Recommendation</b>  <input checked="" type="checkbox"/> <b>DECISION</b>  <input type="checkbox"/> <b>NOTE</b>	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"><b>Trust Board</b></div> <p>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 risk appetite statements for each objective</p> <p>To agree the RAG ratings and direction of travel for each risk</p>
<b>Reporting to:</b>	<b>Trust Board</b>
<b>Date</b>	May 3 <sup>rd</sup> 2018
<b>Paper Title</b>	Board Assurance Framework
<b>Brief Description</b>	<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>The Senior Leadership Team agreed revised objectives for 2018/19 and beyond. The revised BAF is attached with a draft risk appetite for each objective. Risk appetite is 'the total exposed amount that an organisation wishes to undertake on the basis of risk-return trade-offs for one or more desired and expected outcomes' ie risk appetite relates to the level of risk the Trust will take in pursuit of its objectives</p> <p>Internal Audit have recently reviewed the BAF and risk registers and have given the Trust processes a substantial assurance rating for the sixth successive year.</p> <p>Attachment 1 - Board Assurance Framework Summary This summary shows each risk is categorised by colour according to the current risk matrix. The draft risk appetite has been included for each objective.</p> <p>Attachment 2 - Board Assurance Framework - Tier 2 Committees review their risks each month. Changes since the last presentation are shown in purple text.</p> <p>Attachment 3 - shows draft risk appetite statements by objective</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>Attachment 5 – A review of the BAF and Risk register over the last year; including a list of closed risks.</p>
<b>Sponsoring Director</b>	Chief Executive
<b>Author(s)</b>	Head of Assurance
<b>Recommended / escalated by</b>	Trust Board (March 2018) Audit Committee (April 2018) & Tier 2 Committees (monthly)
<b>Previously considered by</b>	Audit Committee, 13 April 2018
<b>Link to strategic objectives</b>	All

<b>Link to Board Assurance Framework</b>	
<b>Outline of public/patient involvement</b>	
<b>Equality Impact Assessment</b>	<ul style="list-style-type: none"><li><input checked="" type="radio"/> <b>Stage 1 only (no negative impacts identified)</b></li><li><input type="radio"/> <b>Stage 2 recommended (negative impacts identified)</b><ul style="list-style-type: none"><li>* <b>EIA must be attached for Board Approval</b></li><li><input type="radio"/> negative impacts have been mitigated</li><li><input type="radio"/> negative impacts balanced against overall positive impacts</li></ul></li></ul>
<b>Freedom of Information Act (2000) status</b>	<ul style="list-style-type: none"><li><input checked="" type="radio"/> <b>This document is for full publication</b></li><li><input type="radio"/> <b>This document includes FOIA exempt information</b></li><li><input type="radio"/> <b>This whole document is exempt under the FOIA</b></li></ul>

Key :	↑ Risk increasing	↓ Risk decreasing	= No change
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**PATIENT AND FAMILY**  
**Listening to and working with our patients**  
*Risk Appetite: Open*

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

**SAFEST AND KINDEST**  
**Patients and staff feel they were safe and received kind care**  
*Risk Appetite: Moderate*

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*

**SUSTAINABILITY and HEALTHIEST HALF MILLION**  
**Working with our partners for all our communities**  
*Risk Appetite: Open*

If we do not work with our partners and streamline our own processes to reduce length of stay and increase the rate of discharges, we will not **reduce bed occupancy** levels to 92% thus allowing the right patients to be in the right place and reducing ward moves (RR1369) *Revised April 2018*

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*

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**LEADERSHIP**  
**Innovative and Inspirational Leadership to deliver our ambitions**  
*Risk appetite (transformation) : hungry*  
*Risk appetite (finance): moderate*

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 **waste reduction schemes and budgetary control totals** then we will be unable to invest in services to meet the needs of our patients (RR1187) *Identified March 2017*

