

Paper 17

<p><b>Recommendation</b></p> <p><input checked="" type="checkbox"/> <b>DECISION</b></p> <p><input type="checkbox"/> <b>NOTE</b></p>	<p style="border: 1px solid black; padding: 2px;"><b>Trust Board</b></p> <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>
<p><b>Reporting to:</b></p>	<p><b>Trust Board</b></p>
<p><b>Date</b></p>	<p>May 31<sup>st</sup> 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>The BAF is attached with a 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>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. Attachment 4a gives more details on the capital costs of the items on the risk register</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>Trust Board (May 2018) Audit Committee (May 2018) &amp; Tier 2 Committees (monthly)</p>
<p><b>Previously considered by</b></p>	
<p><b>Link to strategic objectives</b></p>	<p>All</p>
<p><b>Link to Board Assurance Framework</b></p>	

<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*

Trend

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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) <i>Whole system Demand and Capacity Model (March 18)+G35</i>	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
1369	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) Performance 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>	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
		- A&E targets			- A&E targets	RED ↓		
		- Cancer waiting times targets			- Cancer waiting times targets	GREEN =		
		- RTT targets			- RTT targets	GREEN =		

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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>• Impact of QIPP</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> <p>Internal Audit Report on Waste Reduction Schemes (Sept 18)</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	If we do not get good levels of staff engagement to get a culture of continuous improvement then staff morale and patient outcomes may not improve  Potential impacts: <ul style="list-style-type: none"> <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	Appraisals and Personal Development Plan Staff induction linked to Trust values Leave policy cluster updated and including managing attendance and wellbeing policy updated. (Jan 16) Stress risk assessments process for staff Wellbeing Programme Values-based recruitment Coaching programme 5 year workforce plan Staff engagement strategy Values Behaviours and Attitudes (VBA) training for job interviewers VBA Conversations training Leadership development programme Enhanced health and wellbeing programme including fast access staff physiotherapy (Nov 2015) Care Group Boards	Monthly Workforce Reports Care Group 'Deep Dive' monthly at Workforce Committee (rotating schedule) Annual NHS Staff survey results 99% staff who responded in staff survey know the Values (Feb 2017) Uptake on staff accessing wellbeing initiatives Annual and monthly VIP Awards. Launch of organisation strategy -bespoke question in 2017 staff survey on our vision to be the safest and kindest organisation . monthly contract review meetings occupational health Leadership academy launched Q2 2017	AMBER  ↑	<b>Gaps in Controls</b> <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> <b>Gaps in Assurance/ Negative Assurance</b> <ul style="list-style-type: none"> <li>Staff Survey – Poor engagement score (Mar 19)</li> </ul>	Workforce Director
859	Chief Operating Officer  with Medical Director  Director of Nursing, Midwifery and Quality  Workforce Committee	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 Potential Impacts: <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	<b>All</b> Clinical Sustainability Group Service redesign Workforce reviews including job redesign and skill mix reviews Temporary staffing department Process for managing staff shortages which may impact on patient care Development of new roles 5 year workforce plan Winter Plan Care Group Boards <b>Medical</b> Medical staffing streamlined consultant recruitment Clinical leaders managing workforce cover including "working down" Job planning Overseas recruitment Recruitment RPIW <b>Nursing</b> Ward staffing templates E-rostering Nurse staffing review Well being apprentices Block booking agency staff Values based recruitment for nursing staff Bank Safe Care Tool revision Professional judgement Daily Staffing Huddles Escalation protocol	<b>All</b> Workforce component of Integrated Performance Report (monthly) Progress with the clinical service review with support from CCG / NHSI Operational Risk Group Workforce Risk report completed Drs overseas recruitment Monthly recruitment meetings. NHSE Workforce Summit <b>Medical</b> Business continuity plan for ED & ITU <i>Planned joint collaboration for dermatology (April 18)</i> <i>Working with Walton Centre to develop a hub and spoke model for neurology</i> <b>Nursing</b> E-rostering system Site safety reports (daily) Nurse staffing levels reported in IPR (monthly) Safer Nursing Care tool 6 monthly Safe Nursing review to Board and Q&S	RED  ↑	<b>Gaps in Controls</b> <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> <b>Gaps in Assurance/ Negative Assurance</b> <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>	Medical Director  Director of Nursing and Quality  CEO  Director of Nursing and Quality
626		ED staffing (Consultants & middle grades)	RED	Plan for Multi-professional Pilot	ED staffing (Consultants and middle grades)	RED ↑		
1062		Medical staffing- Gastroenterology	RED	VMI Value Stream 6 – ED	Medical staffing - Gastroenterology	RED (new)		
817		Nurse staffing	RED	Securing £312m capital allows public consultation to now occur and has reduced service anxiety due to uncertainty	Nurse staffing	RED =		
949		Medical staffing - Critical care	RED		Medical staffing - Critical care	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 24/05/18**

