

Cover page

Meeting	Trust Board
Agenda Item No.	31
Paper Title	Board Assurance Framework
Date of meeting	4 April 2019
Date paper was written	26 March 2019
Responsible Director	Director of Corporate Governance
Author	Compliance & Sustainability Manager

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.

1. 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).

Changes to the BAF which the Trust Board is asked to **APPROVE**:

i) **We need to have sufficient, competent and capable Directors to deliver the Trust's agenda (BAF1558)**

- New risk to be added to the BAF - this was raised by the Chair at the Trust meeting 20 Feb-19
- Overseen by Sustainability Committee
- CEO is risk owner

ii) **We need to deliver plans jointly agreed with the local health and care system so our admission and discharge processes ensure patients are receiving safe and effective care in the right place (BAF1134)**

- This risk is currently overseen by Quality & Safety Committee and monitored at Workforce Committee. The COO has requested that this risk is also monitored at Performance Committee

2. Corporate Risk Register (CRR). This lists all operational risks ≥ 15 (high). The CRR, with risks listed by priority is reviewed by Sustainability, Quality & Safety, Performance and Workforce Committees each month together with the BAF.

In March 2019 there were 103 risks on the register, which is **58** more than March 2018. Over the year, 18 risks have been closed and 14 There have been 41 new risks over the year; and 23 further risks have increased in score (≥ 15). 36 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 which is included in the information pack.

Date	No change	Increased score	New risks	Decreased score (A; G)	Closed	Tot risks March
20/3/19	36	23	41	-		108
13/3/18				14	18	45

As part of the planned internal auditor schedule, Deloitte are currently undertaking a review of the Board Assurance Framework and the Trust's risk management processes.

The Trust Board are asked to **NOTE** the updates with respect to the BAF and Corporate Risk Register.

Previously considered by	Individual risks at Tier 2 Committees as a standing agenda item
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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	No financial impact identified

Ref	Descriptor	Dir	Low-Medium-High
PATIENT AND FAMILY Listening to and working with our patients			
Risk Appetite: Open			
		↓	LOW / MEDIUM
1186	<i>We need real engagement with our community to ensure that patients are at the centre of everything we do</i>	↓	Medium
SAFEST AND KINDEST Patients and staff feel they were safe and received kind care			
Risk Appetite: Moderate			
		↓	HIGH / MEDIUM
1204	<i>Our maternity services need to evidence learning and improvement to enable the public to be confident that the service is safe</i>	↓	High/Medium
1134	<i>We need to deliver plans jointly agreed with the local health and care system so our admission and discharge processes ensure patients are receiving safe and effective care in the right place</i>	↓	High/Medium
1533	<i>We need to implement all of the 'integrated improvement plan' which responds to CQC concerns so that we can evidence provision of outstanding care to our patients</i>	=	High/Medium
SUSTAINABILITY and HEALTHIEST HALF MILLION Working with our partners for all our communities			
Risk Appetite: Open			
		↓	LOW
561	<i>We need to have system-wide effective processes in place to ensure we achieve national performance standards for key planned activity</i>	=	Low
LEADERSHIP Innovative and Inspirational Leadership to deliver our ambitions			
Risk appetite (transformation) : hungry			
Risk appetite (finance): moderate			
		=	HIGH / MEDIUM
668	<i>We need to deliver our £312m hospital reconfiguration to ensure our patients get the best care</i>	↓	Medium
670	<i>We need to live within our financial means so we can modernise our aging estate and equipment and invest in service development and innovation</i>	=	High
1492	<i>We need an agreed Digitisation Strategy to underpin service improvement</i>	=	High
1558	<i>We need to have sufficient, competent and capable Directors to deliver the Trust's agenda.</i>	NEW	High/Medium
OUR PEOPLE Creating a great place to work			
Risk Appetite: Open			
		↑	HIGH
423	<i>We need positive staff engagement to create a culture of continuous improvement</i>	↑	High
859	<i>We need a recruitment strategy for key clinical staff to ensure the sustainability of services</i>	↑	High

Key	
↑	Declining
↓	Improving
=	No change

Risk ID	Description	Current Controls	Gaps in Controls	Current	Assurance	Gaps in Assurance	Further Planned Actions	Target	Committee	Owner
PATIENT AND FAMILY Listening to and working with our patients										
Risk Appetite: Open										
1186	<p><i>We need real engagement with our community to ensure that patients are at the centre of everything we do</i></p> <p><u>Potential impacts:</u></p> <ul style="list-style-type: none"> • Lack of trust from our community • Breach of legal involvement duties • Damage to Trust reputation 	<p>People's Academy established</p> <p>Young Peoples Academy launched</p> <p>Public involved with TCPS 1000+ Volunteers</p> <p>PACE (Patient And Carer Experience) Group established Oct 18</p>	<p>Integrated Comms and Engagement Strategy</p>	Medium	<p>Friends and Family Test 96.2%</p> <p>Positive Patient Survey results (July 2018)</p> <p>Quarterly Community Engagement update to Board (Feb-19)</p> <p>Positive Cancer Patient Survey results (Oct 18)</p> <p>Positive Maternity Patient Survey results (2018)</p> <p>Volunteer Strategy 10,000+ public membership</p> <p>Patient Experience Group established (Sep-18)</p> <p>Patient-led Assessments of Clinical Environment (PLACE) improved Jan 19</p> <ul style="list-style-type: none"> - Privacy and dignity - Dementia care <p>People's Academy graduates have key role in TCI and RPIWs as 'fresh eyes'</p> <p>Ophthalmology engagement (Feb 19)</p> <p>Macmillan engagement (Feb19)</p>	<p>Formal Governance structure for members</p> <p>External review of size of Communications team – lower quartile</p>	<p>Establish People's Forum (July 19)</p> <p>Appoint a Chief Communications Officer (Jun 19)</p> <p>Engagement Development Session with SLT (May 19)</p> <p>Community Connector sessions planned Mar-Dec 19</p> <p>Integrating Web Dev with Comms team (Apr 19)</p>	Low	Trust Board	Director of Corporate Governance