**OUR PEOPLE**  
**Creating a great place to work**  
*Risk Appetite: Open*

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*

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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
<b>Principal Objective: PATIENT AND FAMILY Listening to and working with our patients Risk Appetite: Open</b>								
1186	Director of Corporate Governance Trust Board Director of Nursing, Midwifery and Quality	If we do not develop real engagement with 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 Plan for Patient Experience Group People's Academy in place (Cohort 3 planned)	Over 1000 public members Well attended series of health lectures Friends and Family Test 96.2% Community Forum (May 18) 900 active volunteers + programme for young volunteers Patient Survey results (2019)	AMBER ↓	<b>Gaps in Control</b> • Engagement Strategy • Mechanisms to work with community • Lack of Patient Experience Group  <b>Gaps in Assurance</b>	Director of Corporate Governance
<b>Principal Objective: SAFEST AND KINDEST Patients and staff feel they were safe and received kind care Risk Appetite: Moderate</b>								
1134	Chief Operating Officer Director of Nursing, Midwifery and Quality Medical Director Q&S Committee	If there is a lack of system support for winter planning then this would have major impacts on the Trust's ability to deliver safe, effective and efficient care to patients.  Potential Impacts • Inability to continue with current provision of service • Poor experience for patients including over 8 hour trolley waits and cancelled operations • 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	SaTH Escalation policy Care Group Boards Hospital Full Protocol Weekly LHE COO meetings Shropshire, T & W A&E Delivery Board STP Ambulance Divert Policy Temporary staffing department VMI - Value Stream 1 (Respiratory Ward Discharge)	A&E Exception Report SITREPS Daily Executive Report Operational Performance Report System Dashboard Incident reports RCA's Report to Board on winter planning (March 18) Whole system Demand and Capacity Model (March 18)	AMBER =	<b>Gaps in Controls</b> • Inadequate Whole System Winter Plan * Non-compliance with Divert Policy * Lack of Whole System Surge Plan * Lack of demand and capacity model * Lack of staff for additional beds which are open  <b>Gaps in Assurance/ Negative Assurance</b> • System financial deficit • Report to March Board on winter planning	Director of Nursing and Quality  Chief Operating Officer
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 VMI - Value Stream 5 (Patient Safety)	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 action plan update (Q&S April 8)SOS review (2018) Legacy review screening process complete	AMBER =	<b>Gaps in Controls</b> • Ability to staff MLUs sustainably (Escalation protocol invoked frequently)  <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 • RCOG Review, Secretary of State Review – Outstanding	Director of Nursing and Quality
<b>Principal Objective: SUSTAINABILITY and HEALTHIEST HALF MILLION Working with our partners for all our communities Risk Appetite: Open</b>								

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
	Chief Operating Officer  Director of Nursing, Midwifery and Quality  Q&S Committee	If we do not work with our partners and streamline our own processes to reduce length of stay and increase the rate of discharges, we will not reduce bed occupancy levels to 92% thus allowing the right patients to be in the right place and reducing ward moves  Potential impacts: <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	Whole health economy surge plan in place and monitored closely. Heads of Capacity and Clinical Site Managers 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. Incident reporting - making boarders visible Breach analysis Care Group Boards Director of Transformation SAFER programme of work Operational Capacity and Resilience Plan in place; SaTH2Home Ring fenced orthopaedic beds on ward 17 at PRH	Recovery plan to deliver 4 hour target includes target of 90% patients being discharged within 48 hours Revised ED improvements incorporating 5 national interventions Meeting DTOC target of 3.5%. Sitreps	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>	Director of Nursing and Quality  Chief Operating Officer
561	Chief Operating Officer (COO)  Medical Director (MD)  Director of Nursing, Midwifery and Quality (DNMQ)  +B28 Committee	If we do not achieve safe and efficient patient flow and improve our processes and capacity and demand planning then we will fail the national quality and performance standards  Potential Impacts <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> <p>- A&amp;E targets</p> <p>- Cancer waiting times targets</p> <p>- RTT targets</p>	RED	Delivery monitored at the A&E Delivery Board, Sustainability Committee, monthly Care Group Confirm and Challenge sessions, and Trust Board as well as the Care Group RAP monitoring groups. Whole health economy surge plan in place and monitored closely. NHSI monthly Performance Review Meeting (PRM) and Quarterly Reviews 5 year workforce plan Internal ED performance meeting. System Performance Forum Clinical Quality Review Meeting with Commissioners Ophthalmology Value Stream SAFER programme of work Director of Transformation Frailty Project Bed Reconfiguration NHSI Emergency Improvement Lead support Service Escalation Framework System Director for Urgent Care Cancer Board SaTH2Home Hospital Full Protocol VMI – Value Stream 4 (Outpatients)	RTT Recovery plans for non-compliant specialties; Internal improvement plan for ED 4 hour target recovery in place Site safety meetings in place. ED Kaizen ED value stream commencing March 19th System wide improvement plan Revised A&E delivery group includes Care Group Heads of Nursing and Medical Directors (fortnightly) Unannounced visit to SaTH ED January 2018	RED =	<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; (63.6 - February 18)</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