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

*To be ordered / otherwise being resolved*

**Risks rated 25**

Risk Ref	Centre	Priority	Risk and update	Capital Action Cost	Score	Date entered on ORR (date identified)	Date reviewed
			None				

**Risks rated 20**

Risk Ref	Centre	Priority	Risk and assurance	Capital Action Cost	Score	Date entered on ORR (date identified)	Date reviewed
626	Emergency assessment	1	Insufficient consultant capacity in Emergency Department which has the potential to adversely affect patient safety and patient flow. There are 3wte substantive Consultants in post, rather than the recommended 20wte. <i>Controls: 4 consultant locums in place Advanced Nurse Practitioners in post</i> <b>Assurance: recruiting to 6wte vacancies. Since the announcement of the Future Fit consultation there have been more applications for ED Consultant Jobs, with further interviews being held in June. Issue covered in 'Services in Spotlight' paper to Board.</b>	Not applicable	20 ↓	04/08/14 (20/8/12)	10/05/18
817 807	Trust wide	2	Failure to recruit nurses to fill Trust-wide vacancies resulting in staffing issues. <i>Controls: Risk controlled by use of bank and agency but results in increased costs; Escalation Policy; Creation of new roles for nursing; 'Golden ticket'</i> <b>Assurance: On-going recruitment events –national shortage of nurses with about 5% overall vacancy rate but up to 35% in some areas. Development of programme of roles to support nursing</b>	Not applicable	20 =	28/11/13 (26/9/13)	10/05/18
1045	Radiology	3	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. <i>Controls: regular planned maintenance. Contingency plans in event of failure</i> <b>Assurances: Business case being developed for additional scanner which will enhance flow and resilience.</b> <b>Plan to seek alternative funding sources for high risk equipment in line with financial strategy approved by Board in February 2018. A paper will be presented to Capital Planning Group in June outlining option of using Managed Service Contracts which is likely to cost between £700 - £800k pa for the highest risk radiology items</b>	Range - £566k- £1,041k (including Enabling Works)	20 ↑	13/02/18 (6/11/15)	10/05/18
1082 855	Radiology	4	The Trust is the only one of 150 Trusts surveyed which has no digital x-ray rooms. The CR equipment, which translates x-rays 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). <i>Controls: regular planned maintenance. Contingency</i>	£2,520k (including Enabling Works)	20 ↑	13/03/18 (4/4/16)	10/05/18

