

Paper 14

<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>27 September 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 risk appetite has been included for each objective.</p> <p>Since September 2017:</p> <ul style="list-style-type: none"> <li>• Corporate objectives have been revised and the risks mapped to the revised objectives.</li> <li>• One new risk added (risk 1369, bed occupancy), and two risks removed (risk 951, DTOC and risk 1185, medical outliers).</li> <li>• Risk 1186 (community engagement) was new in 2017 and is improving</li> <li>• Risk 1204 (maternity service) has improved from Red to Amber due to the positive assurances received</li> <li>• Risk 668 (clinical service vision) has improved from Red to Amber with the start of the consultation on Future Fit</li> </ul> <p>Attachment 2 - Board Assurance Framework - Tier 2 Committees review their risks each month. Changes since the last presentation are shown in purple text. Specifically:</p> <p>Risk 1186 (Community engagement) – additional positive assurance added  Risk 1134 (winter planning) – additional positive assurance in one area and additional negative assurance  Risk 1204 (maternity service) –additional positive assurances received from July 2018  Risk 1369 (bed occupancy) – additional negative assurance  Risk 561 (patient flow) - additional negative assurance</p> <p>Attachment 3 – shows 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>At the start of September 2018, there were 57 risks on the register, which is 4 more than September 2017. Over the year, 15 of these risks have been closed and 12 have decreased in score so no longer appear on the Operational Risk Register. There have been 20 new risks over the year; and 7 further risks have increased in score. 17 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).</p> <table border="1" data-bbox="422 499 1461 656"> <thead> <tr> <th>All red risks</th> <th>No change</th> <th>Increased score</th> <th>New risks</th> <th>Decreased score (amber or green)</th> <th>Closed</th> <th>Total risks at start of August</th> </tr> </thead> <tbody> <tr> <td>12/9/18</td> <td>17</td> <td>1</td> <td>20</td> <td></td> <td></td> <td>57</td> </tr> <tr> <td>15/9/17</td> <td></td> <td></td> <td></td> <td>12</td> <td>15</td> <td>53</td> </tr> </tbody> </table>	All red risks	No change	Increased score	New risks	Decreased score (amber or green)	Closed	Total risks at start of August	12/9/18	17	1	20			57	15/9/17				12	15	53
All red risks	No change	Increased score	New risks	Decreased score (amber or green)	Closed	Total risks at start of August																
12/9/18	17	1	20			57																
15/9/17				12	15	53																
<b>Sponsoring Director</b>	Chief Executive																					
<b>Author(s)</b>	Legal and Compliance Manager																					
<b>Recommended / escalated by</b>	Trust Board (July 2018) Audit Committee (May 2018) & Tier 2 Committees (monthly)																					
<b>Previously considered by</b>																						
<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>* EIA must be attached for Board Approval</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*