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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: LEADERSHIP Innovative and Inspiration Leadership to deliver our ambitions Risk Appetite (transformation): Hungry Risk Appetite (finance): Moderate</b>								
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 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.</p> <p>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>Capital awarded Feb 19. Public consultation commences May 18</p>	AMBER ↓	<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 Performance 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> <p>Shortfall in liquidity</p> <p>Income and Expenditure</p>	RED RED 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>Waste Reduction Group</p>	<p>Financial component of performance report (monthly TB)</p> <p>Reports to Performance Committee which reports to TB</p> <p>Reports from Internal and External Audit</p> <p>Reports to Exec Directors (monthly)</p> <p>Budgetary Control Audit (negative assurance)</p> <p>Shortfall in liquidity</p> <p>Income and Expenditure</p>	RED = RED = 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</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
1187	Finance Director Performance Committee	<p>If we do not deliver our Waste Reduction Schemes and budgetary control totals then we will be unable to invest in services to meet the needs of our patients</p>	RED	<p>Waste Reduction Group meets monthly - QIAs for each scheme</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 Waste Reduction Schemes</li> </ul> <p><b>Gaps in Assurance/ Negative Assurance</b></p>	Chief Operating Officer
<b>Principal Objective: OUR PEOPLE Creating a great place to work Risk Appetite: Open</b>								

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
423	Workforce Director Workforce Committee	<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 contract 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> <ul style="list-style-type: none"> <li>Staff Survey – Poor engagement scare (Mar 19)</li> </ul>	Workforce Director
859	Chief Operating Officer Medical Director Director of Nursing, Midwifery and Quality Workforce Committee	<p>Risk to sustainability of clinical services due to potential shortages of key clinical staff particularly in ED and Emergency Medicine, Gastroenterology, Dermatology and Neurology, Critical Care, 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><b>All</b></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><b>Medical</b></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><b>Nursing</b></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>Bank</p> <p>Safe Care Tool revision</p> <p>Professional judgement</p> <p>Daily Staffing Huddles</p> <p>Escalation protocol</p> <p>Plan for Multi-professional Pilot</p>	<p><b>All</b></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><b>Medical</b></p> <p>Business continuity plan for ED &amp; ITU</p> <p>Planned joint collaboration for dermatology (April 18)</p> <p>Working with Walton Centre to develop a hub and spoke model for neurology</p> <p><b>Nursing</b></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>	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>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> </ul>	<p>Medical Director</p> <p>Director of Nursing and Quality</p> <p>CEO</p> <p>Director of Nursing and Quality</p>
626		ED staffing (Consultants & middle grades)	RED			RED ↑		
1062		Medical staffing- Gastroenterology	RED			RED (new)		
817		Nurse staffing	RED			RED =		
949		Medical staffing - Critical care	RED			RED ↓		