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

1204	<p><i>Our maternity services need to evidence learning and improvement to enable the public to be confident that the service is safe</i></p> <p><u>Potential impacts:</u></p> <ul style="list-style-type: none"> • Patients choosing other providers • Avoidable harm to patients • difficulty recruiting staff • low staff morale 	<p>Being Open and Duty of Candour policy Revised Incident reporting policy Review meetings to review incidents, legals and complaints VMI - Value Stream 5 (Patient Safety) Actions taken in response to CQC inspection Temporary inpatient closure of MLUs (Nov 18)</p>	<p>Lack of oversight of presenting issues</p>	<p>High</p>	<p>RCOG action update (Q&S April 8) Maternity incentivisation Raising Concerns maternity survey RCOG review July 2018 Maternity learning board presentation Maternity outcomes dashboard Neonatal Critical Care review 2018 FFT – monthly 98%+ recommendation Maternity & Neonatal Safety Collaborative – 2018 GIRFT (get It Right First Time) 2018 Improvement in n CQC Maternity Survey Jan-19 MBRRACE results 2018 (for 2016) CQC Maternity score 2018 - about the same as others</p>	<p>Secretary of State review – expanded and delayed CQC Inspection and Conditions letter (Nov 18)</p>	<p>Establishing Maternity Task Force Committee chaired by Trust Chair - Feb-19</p>	<p>Low</p>	<p>Maternity Taskforce Committee</p>	<p>Director of Nursing and Quality Chief Operating Officer</p>			
											MBRRACE results	M	L
											SoS Review progress	H	L
											Maternity CQC Patient Survey	L	L
											Maternity Dashboard	M	L

NEW	<p>We need to deliver plans jointly agreed with the local health and care system so our admission and discharge processes ensure patients are receiving safe and effective care in the right place</p> <p>Potential Impacts</p> <ul style="list-style-type: none"> • Poor experience for patients – delays & moves • Additional patients on wards with additional staffing costs - Failure to achieve 92% bed occupancy <p>1158</p> <ul style="list-style-type: none"> • Reduced quality of care (sepsis, ED delays) <p>1197</p> <ul style="list-style-type: none"> • Low staff morale • Increased levels of Delays in Transfers of Care • Increased ambulance handover delays 	<p>SaTH Escalation policy & Hospital Full Protocol</p> <p>Weekly LHE COO meetings</p> <p>Shropshire, T & W A&E Delivery Board and Group</p> <p>VMI - Value Stream 1</p> <p>Respiratory Ward Discharge roll-out</p> <p>VMI – Value Stream 8 (ED process)</p> <p>LHE Winter Plan (Dec 18)</p> <p>Twice daily discharge hub meetings.</p> <p>Daily DTOC report</p> <p>LHE Complex Discharge Escalation process.</p> <p>SAFER programme</p> <p>Operational Capacity and Resilience Plan in place;</p> <p>SaTH2Home</p> <p>Red 2 Green</p>	<p>Unable to staff escalation wards with substantive staff</p> <p>7-day working not in place throughout service</p> <p>Pre-noon discharge below NHS target 33% (SaTH at 15%)</p>	<p>High</p>	<p>Continued reduction in falls, below national levels (Dec 18)</p> <p>Reduction in super stranded and stranded patients (now in top quartile Dec 18)</p> <p>STP update – Urgent Care, Frailty and Winter Planning Programme underway (Oct 18)</p> <p>Out of Hospital Programmes (Shropshire Care Closer to Home, T&W Neighbourhood Working)</p> <p>Review of Shropshire Community Services (Nov 18)</p> <p>Meeting DTOC target of 3.5%.</p> <p>NHSI IPC Review (Sept 18)</p> <p>Reduction in number of stranded patients – now in top quartile (Sept 18)</p> <p>ECIST Review (Oct 18)</p> <p>Infection Control escalated Red (Feb 19)</p> <p>ED 4 hour performance (Feb 19)</p> <p>CDU open at RSH (Mar 19)</p>	<p>CQC inspection - Inadequate</p> <p>Not delivering criterion-led discharge</p> <p>Esript not joined up</p> <p>CQC Inspection ED condition letter (Sept 18)</p> <p>Workforce Committee</p> <p>7 Day Working</p> <p>Low Assurance (Jan 19)</p> <p>Complex Discharge Audit Deloitte (Limited Assurance) (Feb 19)</p> <p>National Stroke Audit (Jun 19)</p>	<p>STP Recovery plan to deliver 4 hour target includes target of 90% patients being discharged within 48 hours. Ongoing Senior management support from UNHM 2/7 per week - ongoing</p> <p>7 Day Working Action Plan (June 19)</p>	<p>Low</p>	<p>Quality & Safety</p>	<p>Chief Operating Officer</p>					
1134											ED 4hr Target	ED 4hr Target	H	ED 4hr Target	M
1369											Sepsis CQUIN Target	Sepsis CQUIN Target	H	Sepsis CQUIN Target	L
1426											Super-stranded performance	Super-stranded performance	L	Super-stranded performance	L
											Risk Adjusted Mortality Index (RAMI)	RAMI	L	Patient mortality - RAMI	L

