

Cover page

Meeting	Trust Board (Public Board)
Paper No.	21
Paper Title	Board Assurance Framework
Date of meeting	7 February 2019
Date paper was written	28 January 2019
Responsible Director	Director of Corporate Governance
Author	Julia Clarke

Executive Summary

The Trust Board's main focus is strategic. Board members need to know the key strategic objectives and be able to identify the principal risks to achieving those objectives. Assurance goes to the heart of the work of any NHS board of directors. The provision of healthcare involves risk and being assured is a major factor in successfully controlling risk.

The Board Assurance Framework (BAF). The BAF brings together in one place all of the relevant information on the risks to the Board's strategic objectives. It is an essential tool for Boards, and provides a structure and process that enables focus on those risks that might compromise its principal objectives (Risk Registers are tools for managers and clinicians to anticipate and manage individual risks).

There is one suggested new risk that the Trust Board is asked to **APPROVE**:

Risk 1533 *We need to implement all of the 'integrated improvement plan' which responds to CQC concerns so we can evidence provision of outstanding care to our patients.*

Following discussion at the Trust Board in November 2018, it was agreed that the BAF should be reviewed to make it clearer. This was also a recommendation made by the Care Quality Commission as part of their inspection, published in November 2018. This work is in progress and the new version will be finalised for 2019/20.

Operational Risk Register. This information is reviewed by Sustainability, Quality and Safety and Workforce Committees each month together with the BAF. Attachment 4a gives more details on the capital costs of the items on the risk register

In January 2019 there were 83 risks on the register, which is **40** more than January 2018. Over the year, 10 of these risks have been closed and 10 have decreased in score (<15) so no longer appear on the Operational Risk Register. There have been 26 new risks over the year; and 14 further risks have increased in score (≥15). 23 risks have not changed their risk score although actions have been taking place to mitigate the risks. The actions are outlined on the Operational Risk Register (available in Information Pack).

Date	No change	Increased score	New risks	Decreased score (amber or green)	Closed	Total risks at start of January
14/1/19	23	14	26	-		83
31/1/18				10	10	43

Finally, 88 staff members have now attended the 8 x Risk Management training sessions which were delivered through December and January, enabling more staff to manage their Operational Risk Registers more effectively. Peter Jeffries, Associate Director of Quality, Governance and Risk, commenced as Chair of the Operational Risk Group from January 2019.

The Trust Board are asked to **NOTE** the updates with respect to the Operational Risk Register.

Previously considered by	Individual risks at Tier 2 Committees in January 2019 Whole BAF at Executive Directors 16 and 30 January 2019
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The Board is asked to:			
<input checked="" type="checkbox"/> Approve	<input type="checkbox"/> Receive	<input type="checkbox"/> Note	<input type="checkbox"/> Take Assurance
To formally receive and discuss a report and approve its recommendations or a particular course of action	To discuss, in depth, noting the implications for the Board or Trust without formally approving it	For the intelligence of the Board without in-depth discussion required	To assure the Board that effective systems of control are in place

Link to CQC domain:				
<input type="checkbox"/> Safe	<input type="checkbox"/> Effective	<input type="checkbox"/> Caring	<input type="checkbox"/> Responsive	<input checked="" type="checkbox"/> Well-led

Link to strategic objective(s)	<p><i>Select the strategic objective which this paper supports</i></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> PATIENT AND FAMILY Listening to and working with our patients and families to improve healthcare <input checked="" type="checkbox"/> SAFEST AND KINDEST Our patients and staff will tell us they feel safe and received kind care <input checked="" type="checkbox"/> HEALTHIEST HALF MILLION Working with our partners to promote 'Healthy Choices' for all our communities <input checked="" type="checkbox"/> LEADERSHIP Innovative and Inspiration Leadership to deliver our ambitions <input checked="" type="checkbox"/> OUR PEOPLE Creating a great place to work
Link to Board Assurance Framework risk(s)	ALL

Equality Impact Assessment	<ul style="list-style-type: none"> <input checked="" type="radio"/> Stage 1 only (no negative impact identified) <input type="radio"/> Stage 2 recommended (negative impact identified and equality impact assessment attached for Board approval)
Freedom of Information Act (2000) status	<ul style="list-style-type: none"> <input checked="" type="radio"/> This document is for full publication <input type="radio"/> This document includes FOIA exempt information <input type="radio"/> This whole document is exempt under the FOIA
Financial assessment	<i>No financial impact identified</i>

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
Principal Objective: PATIENT AND FAMILY Listening to and working with our patients Risk Appetite: Open								
1186	Director of Corporate Governance Trust Board Director of Nursing, Midwifery and Quality Charitable Funds Committee	<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"> Disengaged community Failure to meet S242, statutory obligations of Health and Social Care Act Damage to Trust reputation 	RED	<p>Volunteer and Third Sector Forum Community Engagement Facilitator Large public membership with regular newsletters and opportunities to become involved Volunteer Strategy 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 Patient Survey results (2019) Deloitte well-led review highlighted Community Engagement as good practice (August 18) Fourth cohort of People's Academy (Nov 18) Community Engagement update to Board (Feb 19) MLU engagement update to Board (Nov 18) Cancer Survey results (Oct 18) ED Comms and Engagement Group (Oct 18) Patient and Carers Group established (Sept 18)</p>	AMBER / GREEN ↓	<p>Gaps in Control</p> <ul style="list-style-type: none"> People's Forum not in place No Head of Comms and Engagement <p>Gaps in Assurance</p>	Director of Corporate Governance
Principal Objective: SAFEST AND KINDEST Patients and staff feel they were safe and received kind care Risk Appetite: Moderate								
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"> 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 quality of care (sepsis, mortality) Low staff morale Increased levels of Delays in Transfers of Care Additional escalation and staffing costs Increased ambulance handover delays 	RED	<p>SaTH Escalation policy Hospital Full Protocol Shropshire, T & W A&E Delivery Board and Group STP VMI – Value Stream 8 (ED process) LHE Winter Plan (Jan 19) Sepsis VS #2 rollout Health Economy Surge Plan in place Integrated Improvement Plan (Feb 19)</p>	<p>Operational Performance Report System Dashboard Reduction in super stranded and stranded patients (now in top quartile) STP update – Urgent Care, Frailty and Winter Planning Programme underway (Oct 18) Out of Hospital Programmes (Shropshire Care Closer to Home, T&W Neighbourhood Working) Review of Shropshire Community Services (Nov 18)</p>	AMBER ↑	<p>Gaps in Controls</p> <ul style="list-style-type: none"> Lack of staff for additional beds which are open <p>Gaps in Assurance/ Negative Assurance</p> <ul style="list-style-type: none"> System financial deficit Current ED Performance +120 CQC inspection - Inadequate Sepsis management (Insight) Staffing for additional winter capacity (Dec 18) IA Never Event - Limited Assurance 	Director of Nursing and Quality Chief Operating Officer
NEW 1533	Director of Nursing, Midwifery and Quality Q&S Committee	<p>We need to implement all of the integrated Improvement Plan which responds to CQC concerns so we can evidence provision of outstanding care to our patients.</p> <p>Potential Impacts:</p> <ul style="list-style-type: none"> Remaining in Special Measures Increased scrutiny Damage to reputation 	RED	<p>PMO structure established Reporting lines agreed Action Plan drafted Report each week to NHSI/CQC on Regulation Letters actions Monthly oversight meeting</p>	<p>First submission to CQC 11.01.19 Full response due Feb 19 Regular reports to Trust Board S29a and S31 action plans - Maternity 80% complete - ED 68% complete</p>	RED/ AMBER ↓	<p>Gaps in control</p> <p>PMO arrangements after Feb 19</p> <p>Gaps in assurance</p>	Director of Nursing and Quality