Trend

↓

AMBER

↓

Amber

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AMBER

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Amber

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Amber

=

RED

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Red

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Red

**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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RED

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Amber

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Red

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Red

↑

RED

↑

Amber

↑

Red

Key | Reasoning | Reasonable | 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	<p>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</p> <p>Potential impacts:</p> <ul style="list-style-type: none"> <li>Disengaged community</li> <li>Failure to meet S242, statutory obligations of Health and Social Care Act</li> <li>Damage to Trust reputation</li> </ul>	RED	<p>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) and Young Peoples Academy launched</p>	<p>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 <i>Patient Survey results (2019)</i> <i>Deloitte well-led review highlighted Community Engagement as good practice (August 18)</i></p>	AMBER ↓	<p><b>Gaps in Control</b></p> <ul style="list-style-type: none"> <li>Engagement Strategy</li> <li>Mechanisms to work with community</li> <li>Lack of Patient Experience Group</li> </ul> <p><b>Gaps in Assurance</b></p>	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	<p>If there is a lack of system support for winter planning then this would have major impacts on the Trust's ability to deliver safe, effective and efficient care to patients.</p> <p>Potential Impacts</p> <ul style="list-style-type: none"> <li>Inability to continue with current provision of service</li> <li>Poor experience for patients including over 8 hour trolley waits and cancelled operations</li> <li>Additional patients on wards</li> <li>Failure to comply with national standards and best practice tariffs</li> <li>Reduced patient safety</li> <li>Reduced quality of care</li> <li>Low staff morale</li> <li>Increased levels of Delays in Transfers of Care</li> <li>Additional escalation and staffing costs</li> <li>Failure to achieve STF financial control total</li> <li>Increased ambulance handover delays</li> <li>Increased mortality</li> </ul>	RED	<p>SaTH Escalation policy Care Group Boards Hospital Full Protocol Weekly LHE COO meetings Shropshire, T &amp; W A&amp;E Delivery Board and Group STP Ambulance Divert Policy Temporary staffing department VMI - Value Stream 1 (Respiratory Ward Discharge) Detailed Trust winter plan in place Demand and capacity model</p>	<p>A&amp;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) + G35 Triangulation of ED Quality metrics – July 2018 ED Value Stream 6 Super stranded at circa 70 patients – 11.8% vs regional 16.68% (July) <i>SaTH much improved (39%) on NHSI metrics on long length of stay patients (Aug 18)</i></p>	AMBER ↑	<p><b>Gaps in Controls</b></p> <ul style="list-style-type: none"> <li>Inadequate Whole System Winter Plan</li> <li>Non-compliance with Divert Policy</li> <li>Lack of Whole System Surge Plan</li> <li>Lack of staff for additional beds which are open</li> </ul> <p><b>Gaps in Assurance/ Negative Assurance</b></p> <ul style="list-style-type: none"> <li>System financial deficit</li> <li>Current ED Performance +120</li> <li><i>Stranded patient @ min 195 against target of 180</i></li> </ul>	<p>Director of Nursing and Quality  Chief Operating Officer</p>

Key | 
  Relevance | 
  Relevance | 
  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
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 Revised 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) Maternity Quality Improvement and Governance Team	MBRACE and RCOG (2013; 2015) Shropshire Midwifery Led Units Enter & View visit (Feb 16) Review of a maternal & neonatal death Serious Incident (2016) 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) – July Trust Board Legacy review screening process complete – July Trust Board Maternity incentivisation (Saving Babies' Lives Report) Report to Quality Committee (Aug 18) - good progress Raising Concerns Maternity survey - better than national average (CQC Insight July 18) Ratio of births to midwifery staff (Jan 17 to Dec 17)(CQC Insight) <a href="#">RCOG review (July 2018)</a> <a href="#">QA Antenatal screening (Oct 18)</a> <a href="#">Paediatric Critical Care Peer Review (Sept 18)</a>	AMBER ↓	<p><b>Gaps in Controls</b></p> <ul style="list-style-type: none"> <li>• Ability to staff MLUs sustainably (Escalation protocol invoked frequently)</li> </ul> <p><b>Gaps in Assurance/ Negative Assurance</b></p> <ul style="list-style-type: none"> <li>• Audit of Policy and Procedure Compliance in maternity services (April 17)</li> <li>• MBRACE data (2016)</li> <li>• CQC 'requires improvement' - Aug 17</li> <li>• Secretary of State Review – Outstanding</li> <li>• Maternal readmissions - outlier alert</li> </ul>	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>								
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: • Hospital acquired infections • Poor experience for patients • Increased patient falls • Increased staffing needs • Increased use of escalation beds • Increased financial risks • Failure to meet national performance targets • Cancelled elective activity • Additional patients on wards	RED	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 <a href="#">NHSI IPC Review (Sept 18)</a>	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> <li>• NHSI IPC Review (June 18)</li> <li>• <a href="#">CQC inspection (Aug 18)</a></li> </ul>	Director of Nursing and Quality  Chief Operating Officer