1533	<p>We need to implement all of the 'integrated improvement plan' which responds to CQC concerns so that we can evidence provision of outstanding care to our patients (Identified December 2018)</p> <p><u>Potential Impacts</u> Do not improve patient care Remain in special measures Increased scrutiny Damage to reputation and loss of confidence</p>	<p>PMO established (Jan 19) External support from Moorhouse Governance structure in place (Jan 19) Action Plan being agreed Robust monitoring process Reporting each week to NHSI/CQC on Regulatory letters and progress on action plan. Monthly oversight meeting</p>	Internal devolution of programme	<p>High</p>	<p>Regular reports to TB s29 and s31 action plans - Maternity Feb 19 90% complete (16/20) - ED due 80% complete (10/15) - Well-Led sessions with Board and SLT (Feb 19) - Engagement and Enablement Group to link to</p>	<p>PMO support after Feb 19</p>	<p>- Governance meetings and actions Ongoing DNMQ - Action plan to be finalised for CQC DNMQ - TB April</p>	<p>Low</p>	<p>Quality & Safety</p>	<p>Director of Nursing, Midwifery and Quality</p>				
			Full action plan not developed								Progress against s29 action plan	L	Progress against s29 action plan	L
											Progress against s31 action plan	L	Progress against s31 action plan	L
											Progress against full action plan	H	Progress against full action plan	L

SUSTAINABILITY and HEALTHIEST HALF MILLION Working with our partners for all our communities

Risk Appetite: Open

561	<p><i>We need to have system-wide effective processes in place to ensure we achieve national performance standards for key planned activity</i></p> <p><u>Potential Impacts</u></p> <ul style="list-style-type: none"> • Poor /unsafe patient care & experience • Financial penalties • Performance notices • Failure to receive STF allocation • Additional patients on wards 	<p>LHE Winter Plan (Dec 18) 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 Frailty Project VMI – Value Stream 4 (Outpatients) Value Stream 8 – Surgical Pathway Value Stream 7 – CT Scans Vanguard Unit at RSH (Jan-Mar 19)</p>	<p>Workforce challenges and demand in - Urology - Breast</p>	Low	<p>RTT Recovery plans for non-compliant specialties; Cancer Patient Survey (Sep 18) Reduction in super stranded patients – now in top quartile 99% patients received diagnostics within 6 weeks (Oct 18) CHKS Top 40 Hospitals for sixth consecutive year (Oct 18) Cancer – Trust ranked 56/131 trusts +82.3% (national average 79.4%) (Oct 18) Current DNA and 30 day readmission performance exceeds peer median and national median Cancelled Operations increased Treated within 28 days reduced (Feb 19) RTT position</p>	<p>Outpatient appointment process Internal Audit Audit (limited assurance - May 18) 14 day Cancer target CQC Feb 19 worsening</p>	<p>Reconstitution of Cancer Strategy Board Mar-19 Urology links developed with UHNM – ongoing Vanguard Unit at PRH – April 19</p>	Low	Performance	Chief Operating Officer
	Diagnostic target		Diagnostic target	L			Diagnostic target	L		
	Cancer waiting times		Cancer waiting times	L			Cancer waiting times	L		
	RTT Targets		RTT Targets	L			RTT Targets	L		