			<p><i>plans in event of failure</i>  <b>Assurance: Plan to seek alternative funding sources for high risk equipment in line with financial strategy approved by Board in February 2018. A paper will be presented to Capital Planning Group in June outlining option of using Managed Service Contracts which is likely to cost between £700 - £800k pa for the highest risk radiology items</b></p>				
1075	Estates	5	<p>Estates Condition (6 facet) surveys have highlighted a number of significant risks across both sites.  <i>Controls: CPG to prioritise funding based on areas of highest risk.</i>  <b>Assurance: 6 facet survey being refreshed to reprioritise areas for funding £834k of Priority 1 Schemes remain unfunded</b></p>	RSH (Condition & Statutory) High Risk: £5.61m PRH (Condition & Statutory) High Risk: £366k (gross)	20 ↑	01/03/16 (1/3/16)	10/05/18
33	Estates – Medical Engineering Services	6	<p>Lack of capital for medical equipment 'rolling' programme.  <i>Controls: Maintenance programmes. Small contingency to replace highest priority devices. 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</i>  <b>Assurances: Work underway to link the replacement of Priority one equipment with the available charitable funds. The MES manager will provide an update to the June Capital Planning Group.</b></p>	£1,313k for Priority 1 replacements	20 ↑	01/03/16 (23/10/08)	10/05/18
1105	Medicine	7	<p>Cardiac Catheter Lab needs replacement: The lab has regular periods of downtime which require repair. Impacts on retention and recruitment of consultant cardiologists  <i>Controls: Manufacturer continues to support the cath lab to the best of their ability and service the equipment bi-monthly. This does result in whole day down-time. Contract adjusted to match the requirements of an end of life piece of equipment. QA tests undertaken to monitor the systems. Email notification for risk monitoring has been set up to highlight failure before it happens.</i>  <b>Assurance: Plan to seek alternative funding sources for high risk equipment in line with financial strategy approved by Board in February 2018. A paper will be presented to Capital Planning Group in June outlining option of using Managed Service Contracts which is likely to cost between £700 - £800k pa for the highest risk radiology items</b></p>	£1,000k	20 =	06/06/17 (2/8/16)	14/05/18
949	Anaes and Critical Care	8	<p>Non-compliance with Critical Care Standards for Intensivist Cover within ITU  <i>Controls: Critical Care is being provided with a mix of general anaesthetists and the small number of intensivists available but consultant presence is still well below recommended levels. RSH split rota now in place with intensivists solely on rota to cover ITU/HDU departments.</i>  <b>Assurances: 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. Outcome of SSP will impact on this risk as will result in single site working</b></p>	Not applicable	20 =	05/05/15 (20/1/15)	10/05/18
748	Radiology	9	<p>Lack of Breast Consultant Radiologists impacting on viability of breast screening service  <i>Controls: Re allocation of the Breast Radiologists general commitments; skill mix review</i></p>	Not applicable	20 =	03/09/13 (27/7/13)	17/05/18

			<b>Assurances: Issue covered in 'Services in Spotlight' paper to Board. Outcome of SSP will impact on this risk as will result in single site working</b>				
910	Medical Director	10	Systems (manual and electronic) do not facilitate management of significant patient test results <i>Controls: each Centre has their own method of making sure reports are read and actioned. This is not standardised nor is it monitored.</i> <b>Assurances: Awaiting decision and procurement of EPR. Option appraisal for EPR submitted to Execs and business case being developed</b>	£18,000k over 10 years	20 =	02/12/14 (8/09/14)	10/05/18
1123	Estates	11	Regulatory risk relating to capital strategy for fire safety <i>Controls: PPM on fire alarms, fire safety training, fire doors, evacuation procedures for ward block</i> <b>Assurance: Funding included in 2018.19 Capital Programme includes £300k for Ward Block Ward block being progressively decanted with plan to complete work by end of September 2018</b>	£300,000	20 ↓	02/09/16 (7/9/13)	25/04/18