Key | 
  Reassurance | 
  Reassurance | 
  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
561	Chief Operating Officer (COO)	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	RED	Delivery monitored at the A&E Delivery Board, Performance Committee, monthly Care Group Confirm and Challenge sessions, and Trust Board as well as the Care Group RAP monitoring groups.	RTT Recovery plans for non-compliant specialties;	RED =	<b>Gaps in Control</b> <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> <b>Gaps in Assurance/ Negative Assurance</b> <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> <li>• Additional patients on wards</li> <li>• Outpatient appointment process Audit (limited assurance)(May 18)</li> <li>• National Sepsis Audit (2017)</li> <li>• #NOF Audit results (Aug 18)</li> <li>• Lung cancer audit results (2016)</li> <li>• Never events</li> <li>• <a href="#">CQC Inspection (Aug 18)</a></li> </ul>	Chief Operating Officer
	Medical Director (MD)	Potential Impacts <ul style="list-style-type: none"> <li>• Poor /unsafe patient care &amp; experience</li> <li>• Financial penalties</li> <li>• Performance notices</li> </ul>		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)	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 Cancer – First treatment in 31 days of decision to treat - much better than national average (March 18)+G35			
	Director of Nursing, Midwifery and Quality (DNMQ)	<ul style="list-style-type: none"> <li>• Failure to comply with national access</li> <li>• Failure to receive STF allocation</li> <li>• Additional patients on wards</li> </ul>		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)	Cancer – First treatment in 31 days of decision to treat - much better than national average (March 18)+G35			
	Performance Committee							
		– A&E targets			– A&E targets	RED ↓		
		– Cancer waiting times targets			– Cancer waiting times targets	GREEN =		
		– RTT targets			– RTT targets	GREEN =		

Key | Risk rating | Assurance | 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: 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</p> <p>Urgent Care Network Board</p> <p>Programme Board established for 'Future Fit' and all stakeholders engaged. Workstreams established for finance, activity and capacity modelling, development of the clinical model, Communications and engagement and Assurance. Clinical Reference Group established.</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 commenced 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>• 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>• Patient-led assessment of privacy, dignity and well-being (Mar 17 to Jun 17)</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>	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>Cash and Treasury Management Audit (moderate assurance) May 18</p> <p>Income and debtors audit (moderate assurance) May 18</p> <p>Payment and creditors audit (substantial assurance) May 18</p>	RED =	<p><b>Gaps in Controls</b></p> <ul style="list-style-type: none"> <li>• Insufficient investment resource to modernise estate, equipment and IT</li> <li>• Failure to reduce Delayed Transfers of Care resulting in increasing costs for escalation beds</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
		Shortfall in liquidity	RED		Shortfall in liquidity	RED =		
		Income and Expenditure	RED		Income and Expenditure	RED =		
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 Performance 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 rating | Assurance | 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 Much better than national average sickness rates for medical staff (CQC Insight July 18) Turnover rates better than national average (CQC Insight July 18)	AMBER  ↑	<b>Gaps in Controls</b> <ul style="list-style-type: none"> <li>Rates of appraisal (currently 87% with Medical Staff at 97%)</li> <li>Rates of Statutory and Mandatory Training (currently 75% overall with Fire Safety at 80%)</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>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 (July 18)</li> <li>ED officially 'fragile'</li> <li>Temporary staffing audit (May 18)</li> </ul>	Medical Director  Director of Nursing and Quality  CEO  Director of Nursing and Quality
626		ED staffing (Consultants & middle grades)	RED		ED staffing (Consultants and middle grades)	RED ↑		
1062		Medical staffing- Gastroenterology	RED		Medical staffing - Gastroenterology	RED (new)		
817		Nurse staffing	RED		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 Validated Red Risks**  
**at 12/09/18**

Key:

W	Workforce
Q	Quality & Safety
P	Performance
	In process of completion

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 & Tier 2 Committee	Priority	Risk and update	Capital Action Cost	Score	Date entered on ORR (date identified)	Date reviewed
1122	Emergency Medicine <b>W</b>	1	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	20 ↑	06/09/16 (22/8/16)	29/08/18
626	Emergency assessment <b>W</b>	2=	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: recruit 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)	29/08/18
1426	Medical Director <b>Q</b>	2=	Effective Treatment of sepsis not embedded throughout Trust <i>Controls: Sepsis Six bundle, sepsis action plan</i> <b>Assurance: Deliver actions in sepsis action plan</b>	Not applicable	20 <b>NEW</b>	11/09/18 (25/6/18)	12/09/18
1029	Radiology <b>Q</b>	4	Backlog of radiology reporting leading to quality and safety risks, & financial risks caused by national shortage of radiologists and increase in number of examinations. Impacts on cancer waits, delayed diagnoses, increasing complaints <i>Controls: Outsourced reporting, WLIs, HotDoc system</i> <b>Assurance: SBAR paper submitted to execs. Continued recruitment attempts including from overseas.</b> <b>Consultant Radiographer now in post to help with plain film workload. Development of Consultant Radiographers, and Advanced Practitioners</b>	Not applicable	20 =	10/07/18 (01/10/15)	04/09/18