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
1204	Director of Nursing, Midwifery and Quality Maternity Taskforce Oversight 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 Revised Incident reporting policy Weekly Rapid Review meetings to review incidents and complaints VMI - Value Stream 5 (Patient Safety) CQC Action Plan Temporary inpatient closure of MLUs continued Nov 18	Raising Concerns Maternity survey - better than national average (CQC Insight July 18) RCOG review (July 2018) QA Antenatal screening (Oct 18) Paediatric Critical Care Peer Review (Sept 18) Maternity Learning Presentation – Adam Gornall (Oct 18) One of 31% of Trusts who implemented Saving Babies' Lives by April 18 (Oct 18) Maternity Dashboard outcomes published monthly Maternity Incentivisation (Saving Babies' Lives Report) 1 of 31% who achieved by April 18 FFT monthly 98% and Get It Right First Time (GIRFT) 2018	AMBER =	Gaps in Controls • CCG Maternity Review Gaps in Assurance/ Negative Assurance • Secretary of State Review – Outstanding • CQC inspection conditions letter (Sept 18)	Director of Nursing and Quality
Principal Objective: SUSTAINABILITY and HEALTHIEST HALF MILLION Working with our partners for all our communities Risk Appetite: Open								
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: • Poor experience for patients • Increased staffing needs • Increased use of escalation beds • Increased financial risks • Failure to meet national performance targets • Cancelled elective activity	RED	Whole health economy surge plan in place and monitored closely. Heads of Capacity and Clinical Site Managers 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. SAFER programme of work Operational Capacity and Resilience Plan in place; SaTH2Home Opened extra capacity at RSH (W27) and PRH (W8) to remove need for boarding Ward 35 to open at RSH - Jan 19 ED Business Continuity Plan Red 2 Green STP Programme Recovery Plan to deliver 4 hour target and 90% discharge within 48 hours UHNM providing support 2 days a week	Revised ED improvements incorporating 5 national interventions Meeting DTOC target of 3.5%. NHSI IPC Review (Sept 18) Reduction in number of stranded patients – now in top quartile (Sept 18) Introduced frailty service in Shropshire ShropComm services review (Nov 18) ECIST Review (Oct 18) RPIW event re. FFAs (Nov 18) Urgent Care Programme Board Roll out of Value Stream 1 ongoing	RED ↓	Gaps in Controls • 7-day working not in place throughout service Gaps in Assurance/ Negative Assurance • Not delivering criterion led discharge due to cultural issues; and escript not joined up • CQC inspection conditions letter (Sept 18) • Staffing additional winter capacity	Director of Nursing and Quality Chief Operating Officer

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
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. Whole health economy surge plan in place and monitored closely. NHSI monthly Performance Review Meeting (PRM) and Quarterly Reviews Clinical Quality Review Meeting with Commissioners SAFER programme of work NHSI Emergency Improvement Lead support Service Escalation Framework System Director for Urgent Care Hospital Full Protocol VMI – Value Stream 4 (Outpatients) Value Stream 8 – Surgical Pathway Value Stream 7 – CT Scans Value Stream 6 - ED	RTT Recovery plans for non-compliant specialties; Internal improvement plan for ED 4 hour target recovery in place Site safety meetings in place System wide improvement plan Revised A&E delivery group includes Care Group Heads of Nursing and Medical Directors (fortnightly) Reduction in super stranded patients – now in top quartile CHKS Top 40 Hospitals for sixth consecutive year (Oct 18) 99% patients received diagnostics within 6 weeks (Oct 18) Cancer – Trust ranked 56/131 trusts +82.3% (national average 79.4%) (Oct 18) Cancer Survey Sept 18	RED/ AMBER =	Gaps in Control • Progress on admission avoidance schemes • 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 Gaps in Assurance/ Negative Assurance • Not achieving the A&E 4 hr target - second worse in England Jan 19 • Outpatient appointment process Audit (limited assurance)(May 18) • #NOF Audit results (Aug 18) • CQC Inspection condition letter (Sept 18)	Chief Operating Officer
	Medical Director (MD)	Potential Impacts • Poor /unsafe patient care & experience • Financial penalties • Performance notices						
	Director of Nursing, Midwifery and Quality (DNMQ)	• Failure to comply with national access • Failure to receive STF allocation • Additional patients on wards						
	Performance Committee							
		- A&E targets			- A&E targets	RED ↓		
		- Cancer waiting times targets			- Cancer waiting times targets	AMBER =		
		- RTT targets			- RTT targets	GREEN =		