LEADERSHIP Innovative and Inspirational Leadership to deliver our ambitions

Risk appetite (transformation) : hungry

Risk appetite (finance): moderate

670	<p>We need to live within our financial means so we can modernise our aging estate and equipment and invest in service development and innovation</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 	<p>Capital planning process including capital aspirations list</p> <p>Risk based approach to replacement of equipment</p> <p>Waste Recovery Rectification Plan</p> <p>Confirm and challenge meetings with Care Groups</p> <p>Financial Recovery Plan (Sep 18)</p> <p>Monthly Estates Report to Trust Board (Feb 19)</p>	<p>Insufficient investment resource to modernise estate, equipment and IT</p> <p>Care Groups failure to deliver control totals</p> <p>Failure to deliver Waste reduction programme - Target of £8.19m</p> <p>underachieved YTD by £496k</p> <p>Lack of fire Strategy for Copthorne Building (Feb 19)</p> <p>No rolling maintenance/replacement programme for Estates/IT equipment</p>	<p>High</p>	<p>Financial component of performance report (monthly TB)</p> <p>Reports from Internal and External Audit</p> <p>Internal Audit Income and Debtors audit (moderate assurance - Dec 18)</p> <p>Internal Audit Payment and creditors audit (substantial assurance - Dec 18)</p>	<p>Historic and on-going liquidity problem</p> <p>Gap against financial outlook is now £5.7m adrift (Oct 18)</p> <p>Only £110k in Corporate Contingency Capital budget (Oct 18)</p> <p>Internal Audit Budgetary Control Audit (Limited assurance- Dec 18)</p> <p>Internal Audit Cash & Treasury Management Audit (Limited assurance- Dec 18)</p> <p>Likely cash shortfall (Feb 19)</p> <p>Placed in Special Measures Nov 18</p> <p>Waste Reduction Audit (Limited Assurance) (Feb 19)</p> <p>Fire Authority and Local Authority Concerns (Feb 19)</p>	<p>Progress against operational plan to be regularly reported to Trust Board – ongoing Qualitative Design Review – Copthorne Building (Mar 19)</p> <p>Design Fire Strategy for Copthorne Building (Apr 19)</p> <p>Draft Estates Strategy (Mar 19)</p> <p>Review of SSP Programme by RLB (Apr 19)</p>	<p>Medium</p>	<p>Performance</p>	<p>Finance Director</p>				
											Waste Reduction Programme	H	Waste Reduction Programme	M
											Shortfall in liquidity	H	Shortfall in liquidity	M
											Shortfall in I&E	H	Shortfall in I&E	M

668	<p>We need to deliver our £312m hospital reconfiguration to ensure our patients get the best care</p> <p><u>Potential impacts:</u></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 	<p>Structured programme of work to arrive at service delivery models agreed through 'Future Fit' Urgent Care Network Board Programme Board established for 'Future Fit' and all stakeholders engaged. Programme resources in place GP engagement strategy Clinical Sustainability Group Sustainability and Transformation Plan SaTH Sustainability Committee to oversee implementation aspect of Future Fit</p>	<p>Severe shortages of key clinical staff required to sustain clinical services No Director of Strategy & Transformation</p>	<p>Medium</p>	<p>Scope and objectives of 'Future Fit' Programme agreed with Trust and partner organisations for strategic review of hospital and associated community services Public consultation commenced May 18 Increase in number of ED consultants appointed since announcement of £312m OBC being finalised (Nov 18) CEO chairing SSP Group (Jan 19) Joint Committee to meet in public to consider recommendations to allow process to progress (Jan 19) 3P event – 50 senior clinicians (Mar 19) Visit by SoS to PRH (Mar 19)</p>	<p>Potential challenge to decision (Apr 19)</p>	<p>Recruit Director of Strategy & Transformation (June 2019) Appoint Director of Clinical Effectiveness & Innovation (June 2019) RLB to undertake review of FF Governance (Mar 19) Improved reporting to Board (Apr 19)</p>	<p>Very Low</p>	<p>Sustainability Committee</p>	<p>Chief Operating Officer</p>			
	Preferred option agreed										Preferred option agreed	VL	VL
	Outline Business Case approved										Outline Business Case approved	M	VL
	Full Business Case approved										Full Business Case approved	H	VL

1492	We need an agreed Digitisation Strategy to underpin service improvement <u>Potential impacts:</u> • Risk of missed patient test results, resulting in missed or late treatment • Not having immediate access to all relevant patient information • Unable to drive or underpin clinical improvements	Bespoke clinical databases and systems PA developing business case for EPR process (Feb 2019) EPR PMO approach being established and additional resource to implement STP digitisation workstream	No current Digitisation Strategy Lack of Cyber Defence capability identified by Internal Audit and part of NHS Long Term Plan No Director-level lead	High	Updates quarterly to Sustainability Committee Update to SLT (Oct 18) Successful bid for STP funding £583k Jan-19 General IT controls Audit (Moderate) (Feb 19) EPR Steering Group and Project Group (Jan 19)	PA review of infrastructure and EPR readiness (Feb 19)	OBC - EPR/infrastructure (Jun 19) Windows to upgrade (2019/20)	Low	Sustainability Committee	Finance Director				
											IT digitisation strategy approved	H	IT digitisation strategy in place	VL
											Outline Business Case for EPR and infrastructure approved	H	Outline Business Case for EPR approved	VL
											Full Business Case for EPR and infrastructure approved	H	Full Business Case for EPR approved	VL
NEW	We need to have sufficient, competent and capable Directors to deliver the Trust's agenda. <u>Potential Impacts</u> • Suboptimal performance across quality, finance, performance and workforce • Lack of confidence in Trust • Reputational damage	QIP Plan Well-Led Improvement Steering Group	Lack of Leadership strategy and development programme with succession planning Lack of clearly defined organisational strategy	High	Stronger links with Execs and SLT through introduction of SLT Development sessions Well-Led Sessions with Board and SLT Go MAD Thinking session with Execs (Mar 19)	CQC Well-Led Inadequate (Nov 18)	Review IT Leadership (Mar 19) Well-Led Action Plan (Mar 19) 'Plotting the Dots' session (May 19) Recruitment of Director of Strategy and Transformation (June 19) Recruitment of Medical Director (Mar 19) Recruitment of Director of Nursing (May 19) Recruitment of Head of Midwifery (May 19) Creation of PMO (Apr 19) Go MAD development sessions (Apr-Jun 19)	Low	Sustainability	Chief Executive Officer				
CQC Well-Led	H	CQC Well-Led	L											
Staff Survey immediate managers score	M	Staff Survey immediate managers score	L											