817 807	Trust wide <b>W</b>	5 =	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	<b>20</b> =	28/11/13 (26/9/13)	03/09/18
1062	Surgery <b>W</b>	5 =	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	<b>20</b> ↑	13/03/18 (27/1/16)	05/09/18
1045	Radiology <b>P</b>	5 =	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. Plan to seek alternative funding sources for high risk equipment in line with financial strategy approved by Board in February 2018. A paper was 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)	<b>20</b> ↑	13/02/18 (6/11/15)	04/09/18
1084	Ophthalmology <b>Q</b>	8	Ophthalmology patients waiting longer than the recommended follow up time may come to harm. There have been a number of reported incidents <i>Controls: 3<sup>rd</sup> party providers provide additional capacity. Past Max to wait report to ensure accurate recording</i> <b>Assurances: Complete review of workforce in line with demand v capacity analysis. This will inform the need for additional resource.</b>	Not applicable	<b>20</b> <b>NEW</b>	11/09/18 (01/3/16)	11/09/18
688	Pathology	9	Technology used to determine microbial sensitivity is outdated and not fit for purpose. We are the only 1 of 50 previous PHE laboratories to still use the old technology. With increasing microbial antibiotic resistance it is essential that the system provides accurate results. The existing system produces results which are only accurate about 83% of the time so 50 results a day are inaccurate. <i>Controls: QA checks; participation in NEQAS scheme.</i> <b>Assurances: Present business case for move to managed service with new technology</b>	tbc	<b>20</b> <b>NEW</b>	11/09/18 (04/3/13)	11/09/18
1082 855	Radiology <b>P</b>	10	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). <i>Controls: regular planned maintenance. Contingency 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>	£2,520k (including Enabling Works)	<b>20</b> ↑	13/03/18 (4/4/16)	03/09/18