Key: ↑ Risk increasing ↓ Risk decreasing = No change

Trust Risk Ref	Lead Director + Lead Committee	Principal Risk and Potential Impacts	Inherent Risk	Key Controls	Planned Sources of Assurance + date received/expected	Residual Risk rating & direction of travel	Gaps in Control + assurance	Action Lead		
Principal Objective: LEADERSHIP Innovative and Inspiration Leadership to deliver our ambitions Risk Appetite (transformation): Hungry Risk Appetite (finance): Moderate										
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"> • unsustainable services • Suboptimal use of scarce workforce resource • Additional costs arising from current service reconfiguration • Inability to attract essential staff due to unreasonable working conditions exacerbated by split site services 	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>Programme Board established for 'Future Fit' and all stakeholders engaged. Workstreams established for finance, activity and capacity modelling, development of the clinical model, Communications and engagement and Assurance. Clinical Reference Group established. Clinical Senate involvement. Programme Plan approved</p> <p>Programme resources in place</p> <p>GP engagement strategy</p> <p>Clinical Sustainability Group</p> <p>Sustainability and Transformation Plan</p> <p>SaTH Sustainability Committee to oversee programme</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>Public consultation concluded Sep 18</p> <p>Review of ShropComm services (Finance) (Nov 18)</p> <p>OBC being finalised (Nov 18)</p> <p>Joint Committee to meet in public to consider recommendations (Jan 19)</p>	AMBER/ GREEN ↓	<p>Gaps in Control</p> <ul style="list-style-type: none"> • Director of Strategy and Transformation • Director of Clinical Effectiveness and Innovation <p>Gaps in Assurance</p>	Chief Operating Officer		
670	Finance Director Performance Committee	<p>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 and address the modernisation of our ageing estate and equipment</p> <p>Potential Impacts</p> <ul style="list-style-type: none"> • Inability to invest in services and infrastructure • Impacts on cash flow • Lack of modernisation fund to invest in equipment and environment to improve efficiency • Poor patient experience 	RED	<p>Capital planning process including capital aspirations list</p> <p>Risk based approach to replacement of equipment</p> <p>Contingency funds</p> <p>Confirm and challenge meetings with Care Groups</p> <p>Registers and processes to invest in Estate & Infrastructure</p>	<p>Financial component of performance report (monthly TB)</p> <p>Reports from Internal and External Audit</p> <p>Budgetary Control Audit (negative assurance)</p> <p>Cash and Treasury Management Audit (moderate assurance) May 18</p> <p>YTD (pre PSF) deficit £11.3m, £438k worse than plan (Oct 18)</p> <p>Pay and respond - £647k YTD (Oct 18)</p> <p>Likely cash shortfall (Feb 19)</p> <p>IA Income and Debtors (moderate assurance) – Dec 18</p> <p>IA Creditors and Payments (substantial assurance) – Dec 18</p>	RED ↑	<p>Gaps in Controls</p> <ul style="list-style-type: none"> • Failure to reduce Delayed Transfers of Care resulting in increasing costs for escalation beds <p>Gaps in Assurance/ Negative Assurance</p> <ul style="list-style-type: none"> • Historic and on-going liquidity problem • Gap against financial outlook is now £5.7m adrift (Oct 18) • Additional expenditure in Care Groups £7.1m (Oct 18) • Only £110k in Corporate Contingency Capital budget (Oct 18) • Waste Reduction Programme not delivering • IA Cash and Treasury (limited assurance) - Dec 18 	Finance Director		
									RED	RED =
									RED	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>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>Rectification programme being drawn up Dec 18</p> <p>Four Eyes programme in theatres to identify saving (Jan 19)</p> <p>IA Waste Reduction Audit - due Jan 19</p>	RED =	<p>Gaps in Controls</p> <ul style="list-style-type: none"> • Insufficient identified Waste Reduction Schemes <p>Gaps in Assurance/ Negative Assurance</p> <ul style="list-style-type: none"> • Target of £8.19m underachieved YTD by £496k • Financial Recovery Plan - Sep 18 	Chief Operating Officer		

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
1492	Finance Director Sustainability Committee	If the Trust does not have an up-to-date Information Management and Technology strategy, then the Trust will not be able to benefit from up-to-date clinical and performance information to drive improvements Potential impacts: • Risk of missed patient test results, resulting in missed or late treatment • Not having immediate access to all relevant patient information	RED	Bespoke clinical databases and systems Business case for EPR process (Feb 2019) PA reviewing IT structures (Jan 19)	Updates quarterly to Sustainability Committee Update to SLT (Oct 18) PMO approach being established and additional resource to implement (Oct 18)	AMBER =	Gaps in Controls • No current Information Management and Technology Strategy • Deloitte Audit • General IT controls • Limited assurance 2018 Gaps in Assurance/Negative Assurance • Incidents involving missed results	Finance Director
Principal Objective: OUR PEOPLE Creating a great place to work Risk Appetite: Open								
423	Workforce Director Workforce Committee	If we do not get good levels of staff engagement to get a culture of continuous improvement and understand and act upon staff reporting increased experience of bullying and harassment, then staff morale and patient outcomes will not improve. Potential impacts: • Loss of key staff • Poor experience for patients • Poor work environment and experience for staff • Continued high reliance on temporary staff • High sickness absence including stress • poor staff well-being • staff working in excess of contracted hours	RED	Staff induction linked to Trust values Stress risk assessments process for staff updated in partnership with Health and Safety standards 5 year workforce plan Values Behaviours and Attitudes (VBA) training for job interviewers Leadership Academy 2019 Appraisal linked with PDPs	Monthly Workforce Reports Annual and monthly VIP Awards. Better than national average sickness rates for medical staff (CQC Insight July 18) Turnover rates better than national average (CQC Insight July 18) Improving Appraisal rate (Medical Staff 97%) Sept 18	AMBER =	Gaps in Controls • Rates of Statutory and Mandatory Training (76.8%) • Rates of appraisals 87.7% • Leadership Academy Syllabus 2019 Gaps in Assurance/ Negative Assurance • Staff Survey – Poor engagement score (Mar 19) • Staff sickness 4.89% Oct 18 (target 3.99%)	Workforce Director

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
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: • Inability to continue with current provision of service • Poor experience for patients • Delays in care • Failure to comply with national standards and best practice tariffs • Reduced quality of care • Further difficulties in recruiting staff due to unreasonable on-call commitments	RED	<u>All</u> Clinical Sustainability Group Recruitment Value Stream 3 Process for managing staff shortages which may impact on patient care Development of new roles 5 year workforce plan <u>Medical</u> Medical staffing streamlined consultant recruitment Clinical leaders managing workforce cover including "working down" Job planning Overseas recruitment Recruitment RPIW <u>Nursing</u> 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 Daily Staffing Huddles Escalation protocol Securing £312m capital allows public consultation to now occur and has reduced service anxiety due to uncertainty	<u>All</u> Workforce component of Integrated Performance Report (monthly) Drs overseas recruitment NHSE Workforce Summit <u>Medical</u> Business continuity plan for ED & ITU Working with Walton Centre to develop a hub and spoke model for neurology Robust Middle Grade recruitment process (Oct 18) with <i>improved accommodation offer</i> <u>Nursing</u> E-rostering system Safer Nursing Care tool 6 monthly Safe Nursing review to Board and Q&S Pilot Model Ward - <i>March 19</i> 60 new nurses starting (Sep 18) <i>IA Payroll Audit (substantial assurance) Dec 18</i>	RED/AMBER ↑	Gaps in Controls • Full implementation of nurse staffing templates geared to nurse recruitment • National nursing shortfall leading to recruitment delays • CESR posts in ED • Joint appointments with other local Acute Trusts Gaps in Assurance/ Negative Assurance • High levels of escalation resulting in high use of agency staff • Fragility of some services (July 18) • Temporary staffing audit (May 18)	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/AMBER ↓		
1062		Medical staffing- Gastroenterology	RED		Medical staffing - Gastroenterology	RED (new)		
817		Nurse staffing	RED		Nurse staffing	RED/AMBER =		
949		Medical staffing - Critical care	RED		Medical staffing - Critical care	RED ↓		