## Risk Appetite Statement by objective

Risk appetite is the level of risk the Trust will take in pursuit of its objectives

2018 Objectives	Risk Appetite Statement	Risk appetite (level)
1 Listening to and working with our patients and families to improve healthcare	The Trust is keen to consider all delivery options and select those with the highest probability of productive outcomes even when there are elevated levels of associated risk	Open (4)
2 Our patients and staff will tell us they feel safe and received kind care	The Trust will support innovation with demonstration of commensurate improvements in outcomes. Systems / technology used routinely to enable operational delivery.	Moderate (3)
3 Working with our partners to promote 'Healthy Choices' for all our communities	The Trust is prepared to take decisions that are likely to bring scrutiny but where the potential benefits outweigh the risks. Value and health benefits will be considered, not just cost and resources allocated to capitalise on opportunities.	Open (4)
4 Innovative and Inspiration Leadership to deliver our ambitions (transformation)	The Trust is eager to be innovative and to pursue options that offer potentially substantial rewards, despite also having greater levels of risk	Hungry (5)
4 Innovative and Inspiration Leadership to deliver our ambitions (Finance)	The Trust is prepared to invest for return and minimise the possibility of financial loss by managing the risks to a tolerable level. Value and benefits considered (not just cheapest price). Resources allocated in order to capitalise on opportunities.	Moderate (3)
5 Creating a great place to work	The Trust will encourage new thinking and ideas that could lead to enhanced staff engagement.	Open (4)



**OPERATIONAL RISK REGISTER**  
**Prioritisation of Red Risks**  
**at 26 April 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>Update: Further consultant has resigned wef 31/3. ED Business continuity plan discussed at Board Mar 18</b>	20 ↑	04/08/2014	17/04/2018
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: Work commencing in May for 16 weeks</b>	20 ↑	02/09/2016	25/04/2018
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.</b>	20 =	28/11/2013	02/02/2018
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>	20 =	13/02/2018	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>	20 =	13/03/2018	03/04/2018
1153	Pathology	5=	Telepath server: Potential catastrophic failure of Pathology LIMS due to age of current hardware (7 years). Failure would result in delays in ordering tests, accessing results and delaying clinical decisions being made; and could result in loss of all content. Increasing number and frequency of shutdowns <b>Update: Paper to Capital Planning Group outlining need for replacement and back-up system</b>	20 NEW	10/04/18	17/04/2018
1105	Medicine	7	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>	20 =	06/06/2017	17/04/2018

1075	Estates	8	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> <li>• Asbestos removal</li> </ul> <b>Works in progress across these areas</b>	20 =	01/03/2016	25/04/2018
33	Estates – Medical Engineering Services	9	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 =	01/03/2016	25/04/2018
949	Anaesthetics and Critical Care	10	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 =	05/05/2015	17/04/2018
748	Radiology	11	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 =	03/09/2013	03/04/2018
910	Medical Director	12	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 =	02/12/2014	17/04/2018

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 ↑	22/06/2009	17/04/2018
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: number of initiatives including HALO employed in ED. Focus on 92% bed occupancy</b>	16 =	06/09/2016	17/04/2018
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 advertised</b>	16 ↑	13/03/2018	25/04/2018
389 1277	Estates	4	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 ↑	29/06/2011	25/04/2018

**Risks rated 16**

Risk Ref	Centre	Priority	Risk and update	Score	Date entered	Date reviewed
853	Radiology	5	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 =	13/03/2018	17/04/2018
1243	Ophthalmology	6	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 =	05/09/2017	20/04/2018
1183	IT	7	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 ↓	01/08/2017	02/02/2018
1342	Women & Children	8	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 =	13/02/2018	23/04/2018
1287	Surgery	9	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 =	13/02/2018	09/04/2018
1221	Women & Children	10	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 =	04/07/2017	17/04/2018
1190	Women & Children	11	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 ↓	04/07/2017	17/04/2018
1234	MSK	12	MSK Junior doctors rota fragile at RSH <b>Update: number of options to deliver the service being considered by SCG</b>	16 =	22/06/2017	24/04/2018
55	Workforce	13	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>	16 ↑	16/09/2014	16/04/2018
1090	Trust wide	14	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</b>	16 =	25/04/2017	16/04/2018