1075	Estates <b>P</b>	11	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>	RSH (Condition & Statutory) High Risk: £5.61m PRH (Condition & Statutory) High Risk: £366k (gross)	<b>20</b> ↑	<b>01/03/16</b> (1/3/16)	12/09/18
Description		Dept. Priority Order	2018/19 £	Risk/Consequences (including Trust Risk Ref No where applicable):			
RSH Roadways and footways		5	20	Continued problems with uneven surfaces presenting safety issues and resulting in claims for trips and falls			
PRH Roadways and footways		6	30	Continued problems with uneven surfaces presenting safety issues and resulting in claims for trips and falls			
RSH External lighting including LED replacement lights and replacement of steel wired armoured cables		7	100	Poor external lighting (due in part to degraded condition of cabling) resulting in safety issues for staff and patients.			
£79k allocated in 2018/19 for above - Estates scoping priority of works							
Stretton House fire upgrade works		8	30				
RSH Roofing - guard rails - compliance		9	50	(Risk Register Ref: 1168) To ensure that maintenance staff can safely access plant and equipment located at roof top level it has been necessary to install additional edge and sky-light protection, and a programme of works has commenced in early 2017 to ensure that the Trust is fully compliant with current legislative requirements.			
PRH Waste Compactors x 2 & guide rails		10	40				
RSH Roofing		11	20	Due to age of building, there is a continual need for roof repairs			
PRH Roofing		12	10	Whilst less of an issue than RSH (as not flat roofs), there is a continual need for roof repairs			
RSH Flooring		13	20	Due to age of building, there is a continual need for floor repairs			
PRH Flooring		14	20	Due to age of building, there is a continual need for floor repairs			
Autoclaves – Pathology		15	150				
Sustainability eg LED Lighting		16	50				
Theatre light rolling replacement			60	(risk register ref: 714 and 830) Replacement of 2 theatres lights at either RSH or PRH based on prioritisation list completed by Theatre Management			
Radiotherapy/Ward block plantroom - pump sizing (Legionella risk)			10	(Risk Register Ref: 1010) Site surveys and risk assessments were undertaken by HBI Consultants in 2016 and an Assurance plan implemented to address their findings, this has included the removal of pipework dead-legs, replacement of water circulating pumps, and the RSH main incoming water supply copper/silver ionisation system, which is used as a supplementary Legionella control measure.- Main DHW return pump requires replacement			
Switchgear - Pathology & Maternity (LV Panels)			60	If Ophthalmology Phase 3 is delivered - this issue will be resolved by default (Risk Register Ref: 1011)A programme of periodic electrical inspection and testing is underway, along with the planned replacement of electrical distribution boards on a prioritised basis, with the initial focus being on the RSH Ward Block. As the testing programme continues the risk register will be updated and capital funding sought on a risk prioritised basis.			
PRH BMS Upgrade – phased			100	(risk register 545)			
PRH Plate Packs Servicing			20				
PRH Windows			25				
RSH / PRH Decoration and Environment			25				
Obsolete Sluices - Endoscopy/Wd 7			5				
Boiler House RO			18	No Risk to plant but will increase operational costs due to dosing of chemicals to feed water and increased blow down times on boilers / costs were provided last year however the capital monies ran out. (approx. cost 15k supply and installation)			
Plate Heat pack replacement RSH - additional areas			50	Failure to invest will lead to failure to provide heating of hot water to patients. Costs submitted however capital money ran out. (approx. cost 214k) LOW risk at present.			
<b>Total Unfunded Estates</b>			<b>834</b>				
33	Estates – Medical Engineering Services <b>P</b>	12	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>	£1,313k for Priority 1 replacements	<b>20</b> ↑	<b>01/03/16</b> (23/10/08)	12/09/18

Description		Dept. Priority Order	2018/19 £	Risk/Consequences (including Trust Risk Ref No where applicable):				
Orbscan		92	40	Unsupported / Ophthalmology service disruption				
Cardiac output monitor		90	10	Obsolete unsupported current device				
Flow meters x 800		88	40	Units now irreparable, revenue used as they fail				
Biometer		88	30	Obsolete, no support, service disruption, contingency pressure				
Dialysis Machines x 13		86 (average)	30	Machines £13,000 each, very high running costs for maintenance				
Stack Systems		86	500	Risk reg 998 End of support, repair difficulties, downtime and disruption to RSH surgery				
Field Analyser		84	50	Waiting lists increase for field tests				
Operating Chair		84	12	Eye surgery compromised, undertaken on conventional op table				
Monitors Parameter Monitors		82	200	Standardisation program, units £2500 each, ward area operating difficulties with old non-standard devices				
Incubators x 7		81	210	20 year old units £30,000 each reduced capacity for neonate admission				
Ultrasound Scanner		80	80	Neonate new / older unit to Fertility?				
ECG Recorders		80	60	Standardisation program, units £3000 each, ward area service disruption				
Reverse Osmosis 2		79.5	50	Back up of dialysis service at PRH				
<b>Total Unfunded MES</b>			<b>1,313</b>					
1387	Women & Children <b>W</b>	13		Nitrous oxide scavenging systems in maternity. The delivery rooms are breaching the HSE workplace exposure limit of 100ppm. <i>Controls: mechanical ventilation in some rooms, but monitoring has shown this is insufficient.</i> <b>Assurance: Ventilation systems recalibrated and now being tested.</b>	Tbc	20 =	12/06/18 (20/11/17)	31/08/18
1105	Medicine <b>P</b>	14		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: Official Tender for Cath Lab to be completed with full costings to be presented at CPG September.</b>	£1,000k	20 =	06/06/17 (2/8/16)	29/08/18
949	Anaes and Critical Care <b>W</b>	15		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>	Not applicable	20 =	05/05/15 (20/1/15)	03/09/18
748	Radiology <b>W</b>	16		Lack of Breast imaging specialists impacting on viability of breast screening service <i>Controls: Re allocation of the Breast Radiologist's general commitments; skill mix review</i> <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>	Not applicable	20 =	03/09/13 (27/7/13)	04/09/18
910	Medical Director <b>P</b>	17		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)	12/09/18