### Risks rated 16

Risk Ref	Centre	Priority	Risk and update	Capital action Cost	Score	Date entered on ORR (date identified)	Date reviewed
105	Emergency Medicine	1	Poor patient flow leading to sustained failure to meet A&E target; and increased ambulance off load delays <i>Controls: Patient flow coordinators; bed bundle; daily bed meetings; direct streaming;</i> <b>Assurances: number of initiatives in ED. Focus on 92% occupancy</b>	Not applicable	16	22/6/09	10/05/18
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. 14/24 posts currently filled. <i>Controls: locum staff</i> <b>Assurances: 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> <b>Issue covered in 'Services in Spotlight' paper to Board.</b>	Not applicable	16 ↑	06/09/16 (22/8/16)	10/05/18
1062	Surgery	2 =	Failure to recruit to Consultant vacancies in Gastroenterology. One consultant is leaving in April; and a second in September. Latest recruitment round resulted in no attendees for interview. <i>Controls: locum staff</i> <b>Assurances: Jobs being readvertised. Working on business continuity plan. Outcome of SSP will impact on this risk as will result in single site working</b>	Not applicable	16 ↑	13/03/18 (27/1/16)	10/05/18
1153	Pathology	4	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 <i>Controls: daily local and remote back-ups. Disaster recovery product contract agreed</i> <b>Assurances: The project team will progress with the programme to replace the LIMS Plan to seek alternative funding sources for high risk equipment in line with financial strategy approved by Board in February 2018.</b>	£160,000 (server)	16 ↓	10/04/18	22/05/18

**Risks rated 16**

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'. Datix reports submitted indicate regular problems with system fails. <i>Control: no effective controls.</i> <b>Assurances: Plan to seek alternative funding sources for high risk equipment in line with financial strategy approved by Board in February 2018. A paper will be presented to Capital Planning Group in June outlining option of using Managed Service Contracts which is likely to cost between £700 - £800k pa for the highest risk radiology items</b>	£1,000k	16 ↑	13/03/18 (28/2/14)	20/05/18
1181	Patient Access & Outpts	6	Lack of storage space for medical records across sites <i>Controls: culling of notes; notes stored in secure boxes</i> <b>Assurances: On-going culling of notes currently taking place will continue over next 3-4 months. Investigating off-site storage options.</b>	Not applicable	16 ↑	08/03/17	10/05/18
1243	Ophthalmology	7	Demand exceeding capacity in Diabetic Eye Screening Service – year on year increase of almost 5% with no additional resource <i>Control: It has been agreed at Contract Performance Meetings &amp; SDESP programme Board that resources will be diverted from screening to grading for a 2 week period to address the grading backlog. This will increase the screening interval by approximately 2 weeks a month</i> <b>Update: There are on-going meetings with NHSE and SDESP Programme Board who are discussing options to address gap.</b>	Not applicable	16 =	05/09/17 (2/1/17)	16/05/18
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. Trust is in bottom part of lower quartile for IT spending in Model Hospital data. Storage unit's now old technology. <i>Controls: Limited. Some items have a limited warranty. Some additional storage purchased. IT have engineered 20% free space across the estate but this is becoming increasingly difficult to find</i> <b>Assurances: Plan to seek alternative funding sources for high risk equipment in line with financial strategy approved by Board in February 2018. A paper will be presented to Capital Planning Group in June outlining option of using Managed Service Contracts</b>	500,000 – 700,000 to replace whole system	16 ↓	01/08/17 (26/3/17)	24/05/18
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. <i>Controls: Contingency plan enacted with scanner moved from RSH to PRH but more staff travelling reduces throughput. One scanner on order.</i> <b>Assurances: Seek funding for planned programme of replacement.</b>	£80,000	16 =	13/02/18 (30/1/18)	15/05/18
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. <i>Controls: no effective controls</i> <b>Assurance: Trainees recruited but &gt; 2 year lead in time until competent</b>	Not applicable	16 =	04/07/17 (16/5/17)	15/05/18
1190	Women & Children	11	Reduction in numbers of Advanced Neonatal Nurse Practitioners (ANNP) due to retirement and maternity	Not applicable	16 ↓	04/07/17	15/05/18