**Risks rated 16**

Risk Ref	Centre	Priority	Risk and update	Score	Date entered	Date reviewed
			<i>support for option appraisal</i>			
1345	Corporate	15	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>	16 =	13/02/2018	25/04/2018
955	Women & Children / Trustwide	16	Access to Mental Health Service (CAMHS/RAID) <b>Update: Access to mental health service remains an issue. Continues to be raised with Commissioners</b>	16 =	05/05/2015	23/04/2018
1216	Medicine	17	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>	16 ↓	03/10/2017	17/04/2018
353	Women & Children	18	Medical staffing cover for obstetric services <b>Update: National shortage of staff</b>	16 =	30/12/2010	17/04/2018
1313	Therapies	19	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>	16 =	13/02/2018	24/04/2018
1329	Pharmacy	20	Trust is non-compliant with national requirements for Electronic Prescribing and Medicine Administration (EPMA) system <b>Update: explore options for a solution</b>	16 =	13/02/2018	17/04/2018
1279	Women & Children	21	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>	16 =	13/02/2018	17/04/2018
1121	Medicine	22	Appropriate storage of dialysis fluids <b>Update: Exploring options with suppliers</b>	16 =	06/09/2016	12/04/2018
1348	W&C	23=	Colposcopy clinic facilities at RSH – poor patient environment. <b>Update: exploring options for funding refurbishment</b>	16 NEW	10/04/2018	17/04/2018
1349	W&C	23=	Much lower than average uptake of accessing screening services in early pregnancy <b>Update: exploring reasons follow uptake in order to inform actions</b>	16 NEW	10/04/2018	17/04/2018
493	Emergency Planning	25=	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: Update: replacement sourced – undergoing testing and staff training</b>	16 =	13/02/2018	10/04/2018
428	Gynae & Fertility	25 =	Fertility accommodation <b>Update: Work in progress to develop off site facility with opening planned for May 2018</b>	16 ↓	07/09/2011	13/03/2018
984	Therapies	25 =	Therapy Care Group inability to meet national clinical quality standards, guidelines and service specifications <b>Update: improved situation due to winter plans</b>	16 ↓	17/06/2015	24/04/2018
606	Women & Children	25 =	Update Trust systems to enable serology and blood bank details to be available in REVIEW <b>Update: Jo Banks to discuss required system changes</b>	16 =	28/06/2012	02/18/2018

Risks rated 16						
Risk Ref	Centre	Priority	Risk and update	Score	Date entered	Date reviewed
			<i>with IT</i>			
266	Women & Children	25 =	Resource for obstetric theatres <b>Update: Discussions ongoing</b>	16 =	19/05/2010	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 =	26/11/2013	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 ↑	03/10/2017	17/04/2018
1097	Patient access	3	Racking in medical records no longer fit for purpose <b>Update: exploring options for off site storage</b>	15 NEW	01/06/2016	17/04/2018
1184	Anaes & 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 =	03/04/2017	17/04/2018
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 =	07/02/2017	17/04/2018
974	Oncology and Haematology	6	Capacity for outpatient appointments in oncology not meeting demand due to consultant vacancies and difficulty in recruitment.	15 NEW	13/03/2018	17/04/2018
664	Surgery	7	Mixed gender waiting area in SAS <b>Update: was in capital plan but removed due to other priorities</b>	15 =	12/11/2012	25/04/2018
1250	Radiology	8	Potential errors in radiology reports (Impacted by PACS integration) <b>Update: Situation improving.</b>	15 NEW	26/07/2017	17/04/2018
1272	Oncology and Haematology	9 =	Radiotherapy IT infrastructure – server needs replacement. <b>Update: Orders placed for new servers</b>	15 NEW	13/03/2018	09/04/2018
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 ↓	06/09/2016	04/04/2018
940	Women & Children	9 =	Building management system of the Shropshire Women and Children's Unit at PRH <b>Update: few snags remaining but particular issue with water supply to paediatrics</b>	15 ↓	03/02/2015	04/04/2018