1123	Estates <b>P</b>	18	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 when risk will be re-evaluated</b>	£300,000	<b>20</b> ↓	<b>02/09/16</b> (7/9/13)	12/09/18
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#### 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 <b>P</b>	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	<b>16</b> =	<b>22/6/09</b>	29/08/18
1394	MSK <b>Q</b>	2	Capacity issues in # clinic following closure of ED clinic. This has led to an increased demand in #clinic which is impacting on times to theatre, and waiting times for review <i>Control: Locums and staff being redirected to see booked patients.</i> <b>Assurances: Implementation of ESP clinics to divert appropriate soft tissue injuries from consultant clinics</b>	Not applicable	<b>16</b> =	10/07/18 (16/5/18)	15/08/18
853	Radiology <b>P</b>	3	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	<b>16</b> ↑	<b>13/03/18</b> (28/2/14)	04/09/18
881	Medicine <b>W</b>	4	Insufficient consultant capacity in Acute Medicine with increased numbers of patients, and ambulatory care not supported by defined posts. <i>Control: 2 GP locums in place</i> <b>Assurances: ACP will be in place from October, but cannot discharge patients</b>	Not applicable	<b>16</b> =	<b>10/07/18</b> (3/7/14)	29/08/18
1325	Surgery <b>P</b>	5	Automatic Endoscope Reprocessor in PRH Endoscopy at end of life 3/5 of the 5 Automatic Endoscope Reprocessors are 9 years old and have been breaking down on a daily basis taking them out of action. This impacts on RTT, patient flow, & cancer targets. <i>Control: maintenance and repair; transporting scopes to RSH for decontamination.</i> <b>Assurances: Review costings and draft plan for replacement but part of wider issue with sustainability of services.</b>	tbc	<b>16</b> =	<b>12/06/18</b> (01/01/18)	30/08/18
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: Ongoing culling of notes currently taking place will continue over next 3-4 months. Investigating</b>	Not applicable	<b>16</b> ↑	<b>08/03/17</b>	29/08/18

Risks rated 16

	<b>P</b>		<i>offsite storage options.</i>				
1183	IT <b>P</b>	7	<p>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></p>	500,000 – 700,000 to replace whole system  £1,930k of unfunded Priority 1 Schemes (including storage)	<b>16</b> ↓	01/08/17 (26/3/17)	10/05/18

Description	Dept. Priority Order	2018/19 £	Risk/Consequences (including Trust Risk Ref No where applicable):
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Database licensing	3	170	Licence exposure exists now on 2008 servers - from Microsoft Audit
Server licensing	4	70	Needs rolling out 2019
Servers; 276 virtual on 52 physical platforms (a strategy for servers and storage needs to be decided upon - may need to be a revenue solution)	5	212	ALL on-site operational data processing is carried out on servers. Their health is critical to operational availability, confidentiality of data and integrity of the data processing.
Storage; Over 850 terrabytes of store across 11 storage units (a strategy for servers and storage needs to be decided upon - may need to be a revenue solution)	6	750	Storage units are now old technology. We have engineered 20% free space across the estate but this is becoming increasingly difficult to find. Below 15% free space is not good. Used for VMware/ replication/ snapshot/ user-shares.
Laptops	7	125	
Digital Dictation devices	8	84	Ageing equipment - new solution may need procuring - rather than out-dated like for like technology
PCs; 686 are over 5 years old.	9	519	
Microsoft Office licences	10		
Windows 10 desktop licence (currently being negotiated may be funded by NHS Digital)	11		Needs rolling out Jan 2019 assuming like for like strategy.
<b>Total Unfunded IT</b>		<b>1,930</b>	