**Risks rated 16**

			leave; and national shortages of trained staff. <i>Controls: no effective controls</i> <b>Assurance: Trainees recruited but &gt; 2 year lead in time until competent</b>			(18/4/17)	
1380	Ophthalmology	12 =	Specialist Adult Contact Lens Service. Contracted-in Optometrist has given notice to the Trust and the contract will end at end of May 2018. This will leave the Trust with no service to provide to patients; which could impact on patient care and result in delays. <i>Controls: Currently no controls possible</i> <b>Assurances: All options explored to find replacement but have been unsuccessful to date</b>	Not applicable	<b>16</b> <b>NEW</b>	20/04/18	08/05/18
1234	MSK	12 =	MSK Junior doctors rota fragile at RSH <i>Controls: current staff doing additional shifts</i> <b>Assurances: number of options to deliver the service being considered by SCG. Recruitment on-going</b>	Not applicable	<b>16</b> <b>=</b>	05/09/17 (22/6/17)	24/04/18
1216	Medicine	14	Dermatology: clinical risk due to single consultant. Unable to recruit additional consultant and service provided by uncapped agency doctors. <i>Controls: Sub-contracting activity. Locum in post</i> <b>Update: Discussions with other provider in relation to providing capacity at SaTH. Issue covered in 'Services in Spotlight' paper to Board.</b>	Not applicable	<b>16</b> <b>↓</b>	03/10/17	14/05/18
55	Workforce	15	Attendance at statutory and mandatory training <i>Controls: SSU compliance part of annual appraisal process. Care Group targets and reporting</i> <b>Assurances: Target of 90% agreed by Workforce Committee with new way of monitoring which will allow more robust understanding of where gaps are and allowed targeted approach.</b>	Not applicable	<b>16</b> <b>↓</b>	16/09/14 (16/11/08)	19/03/18
1345	Corporate	16	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. <i>Controls: Regular LoLER inspections</i> <b>Assurance: Corporate lead identified and on-going replacement programme being developed.</b>	£100,000	<b>16</b> <b>=</b>	13/02/18 (5/12/17)	10/05/18
1313	Therapies	17	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. <i>Controls: agency physio; job reallocation</i> <b>Assurances: Recruitment and staff support</b>	Not applicable	<b>16</b> <b>=</b>	13/02/18 (15/9/17)	24/04/18
1329	Pharmacy	18	Trust is non-compliant with national requirements for Electronic Prescribing and Medicine Administration (EPMA) system <i>Controls: no controls possible</i> <b>Assurances: currently exploring options for financing a solution with procurement</b>	£1,500k over 2 years	<b>16</b> <b>=</b>	13/02/18 (22/1/18)	17/04/18
1279	Women & Children	19 =	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. <i>Controls: MDT triages and prioritises patients</i> <b>Assurances: this service is provided by ShropCom – keep under discussion with Commissioners.</b>	Not applicable	<b>16</b> <b>=</b>	13/02/18 (3/10/17)	15/05/18
984	Therapies	19 =	Therapy Care Group inability to meet national clinical quality standards, guidelines and service specifications Serious concerns following a review by the Midlands Critical Care and Trauma Network. One of these relates to the rehabilitation of trauma patients by all 4 therapy professions due to the lack of a dedicated trauma rehab	Not applicable	<b>16</b> <b>=</b>	17/06/15 (5/5/15)	24/04/18

Risks rated 16							
			service <i>Controls: 7-day working where funding allows</i> <b>Assurance: Development of Stroke business case following review of Stroke service</b>				
1121	Medicine	21	Appropriate storage of dialysis fluids <i>Controls: staff vigilance</i> <b>Assurance: Number of options explored but no solution identified</b>	Not applicable	16 =	06/09/16 (1/8/16)	14/05/18
1349	Women & Children	22	Much lower than average uptake of accessing screening services in early pregnancy <i>Controls: monthly booking meeting; direct access; on-line booking</i> <b>Assurances: exploring reasons for low uptake in order to inform next steps</b>	Not applicable	16 =	10/04/18 (20/2/18)	15/05/18
1348	Women & Children	23=	Colposcopy clinic facilities at RSH – poor patient environment. <i>Controls: Limited controls possible</i> <b>Assurances: Funding allocated for refurbishment</b>	£21k	16 ↓	10/04/18 (20/2/18)	15/05/18
493	Emergency Planning	23=	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. <i>Controls: none possible</i> <b>Assurance: replacement sourced – undergoing testing and staff training</b>	£7k	16 ↓	13/02/18 (12/1/18)	10/04/18
606	Women & Children	23=	Update Trust systems to enable serology and blood bank details to be available in REVIEW <i>Controls: Manual transcription of results into notes</i> <b>Assurance: CG Manager to discuss required system changes with IT</b>	Not applicable	16 =	28/06/12	15/05/18