OUR PEOPLE Creating a great place to work

Risk Appetite: Open

423	<p>We need positive staff engagement to create a culture of continuous improvement</p> <p><u>Potential impacts:</u></p> <ul style="list-style-type: none"> • Loss of key staff • Poor experience for patients • Low staff morale • Poor work environment and experience for staff • Continued high reliance on temporary staff • Increased concerns/ reports of harassment/bullying • High sickness absence including stress • staff working in excess of contracted hours 	<p>Appraisals and Personal Development Plan</p> <p>Staff induction linked to Trust values</p> <p>Stress risk assessments process for staff updated in partnership with Health and Safety standards</p> <p>5 year workforce plan</p> <p>Staff engagement strategy</p> <p>Values Behaviours and Attitudes (VBA) training for job interviewers</p> <p>Leadership development programme</p>	<p>Rates of Statutory and Mandatory Training (currently 76.8%) Nov-18</p> <p>OD Strategy/Plan</p> <p>Overall deterioration in staff survey score</p>	<p align="center">Medium</p>	<p>Monthly Workforce Reports</p> <p>Annual and monthly VIP Awards.</p> <p>Much better than national average sickness rates for medical staff (CQC Insight July 18)</p> <p>Turnover rates better than national average (CQC Insight July 18)</p> <p>Improving Appraisal rate (88% + Medical Staff 97%) Sept 18</p> <p>Go MAD Thinking Exec session (Mar 19)</p> <p>Master Coach Programme linked to Engagement Champions</p> <p>Go MAD Thinking session with SLT and Board (Apr/May 19)</p>	<p>Staff Survey – Poor engagement score (Mar 18)</p> <p>Staff sickness 4.89% (Oct 18 – target 3.99%)</p> <p>Current performance on training</p> <p>CQC Well-Led findings re. 'Should Dos' for staff engagement and feedback (Nov 19)</p>	<p>Leadership Academy syllabus launch 2019</p> <p>CQC Engagement and Enablement Group to identify Engagement Champions – DCG (March 19)</p>	<p align="center">Very Low</p>	<p align="center">Workforce</p>	<p align="center">Workforce Director</p>
	Recommendation as place to work	Recommendation as place to work - from staff survey results	H		Recommendation as place to work - target - staff survey results	VL				
	Motivation at work	Motivation at work - from staff survey results	M		Motivation at work - target - staff survey results	VL				
	Contribution to improvement	Contribution to improvement - from staff survey results	M		Contribution to improvement - target - staff survey results	VL				
	Experiencing bullying and harassment	Experiencing bullying and harassment - from staff survey results	M		Experiencing bullying and harassment - target - staff survey results	VL				

859	<p>We need a recruitment strategy for key clinical staff to ensure the sustainability of services</p> <p><u>Potential Impacts:</u></p> <ul style="list-style-type: none"> • 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 	<p>All</p> <p>Recruitment Value Stream Workforce reviews including job redesign and skill mix reviews</p> <p>Process for managing staff shortages which may impact on patient care</p> <p>Development of new roles</p> <p>5 year workforce plan</p> <p>Securing £312m capital allows public consultation to now occur and has reduced service anxiety due to uncertainty</p> <p>Medical</p> <p>Medical staffing streamlined consultant recruitment</p> <p>Clinical leaders managing workforce cover including "working down"</p> <p>Job planning</p> <p>Overseas recruitment</p> <p>Nursing</p> <p>Ward staffing templates</p> <p>Block booking agency staff</p>	<p>Full implementation of nurse staffing templates geared to nurse recruitment</p> <p>Lack of progress re plan for Multi-professional Ward Pilot</p>	<p>High</p>	<p>All</p> <p>Workforce Report (monthly)</p> <p>NHSE Workforce Summit</p> <p>Medical</p> <p>Robust Middle Grade recruitment process (Oct 18)</p> <p>Nursing</p> <p>60 new nurses starting (Sep 18)</p> <p>Internal Audit Temporary Staffing Audit (May 18)</p>	<p>High levels of escalation resulting in high use of agency staff -13% of pay cost in M6 are temporary staffing</p> <p>YTD £17.9m</p> <p>Fragility of some services (July 18)</p> <p>Workforce Committee – Low Assurance for Nurse Recruitment Strategy (Jan 19)</p>	<p>ED staffing (Consultants & Middle grades)</p> <p>Working with Walton Centre to develop a hub and spoke model for neurology</p> <p>Overseas medical recruitment</p> <p>Nurse recruitment Dublin Feb-19</p> <p>Staffing model for Ward 35 Feb-19</p>	<p>Low</p>	<p>Workforce</p>	<p>Chief Operating Officer Medical Director Director of Nursing, Midwifery and Quality</p>	
626	ED staffing (Consultants & Middle grades)		ED staffing (Consultants & Middle grades)	H				ED staffing (Consultants & Middle grades)	L		
1062	Gastroenterology (Medical staffing)		Gastroenterology (Medical staffing)	H				Gastroenterology (Medical staffing)	L		
817	Nurse staffing		Nurse staffing	H				Nurse staffing	L		
949	Critical care (medical staffing)		Critical care (medical staffing)	H				Critical care (medical staffing)	L		