1417	Ophthalmology <b>P</b>	8	<p>The Ophthalmology Microscope in Theatre 8, which was used to carry out intra ocular surgery, is no longer fit for use. It is over 20 years old. It is deemed unsafe because of poor optical quality / red reflex, without which safe surgery is not possible.  <i>Controls: Lists cancelled with resulting reduction in activity of c. 20 cases per week</i>  <b>Assurances: Seek source of funding for replacement, paper to Sept CPG</b></p>	£80,000	<b>16</b> <b>NEW</b>	14/08/18 (26/6/18)	15/08/18
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1342	Women & Children <b>P</b>	9	<p>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></p>	£80,000	<b>16</b> =	13/02/18 (30/1/18)	16/08/18
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1190	Women & Children <b>W</b>	10	<p>Reduction in numbers of Advanced Neonatal Nurse Practitioners (ANNP) 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</b></p>	Not applicable	<b>16</b> ↓	04/07/17 (18/4/17)	11/09/18
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Risks rated 16

			<i>until competent</i>				
1392	Head and Neck <b>Q</b>	11	Extraction unit in the dental casting room is not meeting Occupational Health standards for operator safety <i>Controls: Operators using PPE when using the equipment but this is only a short term measure</i> <b>Assurance:</b> Urgent paper to CPG	TBC	<b>16</b> =	14/08/18 (01/5/18)	15/08/18
1380	Ophthalmology <b>W</b>	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> =	20/04/18	10/08/18
1216	Medicine <b>W</b>	13	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: Care Group tendering for additional capacity in September. Issue covered in 'Services in Spotlight' paper to Board.</b>	Not applicable	<b>16</b> ↓	03/10/17	29/08/18
1225	Corporate <b>Q</b>	14	Care of patients with tracheostomies Trust-wide does not meet national guidance <i>Control: Critical care outreach provide some support to wards</i> <b>Assurances: Business case being developed across the Care Groups to support a band 7 Specialist nurse who could support the wards with the care of these patients</b>	Not applicable	<b>16</b> =	14/08/18 (09/06/17)	14/08/18
55	Workforce <b>W</b>	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> ↓	16/09/14 (16/11/08)	04/09/18
1345	Corporate <b>Q</b>	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<sup>3</sup></i> <b>Assurance: Corporate lead identified and on-going replacement programme being developed.</b>	£100,000	<b>16</b> =	13/02/18 (5/12/17)	03/09/18
1313	Therapies <b>W</b>	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. New band 5 staff starting over summer months</b>	Not applicable	<b>16</b> ↓	13/02/18 (15/9/17)	14/08/18
1329	Pharmacy <b>P</b>	18	Trust is non-compliant with national requirements for Electronic Prescribing and Medicine Administration (EPMA) system <i>Controls: no controls possible</i> <b>Update: currently exploring options for financing a solution with procurement</b>	£1,500k over 2 years	<b>16</b> =	13/02/18 (22/1/18)	05/09/18