OPERATIONAL RISK REGISTER
Prioritisation of Validated Red Risks
at 14/1/19

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 W	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> 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. Issue covered in 'Services in Spotlight' paper to Board.	Not applicable	20 ↑	06/09/16 (22/8/16)	29/08/18
626	Emergency assessment W	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> 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.	Not applicable	20 ↓	04/08/14 (20/8/12)	29/08/18
949	Theatre, Anaesthetics & Critical Care W	2=	Non compliance with critical care standards for Intensivist cover. We are not fully achieving the Operational Critical care standards 2.5 and 2.6 of the National Standards due to a lack of Consultants in Intensive Care Medicine. In general, the consultant/patient ratio must not exceed a range between 1:8 to 1:15 and the ICU resident/patient ratio should not exceed 1:8. At both sites, these ratios are significantly exceeded. The risk has been exacerbated at PRH due to a high level of medical staff sickness, retirement and resignation. There are currently only 2.4 WTE intensivists at PRH. <i>Controls: RSH split rota now in place with intensivists solely on rota to cover ITU/HDU departments.</i>	Not applicable	20 ↑	05/05/15 20/01/15	18/12/18

			<p><i>Splitting the Rota at RSH means we can ensure 24/7 cover of both intensive care, by intensivists and also take care of emergency activity.</i></p> <p>Assurance: 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.</p> <p>Progression of Sustainable Services programme</p> <p>Negotiations to continue with Intensivists colleagues on a proposed new rota offering increasing cover to PRH ITU.</p>				
1426	Medical Director Q	2= =	<p>Effective Treatment of sepsis not embedded throughout Trust</p> <p><i>Controls: Sepsis Six bundle, sepsis action plan</i></p> <p>Assurance: Deliver actions in sepsis action plan</p>	Not applicable	20 NEW	11/09/18 (25/6/18)	12/09/18
1029	Radiology Q	5	<p>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</p> <p><i>Controls: Outsourced reporting, WLIs, HotDoc system</i></p> <p>Assurance: SBAR paper submitted to execs. Continued recruitment attempts including from overseas.</p> <p>Consultant Radiographer now in post to help with plain film workload. Development of Consultant Radiographers, and Advanced Practitioners</p>	Not applicable	20 =	10/07/18 (01/10/15)	04/09/18
817 807	Trust wide W	6 = =	<p>Failure to recruit nurses to fill Trust-wide vacancies resulting in staffing issues.</p> <p><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></p> <p>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</p>	Not applicable	20 =	28/11/13 (26/9/13)	03/09/18
1062	Surgery W	6 = =	<p>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.</p> <p><i>Controls: locum staff</i></p> <p>Assurances: Jobs being readvertised. Working on business continuity plan. Outcome of SSP will impact on this risk as will result in single site working</p>	Not applicable	20 ↑	13/03/18 (27/1/16)	05/09/18
1045	Radiology P	6 = =	<p>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.</p> <p><i>Controls: regular planned maintenance. Contingency plans in event of failure</i></p> <p>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</p>	Range - £566k- £1,041k (including Enabling Works)	20 ↑	13/02/18 (6/11/15)	04/09/18
1313	Therapies W	6= =	<p>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.</p> <p><i>Controls: agency physio; job reallocation</i></p> <p>Assurances: Recruitment and staff support. New band 5 staff starting over summer months</p>	Not applicable	20 ↑	14/1/19 (15/9/17)	14/1/19

1236	Ophthalmology W	6=	<p>Consultants in Ophthalmology</p> <p>Shortage of key clinical staff are making service provision difficult. The department has had some significant challenges in recruitment and retention of medical staff for a number of years. This has resulted in the department employing agency clinicians who put an additional strain on finances and whilst bolstering the quantity of staff the commitment to improving the department may not be their priority. The department has also been subject to high levels of sickness absence. Workforce remains the department's single biggest challenge and risk to performance delivery.</p> <p><i>Controls: Locums employed where possible.</i></p> <p>Assurances: Recruit to vacant posts and Develop Nurse injectors for medical retina.</p>	Not applicable	20 ↑	14/1/19 (30/6/17)	14/1/19
1430	Sustainable Services P	11	<p>Progression of community and primary care offer. The CCG have committed to activity shift as part of the per-consultation business case; however, there has not been sufficient progress to develop the model. This may lead to assumptions with the SaTH SOC not being robust, with impact on bed numbers, workforce and financial affordability.</p> <p><i>Controls: Future Fit to develop modelling as part of post consultation decision making business case. SaTH to develop options with CCG. SOC to match PCBC</i></p> <p>Assurances: SOC to incorporate implications of community model not being achieved as part of sensitivity assessment.</p>	Not applicable	20 NEW	11/5/16	9/10/18
1084	Ophthalmology Q	12=	<p>Ophthalmology patients waiting longer than the recommended follow up time may come to harm. There have been a number of reported incidents</p> <p><i>Controls: 3rd party providers provide additional capacity. Past Max to wait report to ensure accurate recording</i></p> <p>Assurances: Complete review of workforce in line with demand v capacity analysis. This will inform the need for additional resource.</p>	Not applicable	20 NEW	11/09/18 (01/3/16)	11/09/18
1528	Ophthalmology Q	12=	<p>Air conditioning unit to cover Area C in Ophthalmology Area A and B in the Eye Department reach consistently high temperatures during the summer months. These temperatures resulted in patient complaints and staff and patients feeling unwell causing clinic cancellations due to ill health. Within the building design for Area C, there is air conditioning for the theatre environment but this does not extend to the patient waiting area, patient recovery or outpatient clinic area. To facilitate safe patient care, a request is made for air conditioning to be added to redevelopment programme associated with the Ophthalmology Phase 3, Area C, (Ward 20) to prevent further harm to patients and staff, if they become unwell from the heat and to provide a better working environment for staff.</p> <p><i>Controls: Dyson fans have been put in place, along with water and regular breaks for staff.</i></p> <p>Assurances: Obtain funding to put in a new air conditioning unit as part of the on-going works on the unit.</p>	TBC	20 NEW	14/1/19 (20/12/18)	14/1/19

688	Pathology Q	14	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> Assurances: Present business case for move to managed service with new technology	tbc	20 NEW	11/09/18 (04/3/13)	11/09/18
1082 855	Radiology P	15	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> 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	£2,520k (including Enabling Works)	20 ↑	13/03/18 (4/4/16)	03/09/18
1181	Outpatient ts P	16=	There is a shortage of space in records at all sites to house the current number of Patient records on suitable shelving. At present there are a large volume (circa 25,000) sets of records that are having to be stored in boxes and cages around the department. This can result in difficulties in locating notes and potential for injuries when moving notes to try and locate files. The areas have now been reviewed by the fire Officer who has confirmed that some of the storage areas are a major fire risk which could result in major injury, loss of medical records, smoke/fire travelling to other areas and most likely could result in a prohibition order from the Fire Department, which is the most likely. <i>Controls: Culling where possible. Records are being stored in boxes and are clearly marked and locations are secure. Additional racking is being sourced from an external site. Should this be successful it will ensure that notes that are currently stored in boxes, cages etc will be on shelving</i> Assurances: Implement new racking in RSH. Manage deceased records off-site in order to create additional space. On-going management of medical records across sites.	Unknown	NEW 20	14/1/19 (8/3/17)	14/1/19
1075	Estates P	16=	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> Assurance: 6 facet survey being refreshed to reprioritise areas for funding £834k of Priority 1 Schemes remain unfunded	RSH (Condition & Statutory) High Risk: £5.61m PRH (Condition & Statutory) High Risk: £366k (gross)	20 ↑	01/03/16 (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	7	100	Poor external lighting (due in part to degraded condition of cabling) resulting in safety issues			

including LED replacement lights and replacement of steel wired armoured cables 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	RR 1002 the two autoclaves which were purchased in 2003 are now operating well past their expected working life. A business case is being drafted by the risk owners detailing all options for presentation to the December 2018 Capital Planning Group.
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 (Ledgionella 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.
Total Unfunded Estates		834	