Risk Appetite statement by objective

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

Trust Objectives	Risk Appetite Statement	Appetite (level)
<p>1 Listening to and working with our patients and families to improve healthcare</p>	<p><i>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</i></p>	<p>4 Open</p>
<p>2 Our patients and staff will tell us they feel safe and received kind care</p>	<p><i>The Trust will support innovation with demonstration of commensurate improvements in outcomes. Systems / technology used routinely to enable operational delivery.</i></p>	<p>3 Moderate</p>
<p>3 Working with our partners to promote 'Healthy Choices' for all our communities</p>	<p><i>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.</i></p>	<p>4 Open</p>
<p>4 a) Innovative and Inspiration Leadership to deliver our ambitions (transformation)</p>	<p><i>The Trust is eager to be innovative and to pursue options that offer potentially substantial rewards, despite also having greater levels of risk</i></p>	<p>5 Hungry</p>
<p>4 b) Innovative and Inspiration Leadership to deliver our ambitions (finance)</p>	<p><i>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.</i></p>	<p>3 Moderate</p>
<p>5 Creating a great place to work</p>	<p><i>The Trust will encourage new thinking and ideas that could lead to enhanced staff engagement</i></p>	<p>4 Open</p>

Risk Appetite definitions

1 Averse:	Avoidance of risk and uncertainty is a key organisation objective.
2 Minimal:	Preference for ultra-safe options that are low risk and only have a potential for limited reward.
3 Moderate:	Preference for safe options that have a low degree of risk and may only have limited potential for reward.
4 Open:	Willing to consider all potential options and choose the one most likely to result in successful delivery, while also providing an acceptable level of reward and value for money.
5 Hungry:	Eager to be innovative and to choose options offering potentially higher business rewards, despite greater inherent risk.

OPERATIONAL RISK REGISTER
Prioritisation of Validated Red Risks
at 12/03/19

Key:

W	Workforce
Q	Quality & Safety
P	Performance
S	Sustainability Committee
	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 Intesivist 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</i>	Not applicable	20 ↑	05/05/15 20/01/15	18/12/18

			solely on rota to cover ITU/HDU departments. 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. 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. Progression of Sustainable Services programme Negotiations to continue with Intensivists colleagues on a proposed new rota offering increasing cover to PRH ITU.				
1484	IT P	2=	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. The current team manages and monitors the IT environment to a point, however there is still a high level of exposure that exists.</i> Assurance: Obtain funding for additional support.	TBC	20 ↑	18/12/18 (2/1/18)	18/12/18
1123	Estates P	2=	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> 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
1549	Women and Children's W	2=	Absence of Head of Midwifery Controls/Assurance: • Director of Nursing, Midwifery & Quality • Deputy Head of Midwifery • Matron's for Consultant Led, MLU and Community Care • Quality improvement & Governance Lead • Risk lead for Obstetrics • Risk lead for Midwifery	Not applicable	20 NEW	12/03/19 (19/2/19)	01/03/19
1426	Medical Director Q	2=	Effective Treatment of sepsis not embedded throughout Trust <i>Controls: Sepsis Six bundle, sepsis action plan</i> Assurance: Deliver actions in sepsis action plan	Not applicable	20 =	11/09/18 (25/6/18)	12/09/18
1029	Radiology Q	7	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> Assurance: SBAR paper submitted to execs. Continued recruitment attempts including from overseas. Consultant Radiographer now in post to help with plain film workload. Development of Consultant Radiographers, and Advanced Practitioners	Not applicable	20 =	10/07/18 (01/10/15)	04/09/18
1548	Women and Children's	8=	Impact of the Secretary of State and Extended Review (Ockenden) Controls/Assurance: • Regular staff engagement & communication	Not applicable	20 NEW	12/03/19 (19/2/19)	01/03/19

	W		<ul style="list-style-type: none"> • Acknowledgement where there has been failure • Proactive and reactive communication plan • Learning review of historical cases • Positive communication of what has been done well • Openness and honesty with staff and the public 				
817 807	Trust wide W	8=	<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	8=	<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 S	8=	<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	8=	<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	8=	<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

1547	Chief Operating Officer S	14	Digital Dictation Hardware and Software Equipment is failing and no continuity plan is yet in place. Assurance: Revert to Revert to manual recording of patient consultations (limited assurance)	c.£115k (plus PM resource to deliver)	20 NEW	12/03/19 (15/2/19)	20/02/19
1430	Sustainable Services S	15	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. <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> Assurances: SOC to incorporate implications of community model not being achieved as part of sensitivity assessment.	Not applicable	20 =	11/5/16	9/10/18
1084	Ophthalmology Q	16	Ophthalmology patients waiting longer than the recommended follow up time may come to harm. There have been a number of reported incidents <i>Controls: 3rd party providers provide additional capacity. Past Max to wait report to ensure accurate recording</i> Assurances: Complete review of workforce in line with demand v capacity analysis. This will inform the need for additional resource.	Not applicable	20 =	11/09/18 (01/3/16)	11/09/18
688	Pathology Q	17	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 =	11/09/18 (04/3/13)	11/09/18
1082 855	Radiology S	18	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	Outpatients S	19=	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	Unknown	20 =	14/1/19 (8/3/17)	14/1/19