**Risks rated 16**

1457	Emergency medicine <b>Q</b>	19	Lack of emergency call bells in some major cubicles in A&E at RSH which is a clinical risk if an alert could not be raised when a patient requires assistance <i>Control: Staff have to shout for assistance</i> <b>Assurance: Review of area and quotes for installation</b>	To follow	<b>16</b> <b>NEW</b>	11/09/18 (28/6/18)	11/09/18
1449	Anaesthetics and Critical care <b>P</b>	20	Obsolete critical independent monitoring systems for washers and autoclaves in Sterile Services. System increasingly prone to failure which would result in loss of capacity and impact on surgical capacity <i>Control: no controls possible as system no longer supported</i> <b>Assurance: Revisit business continuity plans; and paper going to CPG in September</b>	£14,000	<b>16</b> <b>NEW</b>	11/09/18 (02/7/18)	11/09/18
1470	Pathology <b>P</b>	21	Faulty equipment for slide preparation resulting in insufficient capacity and delays to diagnosis <i>Control: no controls possible</i> <b>Assurance: Secure funding to replace</b>	£10,000	<b>16</b> <b>NEW</b>	11/09/18 (02/4/18)	11/09/18
1453	Anaesthetics and Critical care <b>P</b>	22	Ventilators on ITU at PRH need replacement as condemned due to faulty valve. Loss of equipment impacts on ability to provide invasive and non-invasive respiratory support to patients. <i>Control :different ventilator used if available</i> <b>Assurance: will be replaced from MES contingencies</b>	£20,000	<b>16</b> <b>NEW</b>	11/09/18 (16/7/18)	11/09/18
265	Medicine <b>P</b>	23	Lack of piped oxygen and suction on renal ward at RSH which impacts on dialysis capacity as ward patients cannot be dialysed on ward <i>Control: portable units available in emergency</i> <b>Assurance: Paper to September CPG</b>	TBC	<b>16</b> <b>NEW</b>	11/9/18 (3/1/11)	11/09/18
1279	Women & Children <b>Q</b>	24	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)	11/09/18
1242	Corporate <b>W</b>	25	The trust is in the lowest quartile of Trusts for spending on workforce development. External funding for learning beyond registration has been withdrawn. The lack of support for training and development is impacting on staff retention. <i>Controls: Limited controls possible</i> <b>Assurances: Paper going to Workforce Committee in September with outline of proposals to mitigate risks</b>	Not applicable	<b>16</b> <b>=</b>	14/08/18 (26/6/17)	04/09/18
984	Therapies <b>Q</b>	26	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 service <i>Controls:7-day working where funding allows</i> <b>Assurance: Development of combined Stroke business case following review of Stroke service. Trauma: improved performance following clarity of national definitions of rehab prescription</b>	Not applicable	<b>16</b> <b>=</b>	17/06/15 (5/5/15)	11/09/18
1090	Trustwide <b>Q</b>	27	Lack of active monitoring system for Trust compliance with H&S legislation <b>Action: Previous plan to include as part of intranet redevelopment on hold. Paper put forward for IT support for option appraisal</b>	£35k	<b>16</b> <b>=</b>	07/03/18 (25/4/17)	30/08/18

**Risks rated 16**

1349	Women & Children <b>Q</b>	28	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)	31/08/18
606	Women & Children <b>Q</b>	29	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: Care Group Director to discuss required system changes with IT</b>	Not applicable	16 =	28/06/12	31/08/18
1153	Pathology <b>P</b>	30=	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: Data Recovery test exercise w/c 25/07/2018. Indications are that this went well. Funds for replacement of the telepath server have been identified and an order has been placed. There is a 9 month lead time for installation/implementation/validation. LIMS replacement is still a requirement.</b>	£160,000 (server)	16 ↓	10/04/18	15/08/18
1348	Women & Children <b>P</b>	30=	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)	11/09/18
493	Emergency Planning <b>Q</b>	30=	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: Training of tent erection to Estates staff to be facilitated by provider company. Dates clashed therefore re-scheduling for late August/early September.</b>	£7k	16 ↓	13/02/18 (12/1/18)	29/08/18

**Risks Rated 15**

Risk Ref	Centre	Priority	Risk and update	Capital Action Cost	Score	Date entered on ORR (date identified)	Date reviewed
816	Radiology <b>W</b>	1	Lack of Interventional Radiologists leading to no out of hour's vascular interventional Radiology service. <i>Controls: ad hoc cover</i> <b>Assurances: Post offered and accepted by interventional Radiologists overseas (pending VISA).</b>	Not applicable	15 ↓	26/11/13 (3/2/13)	04/09/18
1097	Patient Access <b>P</b>	2	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>	TBC	15 ↑	05/12/17 (1/6/16)	29/08/18
1184	Anaes & Critical care <b>Q</b>	3	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)	23/08/18
974	Oncology and Haematology <b>P</b>	4	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 =	13/03/18 (1/5/15)	13/08/18
1258 1197 1235	Trust wide <b>Q</b>	5	Additional patients on our wards. <i>Controls: Hospital Full protocol; local risk assessments</i> <b>Assurances: increased focus on achieving 92% occupancy with emphasis on improving discharge.</b>	Not applicable	15 ↓	03/10/17 (30/6/17)	03/09/18
1355	Facilities <b>P</b>	6	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	15 =	10/4/18 (20/3/18)	10/08/18
1272	Oncology and Haematology <b>P</b>	7	Radiotherapy IT infrastructure – server needs replacement. <b>Update: Awaiting imminent delivery of FAS servers.work will be completed by end of year</b>	£184k	15 =	13/03/18 (6/3/17)	13/08/18