33	Estates – Medical Engineering Services P	18	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> 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.	£1,313k for Priority 1 replacements	20 ↑	01/03/16 (23/10/08)	12/09/18
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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

1387	Women & Children W	19	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> Assurance: Ventilation systems recalibrated and now being tested.	Tbc	20 =	12/06/18 (20/11/17)	31/08/18
1105	Medicine P	20	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> Assurance: Official Tender for Cath Lab to be completed with full costings to be presented at CPG September.	£1,000k	20 =	06/06/17 (2/8/16)	29/08/18
949	Anaes and Critical Care W	21	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> 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	Not applicable	20 =	05/05/15 (20/1/15)	03/09/18
1441	MSK Q	22	Mortality rate at PRH for # NOF National outlier for the mortality rate of hip fractures patients at PRH - source National Hip Fracture Database Unknown cause of mortality rates. Work needs to be carried out to ascertain cause. Update 08/11/18 Crude 30-day mortality 10.7%, and casemix adjusted figure at 11.7%. Taking either of these figures means that PRH is an outlier by 3 standard deviations nationally in the National Hip Fracture Database mortality funnel plot. <i>Controls: On-going reviews and actions taken on the back of the working party recommendations. To date, no recommendations have been made and therefore control is ineffective.</i> Assurances: Working party led by Tony Fox to provide clinical review to ascertain cause and address any actions required.	Not Applicable	20 NEW	13/11/18 (19/7/18)	2/11/18
748	Radiology W	23	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> 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	Not applicable	20 ↓	03/09/13 (27/7/13)	04/09/18
910	Medical Director	24	Systems (manual and electronic) do not facilitate management of significant patient test results	£18,000k over 10	20	02/12/14 (8/09/14)	12/09/18

	P		Controls: each Centre has their own method of making sure reports are read and actioned. This is not standardised nor is it monitored. Assurances: Awaiting decision and procurement of EPR. Option appraisal for EPR submitted to Execs and business case being developed	years	↓		
1123	Estates P	25	Regulatory risk relating to capital strategy for fire safety Controls: PPM on fire alarms, fire safety training, fire doors, evacuation procedures for ward block 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	£300,000	20 ↓	02/09/16 (7/9/13)	12/09/18

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 P	1=	Poor patient flow leading to sustained failure to meet A&E target; and increased ambulance off load delays Controls: Patient flow coordinators; bed bundle; daily bed meetings; direct streaming; Assurances: number of initiatives in ED. Focus on 92% occupancy	Not applicable	16 =	22/6/09	29/08/18
1179	Corporate Nursing W	1=	Lack of Nutritional Team. There are a wide range of patients across the Trust that are receiving Nutritional support via enteral tubes or intravenous lines. BAPEN recommends that all acute trust have a MDT Nutritional team to co-ordinate, the care and management of these patients to provide consistent and safe evidence based practice. The Trust has no such team which can lead to inconsistent care and practice, delays in the patient commencing appropriate Nutritional support. ORG were informed that there are only 1% of NHS Trusts who do not have this team, and SaTH are one of these. Controls: Dieticians try to over see and support as many patients as possible but limited and inconsistent cover relevant CNS to provide some overarching support for patients discharged with NG tubes as part as their role in the MDT team. This is limited and inconsistent. Assurance: Obtain funding for Nutritional team.	Not applicable	16 NEW	18/12/18 1/3/17	18/12/18
1394	MSK Q	3	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 Control: Locums and staff being redirected to see booked patients. Assurances: Implementation of ESP clinics to divert appropriate soft tissue injuries from consultant clinics	Not applicable	16 =	10/07/18 (16/5/18)	15/08/18
1382	Anaesthetics and Critical care P	4	The recovery area for Theatres 10 and 11 at RSH should have a minimum of 10-15 air changes per hour according to HTM guidance for recovery areas. However we have no air flow due to the age and lack of external window and therefore are not meeting the standards to be able to provide a service and have been put on notice following a recent inspection. This will impact and prevent the 17 sessions per week for	Unknown	16 NEW	16/4/18	2/9/18

Risks rated 16

			activity from going ahead. <i>Control: If a patient became an emergency due to a delay, an alternative theatre could be used (Theatre 5 Emergency Theatre)</i> Assurance: Options paper being drafted for alternate use of the area, to be taken to Board and SLT to assist with winter pressures making the area a procedure room rather than a theatre.				
853	Radiology P	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> 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	£1,000k	16 ↓	13/03/18 (28/2/14)	04/09/18
881	Emergency W	6	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> Assurances: ACP will be in place from October, but cannot discharge patients	Not applicable	16 ↓	10/07/18 (3/7/14)	29/08/18
1444	Medicine W	7	Lung Cancer CNS The workforce within Lung Cancer in terms of the Clinical Nurse Specialists does not meet demand within the lung cancer pathway. For the last 2 years SaTH have not met the Peer Review targets for wte per cancer diagnosis and therefore fail in this area. SaTH are required to have 4.25 wte lung cancer nurses employed. Currently SaTH employs 2.86 wte. SaTH have recently been identified as a mortality outlier in terms of lung cancer. <i>Controls: No Controls</i> Assurances: Draft paper to go to USC board and Senior team	Not applicable	16 New	14/1/19 (2/7/18)	14/1/19
984	Therapies Q	8	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> Assurance: Development of combined Stroke business case following review of Stroke service. Trauma: improved performance following clarity of national definitions of rehab prescription	Not applicable	16 ↑	17/06/15 (5/5/15)	11/09/18
1433	Sustainable Services P	9=	Lack of progression with the IT strategy has led to uncertainty and continued delay may lead to challenges in delivering the new clinical model, particularly around EPR. This will impact on the ability of SSP to deliver reconfiguration within the capital envelope and revenue position. <i>Controls: IT and SSP Programmes reviewed jointly by Trust Board sub-committee (est. August 2018). SSP to progress paper light solution rather than paperless solution.</i> <i>Sustainability Committee agreement that IT should precede SSP implementation Trust Board approved EPR SOC in</i>	Not applicable	16 NEW	8/5/17	9/10/18