			<p>other areas and most likely could result in a prohibition order from the Fire Department, which is the most likely.</p> <p><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></p> <p>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.</p>				
1075	Estates S	19=	<p>Estates Condition (6 facet) surveys have highlighted a number of significant risks across both sites.</p> <p><i>Controls: CPG to prioritise funding based on areas of highest risk.</i></p> <p>Assurance: 6 facet survey being refreshed to reprioritise areas for funding £834k of Priority 1 Schemes remain unfunded</p>	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 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	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 -		5	
Endoscopy/Wd 7			
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		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.
RSH - additional areas			
Total Unfunded Estates		834	

33	Estates – Medical Engineering Services P	21	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):
Orbiscan	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
Total Unfunded MES		1,313	

1105	Medicine P	22	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
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949	Anaes and Critical Care W	23	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
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1441	MSK Q	24	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	Not Applicable	20 =	13/11/18 (19/7/18)	2/11/18
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			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.				
748	Radiology W	25	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 S	26	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> Assurances: Awaiting decision and procurement of EPR. Option appraisal for EPR submitted to Execs and business case being developed	£18,000k over 10 years	20 ↓	02/12/14 (8/09/14)	12/09/18
1528	Ophthalmology Q	27=	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. <i>Controls: Dyson fans have been put in place, along with water and regular breaks for staff.</i> Assurances: Obtain funding to put in a new air conditioning unit as part of the on-going works on the unit.	TBC	20 =	14/1/19 (20/12/18)	14/1/19
1387	Women & Children W	27=	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

Risks rated 16

Risk Ref	Centre	Priority	Risk and update	Capital Action Cost	Score	Date entered on ORR (date identified)	Date reviewed
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Risks rated 16

105	Emergency Medicine P	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> 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. <i>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.</i> Assurance: Obtain funding for Nutritional team.	Not applicable	16 =	18/12/18 1/3/17	18/12/18
1150	Women & Children's W	3=	Midwifery Staffing Levels Assurance/Controls: <ul style="list-style-type: none"> • Contacting staff to undertake extra shifts to cover the shortfalls/ additional activity/acuity • Cancelling of statutory and other training • Managers cover clinical instead of management duties. • Use of escalation policy e.g. staff from midwifery units / Community to support safety but with recognised impact on these services. • Closure of Midwifery led units to support. • Closure of Consultant Unit 	Not applicable	16 NEW	12/03/19 (19/2/19)	01/03/19
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 <i>Control: Locums and staff being redirected to see booked patients.</i> 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
1551	Patient Access and OPD Q	3=	Inability to provide MRI scanning for ITU patients Controls/Assurance: Minimal in place at present. Option to transfer patient is very limited. Generally MR imaging is denied to our patients as no alternative option.	tbc	16 NEW	12/03/19 (26/11/18)	20/02/19
1552	Patient Access and OPD Q	3=	Ultrasound machines for Intensive Care and Theatres (3 in total) Controls/Assurance: Funding through LoF likely	tbc	16 NEW	12/3/19 1/11/18	26/2/19
1382	Anaesthetics and Critical care P	7	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.	Unknown	16 =	16/4/18	2/9/18

Risks rated 16

			This will impact and prevent the 17 sessions per week for 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	8	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	9	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	10	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 =	14/1/19 (2/7/18)	14/1/19
984	Therapies Q	11	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 S	12=	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</i>	Not applicable	16 =	8/5/17	9/10/18

Risks rated 16

			SSP implementation Trust Board approved EPR SOC in 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	12=	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	12=	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	15	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	16	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 S	17=	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 =	13/11/17	9/10/18
1503	IT P	17=	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>	£400k	16 =	13/11/18 (1/10/18)	13/11/18

Risks rated 16

			Assurances: Audit all devices to identify what needs to be replaced				
1183	IT S	17=	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> 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	500,000 – 700,000 to replace whole system £1,930k of unfunded Priority 1 Schemes (including storage)	16 ↓	01/08/17 (26/3/17)	10/05/18

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	115	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		1,961	

1342	Women & Children P	20	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> Assurances: Seek funding for planned programme of replacement.	£80,000	16 =	13/02/18 (30/1/18)	16/08/18
1190	Women & Children W	21=	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> Assurance: Trainees recruited but > 2 year lead in time until competent	Not applicable	16 ↓	04/07/17 (18/4/17)	11/09/18
1508	Theatres, Anaesthetics & Critical Care	21=	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	Not applicable	16 =	18/12/18 7/11/18	18/12/18

Risks rated 16

	W		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.				
1392	Head and Neck Q	23	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	24	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
1216	Medicine W	25	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
1225	Corporate Q	26	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	27	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 =	11/6/18	3/10/18
55	Workforce W	28	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	29	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	Unknown	16 =	18/12/18 (20/9/18)	18/12/18