Risks Rated 15							
Risk Ref	Centre	Priority	Risk and update	Capital Action Cost	Score	Date entered on ORR (date identified)	Date reviewed
816	Radiology Workforce	1	Lack of Interventional Radiologists leading to no out of hour's vascular interventional Radiology service. <i>Controls: ad hoc cover</i> <b>Assurances: No success in recruiting to this post. Radiology Workforce planning currently taking place.</b>	Not applicable	15 =	26/11/13 (3/2/13)	10/05/18
1097	Patient Access	3	Racking in medical records no longer fit for purpose. <i>Controls: culling of notes; notes stored in secure boxes</i> <b>Assurances: Roller racking sourced from Shropshire Libraries at no cost – available from July 2018 if it can be fitted</b>		15 ↑	05/12/17 (1/6/16)	24/05/18
1184	Anaes & Critical care	4	Lack of an integrated call bell system in anaesthetic rooms in theatres at RSH <i>Controls: local SOP</i> <b>Assurance: Paper for capital planning being written</b>	£27,000	15 =	04/07/17 (3/4/17)	10/05/18
974	Oncology and Haematology	5	Capacity for outpatient appointments in oncology not meeting demand due to consultant vacancies and difficulty in recruitment. <i>Controls: Waiting list initiatives; Telephone follow up consultations</i> <b>Assurances Recruitment</b>	Not applicable	15 NEW	13/03/18 (1/5/15)	17/04/18

**Risks Rated 15**

1258	Trust wide	6	Additional patients on our wards. <i>Controls: Hospital Full protocol; local risk assessments</i> <b>Assurances: increased focus on achieving 92% occupancy</b>		<b>15</b> ↓	<b>03/10/17</b> (30/6/17)	17/04/18
664	Surgery	7	Mixed gender waiting area in SAS in breach of NHS guidance <i>Controls Patients remain in outdoor clothes as long as possible before surgery;</i> <b>Assurances: monitoring. Will be resolved as part of SSP</b>	£100k	<b>15</b> =	<b>03/12/13</b> (12/11/12)	25/04/18
1355	Facilities	8	Oven failure in kitchen area at PRH – which could result in ability to provide hot meals for staff and visitors with subsequent loss of income (£227k pa) <i>Controls: use of alternative, but increases risk of failure of this oven</i> <b>Update: exploring options for replacement</b>	£11k	<b>15</b> <b>NEW</b>	<b>10/4/18</b> (20/3/18)	17/04/18
1272	Oncology and Haematology	9=	Radiotherapy IT infrastructure – server needs replacement. <b>Update: Orders placed for new servers</b>	£184k	<b>15</b> <b>NEW</b>	<b>13/03/18</b> (6/3/17)	09/04/18
1011	Estates	9=	Management of electrical low voltage systems (merged with previous risk 223) <i>Controls: AE in place</i> <b>Assurances: thermo-imaging and limited testing in progress</b>	£100k	<b>15</b> ↓	<b>06/09/16</b> (20/8/15)	25/04/18
940	Women & Children	9=	Building management system of the Shropshire Women and Children's Unit at PRH <i>Controls: regular meetings with Estates</i> <b>Assurance: Remaining issues to be resolved, for discussion at next risk group to consider further mitigations.</b>	Not applicable	<b>15</b> ↓	<b>03/02/15</b> (4/11/14)	15/05/18