## Attachment 5      Changes to risk profile during 2017/18

### 1      Board Assurance Framework

The Board Assurance Framework (BAF) risks have remained largely unchanged over the year. This is to be expected as they represent the broad organisational challenges the Trust is facing. The BAF has been reviewed at least monthly over the year. Over the year, one new risk was identified relating to the maternity service (risk 1204). The BAF has been recently extensively reviewed by the Executive and mapped to the revised corporate objectives.

### 2      Operational Risk Register

The Operational Risk Register lists the red rated risks which have been validated by Operational Risk Group (ORG). These risks are reviewed monthly by the Care Groups and at ORG.

At the start of April 2018, there were 52 risks on the register, compared to 50 in April 2017. Over the year, 14 risks have been closed and 12 have decreased in score so no longer appear on the Operational Risk Register. A list of these risks is overleaf.

There have been 28 new risks over the year; and three further risks have increased in score. 21 risks have not changed their risk score although actions have been taking place to mitigate the risks. The actions are outlined on the register (attachment 4).

Table 1: Risk movement over 2017/18

	Total risks at start of April	No change in score over year	Increased score (from 16 to 20)	New risks	Decreased score (amber or green)	Closed
2017	50				12	14
2018	52	21	3	28		

There are 399 risks (all ratings) on the centre and department risk registers and 115 risks were closed during the year.

### 3      Internal Audit

Internal Audit reviewed the Trust's BAF and risk management processes in January. This resulted in a rating of significant assurance for the sixth successive year.

### 4      NHSI Governance Review

The NHSI Governance Review commented that "a number of high scoring risks have featured on the risk register for some time with no resolution". They were concerned that this could indicate that the *management* of risk is not a focus for the organisation and recommended that the Board should undertake a review of the BAF and high level risk register. This was the subject of an Internal Audit review in Feb/March 2018 who found the Board could take 'substantial' assurance from the processes in place

**The closed / reduced risk list overleaf shows the length of time between identification and closure. The delays in mitigating risks largely relate to the shortage of capital funding to replace equipment, and problems with attracting staff which cannot easily be addressed. Internal Audit also found substantial assurance when they looked at the Risk Register with only a low recommendation made which has been actioned.**