Risks rated 16

			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				
1345	Corporate Q	30	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 S	31	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	32	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 =	11/09/18 (28/6/18)	11/09/18
265	Medicine P	33	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 =	11/9/18 (3/1/11)	11/09/18
1242	Corporate W	34	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	35	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	36	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	37	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	38=	Insufficient body storage capacity in Mortuary at PRH Failure to store bodies in appropriate conditions in the	£11,000	16	18/12/18	18/12/18

Risks rated 16

	Q		<p>Mortuary could cause considerable distress to families, would be disrespectful to funeral directors and may lead to loss of HTA licence to operate service.</p> <p><i>Controls:</i> 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.</p> <p>Assurance: Capital Planning has just approved money for a purchase of an additional store which will provide 12 extra slabs.</p>		=	21/11/18	
1274	Head and Neck Q	38=	<p>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.</p> <p><i>Controls:</i> 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.</p> <p>Assurance: Money has been obtained from capital planning to carry out works on the ward to create a space.</p>	Unknown	16 ↑	22/9/17	4/10/18
1153	Pathology P	38=	<p>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</p> <p><i>Controls:</i> daily local and remote back-ups. Disaster recovery product contract agreed</p> <p>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.</p>	£160,000 (server)	16 ↓	10/04/18	15/08/18
1348	Women & Children P	38=	<p>Colposcopy clinic facilities at RSH – poor patient environment.</p> <p><i>Controls:</i> Limited controls possible</p> <p>Assurances: Funding allocated for refurbishment</p>	£21k	16 ↓	10/04/18 (20/2/18)	11/09/18
493	Emergency Planning Q	38=	<p>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.</p> <p><i>Controls:</i> none possible</p> <p>Assurance: Training of tent erection to Estates staff to be facilitated by provider company. Dates clashed therefore re-scheduling for late August/early September.</p>	£7k	16 ↓	13/02/18 (12/1/18)	29/08/18
1413	Renal Dialysis capacity Q	38=	<p>Renal Dialysis Capacity</p> <p>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</p>	Not applicable	16 =	14/1/19 (4/6/18)	14/1/19

Risks rated 16

			<p>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.</p> <p><i>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.</i></p> <p>Assurances: Commence twilight shifts at the end of January.</p>				
1362	Medicine P	38=	<p>The Trust Carries 6 x Polysonographer 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.</p> <p>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.</p> <p><i>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 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>	Not applicable	16 ↓	22/3/18	5/10/18
1502	Corporate Nursing Q	38=	<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	16 ↓	13/11/18 (1/10/18)	13/11/18
1417	Ophthalmology P	38=	<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 =	14/08/18 (26/6/18)	15/08/18
1002	Pathology P	38=	<p>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</p>	£150,000	16 ↑	13/11/18	15/11/18

Risks rated 16

			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.				
1449	Anaesthetics and Critical care P	38=	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 =	11/09/18 (02/7/18)	11/09/18

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 =	13/11/17 (19/7/18)	13/11/17
tbc	Women and Children's W	4=	Impact of medical records being sent off site for the Secretary of State and Extended Maternity Review (Ockenden) <i>Controls: ad hoc cover</i> Assurances: • Patient safety incidents – IG • Complaints • Audit • Peer reviews	Not applicable	15 NEW	26/11/13 (3/2/13)	04/09/18

Risks Rated 15

1485	IT P	4=	<p>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.</p> <p><i>Controls: Semahelix testing has already started. £125k has been allocated to the SQL licences.</i></p> <p>Assurance: Obtain funding for additional support</p>	TBC	15 =	14/1/19 (2/1/18)	14/1/19
1331	Medicine W	7=	<p>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 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.</p> <p><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></p> <p>Assurances: Business case needs to be taken for approval to recruit extra nurses.</p>	Not applicable	15 =	14/1/19 (4/12/17)	14/1/19
1209	Pathology Q	7=	<p>Capacity in Phlebotomy 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.</p> <p><i>Controls: All phlebotomy clinics are walk -in services and therefore difficult to control</i></p> <p>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	9	<p>Lack of an integrated call bell system in anaesthetic rooms in theatres at RSH <i>Controls: local SOP</i></p> <p>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	10	<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></p> <p>Assurances Recruitment</p>	Not applicable	15 =	13/03/18 (1/5/15)	13/08/18
1258 1235	Trust wide Q	11	<p>Additional patients on our wards. <i>Controls: Hospital Full protocol; local risk assessments</i></p> <p>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	12	<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</i></p>	£11k	15 =	10/4/18 (20/3/18)	10/08/18

Risks Rated 15

			<i>of this oven</i> Update: exploring options for replacement				
1208	Pathology Q	13	<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.</p> <p><i>Controls: Cases to be sent from SaTH to UHB commencing w/b Monday 24th December 2018</i></p> <p>Assurance: A service level agreement will need to be put in place between SaTH and MIRHO</p> <p>Investigation of alternative diagnostic pathways which ensures compliance with peer review measures.</p>	<i>Unknown</i>	15 =	18/12/18 (4/5/17)	18/12/18
1272	Oncology and Haematology P	14	<p>Radiotherapy IT infrastructure – server needs replacement.</p> <p>Update: Awaiting imminent delivery of FAS servers.work will be completed by end of year</p>	£184k	15 =	13/03/18 (6/3/17)	13/08/18