Risks rated 16

			March 2018 with system and hardware OBC planned for January 2019 Assurances: Local IT Strategy is being developed to dovetail with future business strategy. Completion of EPR and IT Strategy Outline Business Case by PA Consulting				
830	Anaesthetics and Critical care Q	9=	Theatre lights in PRH. Some of the Theatre Lights in PRH are old and require replacement as the parts are obsolete, making repair very difficult. Theatre 3 light is now regularly failing and replacement mobile light is needed to be requested on a regular basis. If this fails during a list this could impact by the list being cancelled and interfere with patient care. <i>Controls: Where possible a replacement portable light is used, when available. Any external hire light would also cost.</i> Assurances: Obtain money to replace the lights which require replacement	£15,000 per lamp	16 ↑	6/8/13	2/10/18
1487	Surgery P	9=	Image intensifier Endocopy C-Arm Mobile image intensifiers located at PRH has been advised as end of life. Due to the age of the machine it has also been found to have a lower performance with regards to image quality. The current environment for using the mobile image intensifier is also impacting on health and safety of our staff and patients (Risk assessment attached). <i>Controls: None</i> Assurances: Obtain funding for replacement	Unknown	16 ↑	13/11/18 (1/3/17)	13/11/18
1325	Surgery P	12	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> Assurances: Review costings and draft plan for replacement but part of wider issue with sustainability of services.	tbc	16 =	12/06/18 (01/01/18)	30/08/18
1181	Patient Access & Outpts P	13	Lack of storage space for medical records across sites <i>Controls: culling of notes; notes stored in secure boxes</i> Assurances: Ongoing culling of notes currently taking place will continue over next 3-4 months. Investigating offsite storage options.	Not applicable	16 ↑	08/03/17	29/08/18
1438	Sustainable Services P	14=	Change in Trust financial position since 2015/16 business case approval impacting on overall affordability of the programme. If the programme is now unaffordable this may have an impact within the consultation <i>Controls: Revision of SOC to include impact of financial position.</i> Assurances: Financial assumptions to be re-examined as part of the final Strategic Outline Case. Workforce 5 year plan to be confirmed by Care Groups.	Not applicable	16 NEW	13/11/17	9/10/18
1503	IT P	14=	Windows 10 Migration Cause : Windows 7 licences expire in January 2020, after this date the software will not have any further software updates. Effect : This leaves any devices and systems vulnerable to cyber attacks. <i>Controls: Project work has begun on migration, to include how to migrate devices using automated tool. Audit of equipment to see what devices cannot be upgraded and need replacing. Brought to attention of the Finance Director</i> Assurances: Audit all devices to identify what	£400k	16 NEW	13/11/18 (1/10/18)	13/11/18

Risks rated 16

			needs to be replaced				
1183	IT P	14=	<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.</p> <p><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></p> <p>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</p>	500,000 – 700,000 to replace whole system	16 ↓	01/08/17 (26/3/17)	10/05/18
				£1,930k of unfunded Priority 1 Schemes (including storage)			

Description	Dept. Priority Order	2018/19 £	Risk/Consequences (including Trust Risk Ref No where applicable):
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.
Total Unfunded IT		1,930	

1417	Ophthalmology P	17	<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.</p> <p><i>Controls: Lists cancelled with resulting reduction in activity of c. 20 cases per week</i></p> <p>Assurances: Seek source of funding for replacement, paper to Sept CPG</p>	£80,000	16 NEW	14/08/18 (26/6/18)	15/08/18
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1342	Women & Children P	18	<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.</p> <p><i>Controls: Contingency plan enacted with scanner moved from RSH to PRH but more staff travelling reduces throughput. One scanner on order.</i></p> <p>Assurances: Seek funding for planned programme of replacement.</p>	£80,000	16 =	13/02/18 (30/1/18)	16/08/18
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1190	Women & Children W	19=	<p>Reduction in numbers of Advanced Neonatal Nurse Practitioners (ANNP) due to retirement and maternity leave; and national shortages of trained staff.</p> <p><i>Controls: no effective controls</i></p> <p>Assurance: Trainees recruited but > 2 year lead in time</p>	Not applicable	16 ↓	04/07/17 (18/4/17)	11/09/18
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Risks rated 16

			<i>until competent</i>				
1508	Theatres, Anaesthetics & Critical Care W	19=	Reduced Level of Engineering support due to Sickness and Staffing Levels resulting in reduced capacity at CSSD/ability to meet operational requirement impacting upon theatre capacity. Engineers are required on site during the working day and operate an out of hours on call facility for emergency breakdowns. The reduction in available staffing has, in recent weeks left the unit vulnerable as no out of hour specialist provision has been in place. Controls: Two part time engineers available for 30 hours per week in normal working hours but not currently out of hours. Due to specialist nature of the correct skills and abilities it is highly unlikely for further control measures to be achieved Assurances: Estates department to review recruitment processes to enable the appropriately qualified Engineers to be available on-site.	Not applicable	16 NEW	18/12/18 7/11/18	18/12/18
1392	Head and Neck Q	21	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> Assurance: Urgent paper to CPG	TBC	16 =	14/08/18 (01/5/18)	15/08/18
1380	Ophthalmology W	22	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> Assurances: All options explored to find replacement but have been unsuccessful to date	Not applicable	16 =	20/04/18	10/08/18
1002	Pathology P	23	The autoclaves are over 13 years old, with a life expectancy of approximately 15 years. Replacement parts are being cannibalised from other old machines to keep them functional. In the increasing event of breakdowns, there is a build up of laboratory waste and there is currently no alternative means of disposal. In order to avoid a hazard to the health of staff, prolonged breakdown will result in the need for off site disposal of non sterile waste at possible considerable cost (estimated £2K per month). Controls: Negative blood cultures are sent off site for incineration Preventative maintenance is in place via the Estates Dept and supported by an external company. Assurances: Case being taken to Capital planning in December 2018.	£150,000	16 ↑	13/11/18	15/11/18
1216	Medicine W	24	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> Update: Care Group tendering for additional capacity in September. Issue covered in 'Services in Spotlight' paper to Board.	Not applicable	16 ↓	03/10/17	29/08/18