**Table 2: Previous Red Risks closed or reduced during 2017/18**

<b>Risk ref</b>	<b>Risk</b>	<b>Closing comments</b>	<b>Risk Identified</b>	<b>Risk closed/reduced</b>
885	Orthopaedic drills are no longer supported by manufacturer and battery packs obsolete and do not hold charge.	<b>Risk closed:</b> New drills purchased Summer 2017	May 14	Oct 17
1028	Failure to Meet Timeliness Component of GRS - Loss of JAG Accreditation will result in financial loss of about £40-50K per month	<b>Risk closed</b> JAG accreditation regained June 2017.	Oct 15	Jul 17
1035	Aged MRI scanners / failing technology at both sites. Update: currently being procured	<b>Risk closed:</b> Replacement MRI scanners in place	Apr 15	Feb 18
1112	Inability to recruit Glaucoma Specialist Consultant has led to suspension of service.	<b>Risk closed:</b> Consultant post filled	Jul 16	Mar 18
446	Lifts in ward block frequently break down	<b>Risk closed:</b> lifts completely refurbished (carriages and mechanism)	Dec 11	Feb 18
939	Replacement programme for anaesthetic machines - Pneupacs	<b>Risks closed</b> as replacement equipment in place	Dec 14	May 17
1089	Failure of heating calorifiers in RSH ward block plant room	<b>Risk closed:</b> calorifiers replaced from capital funding	Dec 16	Dec 17
1038	Ultrasound scanners – deteriorating image quality due to age of equipment. Potential to miss pathology Update: funding agreed	<b>Risk closed:</b> New equipment delivered to replace old scanners.	Mar 14	Mar 17
1143	Lack of bioms to surgically treat urgent retinal conditions	<b>Risk closed:</b> New equipment in place	Sept 16	May 17
1101	Cameras used for Diabetic Eye Screening Programme are obsolete Update: funding agreed	<b>Risk closed:</b> New equipment in place	May 16	May 17
1064	Impact of increased demand on TeMS service on delivery of 18weeks RTT	<b>Risk closed</b> Fewer patients are now being sent through Sath who have breached their dates and therefore this is currently manageable.	Jan 16	Dec 17
893	Detrimental Impact of inability to recruit to Sonographer and Radiologist vacancy on the ultrasound service.	<b>Risk closed:</b> Recruited to vacant posts and Training is on-going	Jul 14	Dec 17
1156	Pharmacy system non-compliant with NHS data standards – NHSE require compliance	<b>Risk closed:</b> new system went live April 18	Jun 17	Apr 18
1171	Patient Furniture: across the Trust, key elements of the patient bedside furniture range have been identified as a serious risk in terms of infection control, medicines management and also patient experience.	<b>Risk closed:</b> equipment purchased and in place	Feb 17	May 17
687	Unable to fully implement a lock down – particular risk in W&D	<b>Score reduced:</b> On going program of risk assessment and advice to department managers on need for and best way of achieving simple or dynamic Lock Down of departments.	Feb 13	Jul 18
974	Demand for Oncology Outpatient Appointments	<b>Score reduced</b> as mitigation in place	May 15	Oct 17
931	Pharmacy staff working over capacity to support oncology and haematology services	<b>Score reduced:</b> Cold storage now in place for aseptic unit which gives service more flexibility. Secondee in position.	Nov 14	Dec 17

397	If the power supply, cooling and fire protection to the computer room is not improved, then the Trust could lose some of its key computing infrastructure	<b>Score reduced:</b> Work at RSH completed. PRH will be completed by June 2018 so likelihood of failure reduced as risk time limited.	Jun 11	Mar 18
1154	Neurology: Clinical risk due to inability to recruit consultants	<b>Score reduced:</b> Service was closed to new referrals and new model of care being implemented.	Jul 14	Jan 18
882	Medical workforce Risk including Care of the Elderly, cardiology	<b>Score reduced</b> as number of actions undertaken to address the on-going shortfall in medical workforce capacity	Jul 14	Jul 17
744	T&O adversely affected by patient flow failures	<b>Score reduced</b> as ring fenced beds in place	Nov 11	Oct 17
1063	Process problems between Shropcom and SaTH for Telford MSK service (TEMS) resulting in patient safety issues.	<b>Score reduced</b> following external review as Commissioners now sending fewer patients to SaTH.	Jan 16	Oct 17
985	Shrewsbury Emergency Department – some assessment cubicles too small in case of resuscitation	<b>Risk reduced:</b> risk assessments in place for placement of patients. Part of SSP plan	Jun 15	Apr 17
1157	Trust delays in invoice payments due to cash flow problems within the trust.	<b>Score reduced:</b> likelihood reduced as new financial year.	Dec 16	Mar 18
1081	Combined ENT/T&O rota could lead to withdrawal of deanery doctors	<b>Score reduced:</b> new rota implemented. Likelihood reduced.	Sept 17	Apr 18
1291	Inability to obtain critical care nursing to support an increase in dependency	<b>Score reduced:</b> likelihood reduced due to end of winter	Dec 17	Apr 18