Risks rated 16

1225	Corporate Q	25	Care of patients with tracheostomies Trust-wide does not meet national guidance <i>Control: Critical care outreach provide some support to wards</i> 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	Not applicable	16 =	14/08/18 (09/06/17)	14/08/18
1401	Pharmacy Q	26	The Radiopharmacy computer program was written in-house by a Trust Pharmacist more than thirty years ago. It is written in DOS language and runs from a bootable floppy disk. There is no official support for this program and it is in need of updating so that new products can be added or updates to storage requirements can be made. <i>Controls: Controls ineffective</i> Assurances: Replace current system with an in-house built programme. Programme has been part built by MP but now needs IT support to complete. Support required with structuring database and connections to SEMA	Unknown	16 NEW	11/6/18	3/10/18
55	Workforce W	27	Attendance at statutory and mandatory training <i>Controls: SSU compliance part of annual appraisal process. Care Group targets and reporting</i> 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.	Not applicable	16 ↓	16/09/14 (16/11/08)	04/09/18
1489	Medical Director Q	28	Delays in VITALPAC upgrade and roll out of NEWS2 Systems C who is the national supplier for Vital Pac, can no longer support the Trust to deliver the implementation plan timescales for NEWS 2. Correspondence from Systems C to the Trust VitalPac lead, clearly stipulates that due to national demand a significant delay will occur. This is a direct output of the CQUIN for it has placed a national demand on the supplier. The Trust has been in active dialogue to get the modules implemented during Q2, the supplier is unable to provide the service. There will be a delay in the upgrade that will not meet the requirement for the CQUIN. <i>Controls: Continue to use EWS</i> Assurances: Upgrade to VitalPAC and Roll out of NEWS2	Unknown	16 NEW	18/12/18 (20/9/18)	18/12/18
1345	Corporate Q	29	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 inspections³</i> Assurance: Corporate lead identified and on-going replacement programme being developed.	£100,000	16 =	13/02/18 (5/12/17)	03/09/18
1329	Pharmacy P	30	Trust is non-compliant with national requirements for Electronic Prescribing and Medicine Administration (EPMA) system <i>Controls: no controls possible</i> Update: currently exploring options for financing a solution with procurement	£1,500k over 2 years	16 =	13/02/18 (22/1/18)	05/09/18
1457	Emergency medicine Q	31	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> Assurance: Review of area and quotes for installation	To follow	16 NEW	11/09/18 (28/6/18)	11/09/18

Risks rated 16

1449	Anaesthetics and Critical care P	33	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> Assurance: Revisit business continuity plans; and paper going to CPG in September	£14,000	16 NEW	11/09/18 (02/7/18)	11/09/18
265	Medicine P	34	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> Assurance: Paper to September CPG	TBC	16 NEW	11/9/18 (3/1/11)	11/09/18
1242	Corporate W	35	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> Assurances: Paper going to Workforce Committee in September with outline of proposals to mitigate risks	Not applicable	16 =	14/08/18 (26/6/17)	04/09/18
1090	Trustwide Q	36	Lack of active monitoring system for Trust compliance with H&S legislation Action: Previous plan to include as part of intranet redevelopment on hold. Paper put forward for IT support for option appraisal	£35k	16 =	07/03/18 (25/4/17)	30/08/18
1349	Women & Children Q	37	Much lower than average uptake of accessing screening services in early pregnancy <i>Controls: monthly booking meeting; direct access; on-line booking</i> Assurances: exploring reasons for low uptake in order to inform next steps	Not applicable	16 =	10/04/18 (20/2/18)	31/08/18
606	Women & Children Q	38	Update Trust systems to enable serology and blood bank details to be available in REVIEW <i>Controls: Manual transcription of results into notes</i> Assurance: Care Group Director to discuss required system changes with IT	Not applicable	16 =	28/06/12	31/08/18
1521	Pathology Q	39=	Insufficient body storage capacity in Mortuary at PRH Failure to store bodies in appropriate conditions in the Mortuary could cause considerable distress to families, would be disrespectful to funeral directors and may lead to loss of HTA licence to operate service. <i>Controls: As a consequence of seasonal fluctuations capacity pressures do not occur until the winter months. There is a contract in place with a local funeral director whereby 3 storage places are held in reserve on their premises for the Trust's use. This has cost £6k in the first half of this year.</i> Assurance: Capital Planning has just approved money for a purchase of an additional store which will provide 12 extra slabs.	£11,000	16 =	18/12/18 21/11/18	18/12/18
1274	Head and Neck Q	39=	Following the ward move from Ward 8 to 17 the new ward does not have a treatment room for patients. This has resulted in patients having to be treated in a bed space, which has been closed to inpatients. This could affect privacy and dignity. This could be an infection control risk, with more people coming in and out of the area. There is also nowhere to store the equipment for easy access. It is also affecting the Patient access for RTT. It is also impacting on A&E whilst patients have to be left there, when there is no space on the ward. <i>Controls: Day patients can sometimes be accommodated in clinic, but not outside of hours. Bed space on the ward is used where possible. This is not a good control.</i>	Unknown	16 ↑	22/9/17	4/10/18

Risks rated 16

			Assurance: Money has been obtained from capital planning to carry out works on the ward to create a space.				
1153	Pathology P	39=	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 Controls: daily local and remote back-ups. Disaster recovery product contract agreed 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.	£160,000 (server)	16 ↓	10/04/18	15/08/18
1348	Women & Children P	39=	Colposcopy clinic facilities at RSH – poor patient environment. Controls: Limited controls possible Assurances: Funding allocated for refurbishment	£21k	16 ↓	10/04/18 (20/2/18)	11/09/18
493	Emergency Planning Q	39=	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. Controls: none possible Assurance: Training of tent erection to Estates staff to be facilitated by provider company. Dates clashed therefore re-scheduling for late August/early September.	£7k	16 ↓	13/02/18 (12/1/18)	29/08/18
1413	Renal Dialysis capacity Q	39=	Renal Dialysis Capacity All the in centre dialysis units are over subscribed and there are currently an extra 7 patients being dialysed on Sundays and out of hours. Over the Christmas period and January 19, there is a major risk to patients as there is no more space for patients even with the contingencies in place. Renal consultants will be approaching HDU to ask if they can help out if more patients require dialysis until the twilight shift opens on 27th January 19 at PRH. This risk score has been increased due to the immediate risk to patient and will remain at this level be until the twilight shift opens at the end of January. Controls: Dialysis patients out of hours using the on call teams. Moving patients out of county to other units with spare capacity but this is very limited. Assurances: Commence twilight shifts at the end of January.	Not applicable	16 NEW	14/1/19 (4/6/18)	14/1/19
1362	Medicine P	39=	The Trust Carries 6 x Polysomnographer machines which are used to investigate sleep apnoea. The department now only have two working machines in situ with a two further machines needing repair. The manufacturers have now stated that the machines are beyond economical repair. This could impact on Patient care by causing delays in diagnosis, increases in waiting lists when any machines break down. When a patient is being investigated for sleep apnoea they are not allowed to drive and this could impact on patients if there are delays in carrying out these tests. Controls: If one machine breaks down another machine can be used. However this does impact on the service provision. Medical engineering will carry out repairs where possible. Over time it	Not applicable	16 ↓	22/3/18	5/10/18

Risks rated 16

			<p><i>is becoming more regular that they are not able to carry out a quick repair on the machines.</i></p> <p>Assurances: Plan to seek funding to replace the machines.</p>				
1502	<p>Corporate Nursing</p> <p style="text-align: center;">Q</p>	39=	<p>HPV machine</p> <p>Manual cleaning alone is recognised as being insufficient against MDRO's and Several studies have shown that some micro-organisms, such as bacteria, viruses and fungi, are not killed effectively by standard cleaning. Hydrogen Peroxide (HP) decontamination technology is used in hospitals worldwide, primarily for the total disinfection of rooms. Currently within SaTH hydrogen peroxide vapour (HPV) is used. Currently the Trust have one HPV machine which is transported across both sites. The Trust needs a further machine to be able to meet the demand across both sites.</p> <p><i>Control: Manual cleaning, but this is not as effective and not effective at all against CPE.</i></p> <p>Assurances: Obtain funding for a second HPV machine. Case being taken to CPG in Dec 2018</p>	£36,000	<p>16</p> <p>↓</p>	<p>13/11/18</p> <p>(1/10/18)</p>	13/11/18

Risks Rated 15

Risk Ref	Centre	Priority	Risk and update	Capital Action Cost	Score	Date entered on ORR (date identified)	Date reviewed
816	Radiology W	1	Lack of Interventional Radiologists leading to no out of hour's vascular interventional Radiology service. <i>Controls: ad hoc cover</i> Assurances: Post offered and accepted by interventional Radiologists overseas (pending VISA.	Not applicable	15 ↓	26/11/13 (3/2/13)	04/09/18
1097	Patient Access P	2	Racking in medical records no longer fit for purpose. <i>Controls: culling of notes; notes stored in secure boxes</i> Assurances: Roller racking sourced from Shropshire Libraries at no cost – available from July 2018 if it can be fitted	TBC	15 ↑	05/12/17 (1/6/16)	29/08/18
1442	MSK Q	3	Outlier conservatively managed hip fractures at PRH Outlier nationally on volume of patients being treated conservatively as per National Hip Fracture Database. The cause for this is unknown. Further work is being carried out to ascertain the cause. Update 08/11/18: Rate of non-operative management remains above 5% this year, against a national average of 2%. <i>Controls: Review of care on-going and actions taken when discovered. To date working group have not identified any actions therefore control currently ineffective.</i> Assurances: Tony Fox to chair clinical review. Agreed at clinical working party meeting 12/09/18 that an audit of conservatively managed patients.	Not applicable	15 New	13/11/17 (19/7/18)	13/11/17
1484	IT P	4=	IT cyber security All NHS Trusts are expected to monitor and control IT Security Risks. To ensure compliance and higher levels of security then SaTH needs to have a dedicated IT Security Manager. We do not currently have this. This has also been flagged by external auditors KPMG. Failure to have an IT Security presence could result in failing to comply with NHS England's standards but this could also impact on the Organisation if it were to get Hacked or Hijacked electronically as this could compromise patient and staff data, as well as a potential shut down of electronic services, were the hack to be successful. <i>Controls: Junior member of staff managing Carcerts alerts.</i> Assurance: Obtain funding for additional support.	TBC	15 NEW	18/12/18 (2/1/18)	18/12/18
1485	IT P	4=	Server licences expiry Failure to upgrade leaves these systems highly vulnerable to a cyber-attack, such as wannacry. This could take systems out completely and take significant time to recover services. This would ultimately have a significant impact on patient care, reputational damage and financial cost. <i>Controls: Semahelix testing has already started. £125k has been allocated to the SQL licences.</i> Assurance: Obtain funding for additional support	TBC	15 NEW	14/1/19 (2/1/18)	14/1/19
1331	Medicine W	6=	Diabetes Specialist Nurses It is thought that the department are short of 1.9 wte. Nationally the levels of diabetes are known to be rising and this problem is only likely to get worse as the demand continues to increase. This is impacting on the current staff who are having to work above and beyond	Not applicable	15 NEW	14/1/19 (4/12/17)	14/1/19

Risks Rated 15

			<p>their current capacity to try and manage the workload and also working extra shifts. It will impact on patients in possible delays in dealing with patients who need to be seen by a DSN which could result in harm. <i>Controls: Cancelling scheduled clinics to ensure that in patients are reviewed. Current staff working over time and extra shifts to try and see patients</i> Assurances: Business case needs to be taken for approval to recruit extra nurses.</p>				
1209	Pathology Q	6=	<p>Capacity in Phelbotomy Several GP practices have stopped providing phlebotomy without giving SaTH notice of doing so. There is discrepancy amongst GP's as to whether or not phlebotomy is included in the price of a test and whether or not phlebotomy is included at each practice. Phlebotomy Services across Shropshire and Telford & Wrekin are variable in terms of how they are provisioned. Patients are having to go to their local hospital to be bled. This may involve a significant journey time for them and confusion amongst our users as to the level of service provided by SaTH. <i>Controls: All phlebotomy clinics are walk -in services and therefore difficult to control</i> Assurances: Work with others to identify alternative space for phlebotomy, either in the community or within SaTH.</p>	Not applicable	15 ↑	18/12/18 1/8/17	18/12/18
1184	Anaes & Critical care Q	8	<p>Lack of an integrated call bell system in anaesthetic rooms in theatres at RSH <i>Controls: local SOP</i> Assurance: Paper for capital planning being written</p>	£27,000	15 =	04/07/17 (3/4/17)	23/08/18
974	Oncology and Haematology P	9	<p>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> Assurances Recruitment</p>	Not applicable	15 =	13/03/18 (1/5/15)	13/08/18
1258 1235	Trust wide Q	10	<p>Additional patients on our wards. <i>Controls: Hospital Full protocol; local risk assessments</i> Assurances: increased focus on achieving 92% occupancy with emphasis on improving discharge.</p>	Not applicable	15 ↓	03/10/17 (30/6/17)	03/09/18
1355	Facilities P	11	<p>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> Update: exploring options for replacement</p>	£11k	15 =	10/4/18 (20/3/18)	10/08/18
1208	Pathology Q	12	<p>Failure to meet national standards for histopathological reporting of lymphomas / Risk of incorrect diagnosis. Following the retirement of our existing Histopathologist none of our existing Histopathologist have the required Haematolopathology expertise, there is a national shortage of Histopathologists and we've been unable to recruit to the vacant post. <i>Controls: Cases to be sent from SaTH to UHB commencing w/b Monday 24th December 2018</i> Assurance: A service level agreement will need to be put in place between SaTH and MIRHO Investigation of alternative diagnostic pathways which ensures compliance with peer review measures.</p>	Unknown	15 NEW	18/12/18 (4/5/17)	18/12/18

Risks Rated 15

1272	Oncology and Haematology P	13	<i>Radiotherapy IT infrastructure – server needs replacement.</i> Update: Awaiting imminent delivery of FAS servers.work will be completed by end of year	£184k	15 =	13/03/18 (6/3/17)	13/08/18
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