

Cover page

Meeting	Trust Board
Paper Title	Board Assurance Framework
Date of meeting	30 May 2019
Date paper was written	21 May 2019
Responsible Director	Director of Corporate Governance
Author	Governance 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. Changes since the last presentation are shown in purple text.
- 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.

At May 2019 there are 110 risks on the register in total, which is 61 more than May 2018. Over the year, 24 risks have been closed. 49 new risks have been identified over the year; and 16 further risks have increased in score (≥ 15). The actions are outlined on the Operational Risk Register which is included in the information pack.

Date	Increased score	New risks	Closed	Tot risks
16/5/19	16	61	24	110
17/5/18	-	-	-	49

As part of the planned internal audit schedule, Deloitte have undertaken the annual review of the Board Assurance Framework and the Trust's risk management processes, concluding **Moderate** Assurance.

In accord with Internal Audit recommendations, summary points from the monthly Operational Risk Group meeting are being presented to all Tier 2 Committees as a standing item. The Board has recently approved significant investment against a number of risks that have been raised through the Trust's Risk Management process, and it is anticipated that these actions will soon impact positively on the BAF/CRR.

Re-commencing this month, Risk Management training is being provided at both hospital sites as part of a rolling programme – this is available for any staff who are required to manage risk as part of their role. Risk management arrangements have been strengthened to add risk co-ordinator and super- owner responsibilities to the existing risk owner and delegated owner roles within each Care Group.

The Trust Board is asked to:

- **APPROVE** the updates with respect to the BAF *and*
- **NOTE** the updates within the Corporate Risk Register

Previously

Standing item at Trust Board and all Tier 2 Committees

considered by

The Committee is asked to:

<input checked="" type="checkbox"/> Approve	<input type="checkbox"/> Receive	<input checked="" 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 checked="" type="checkbox"/> Safe	<input checked="" type="checkbox"/> Effective	<input checked="" type="checkbox"/> Caring	<input checked="" type="checkbox"/> Responsive	<input checked="" type="checkbox"/> Well-led
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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	Financial implications are detailed within the BAF and CRR risk descriptions where applicable

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 meet our financial duties 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>	=	High/Medium
1584	<i>We need funds to invest in our aging estate and replace old equipment so we can provide higher quality care in a safe environment</i>	=	High
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/Medium
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	C'tee	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>NHSI Review of Comms and Engagement Team implemented May 19</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>Community Connector sessions planned Mar-Dec 19</p> <p>MES finalists for Community Engagement May 19</p>	<p>Formal Governance structure for members</p>	<p>Establish People's Forum (DEC 19) DCG</p> <p>Appoint a Chief Communications Officer (JUL 19) DCG</p> <p>Engagement Workshop with SLT (June 19) DCG</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</p> <p>Revised Incident reporting policy</p> <p>Review meetings to review incidents, legals and complaints</p> <p>VMI - Value Stream 5 (Patient Safety)</p> <p>Actions taken in response to CQC inspection</p> <p>Temporary inpatient closure of MLUs (Nov 18)</p>	<p>No Head of Midwifery in post.</p>	<p>High</p>	<p>RCOG action update (Q&S April 8)</p> <p>Maternity incentivisation</p> <p>Raising Concerns maternity survey</p> <p>RCOG review July 2018</p> <p>Maternity learning board presentation</p> <p>Maternity outcomes dashboard</p> <p>Neonatal Critical Care review 2018</p> <p>FFT – monthly 98%+ recommendation</p> <p>Maternity & Neonatal Safety Collaborative – 2018</p> <p>GIRFT (get It Right First Time) 2018</p> <p>Improvement in n CQC Maternity Survey Jan-19</p> <p>CQC Maternity score 2018 - about the same as others</p> <p>Linked with Princess Alexandra Hospital Harlow Jan 19</p> <p>Established Maternity Task Force Committee chaired by Trust Chair - Feb-19</p> <p>Maternity Improvement Steering Group in place Jan 19</p>	<p>Secretary of State review – expanded and delayed</p> <p>CQC Inspection and Conditions letter (Nov 18)</p> <p>MBRACE results 2018 (for 2016)</p> <p>NMC Hearing findings Apr 19</p> <p>Delays to CCG MLU Review</p>	<p>Complete Quality Improvement Plan Sept 19</p> <p>DON</p> <p>Appoint Head of Midwifery Sept 19</p> <p>DON</p> <p>CCG to undertake MLU Review summer 19</p>	<p>Low</p>	<p>Maternity Taskforce Committee</p>	<p>Director of Nursing and Quality Chief Operating Officer</p>					
											MBRRACE results	MBRRACE results	M	MBRRACE results	L
											SoS Review progress	SoS Review progress	H	SoS Review progress	L
											Maternity CQC Patient Survey	Maternity CQC Patient Survey	L	Maternity CQC Patient Survey	L
											Maternity Dashboard	Maternity Dashboard	M	Maternity Dashboard	L

1134	<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 1197 1235</p> <ul style="list-style-type: none"> • Reduced quality of care (sepsis, ED delays) • 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</p> <p>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>Lack of Microbiology consultants</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>ECIST Review (Oct 18)</p> <p>CDU open at RSH (Mar 19)</p> <p>7 Day Framework presented to Board Feb 19</p> <p>Senior Management support from UNHM 2/7 per week - ongoing</p> <p>Minors performance improved from 86.9% Mar 18 to 98.1% 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>NHSI IPC Review (Sept 18)</p> <p>Complex Discharge Audit Deloitte (Limited Assurance) (Feb 19)</p> <p>National Stroke Audit (Jun 19)</p> <p>Infection Control escalated Red (Feb 19)</p> <p>Current ED performance 73.6%</p> <p>April 19</p> <p>CQC Reg 31 Letter Mar 19</p>	<p>STP Recovery plan to deliver 4 hour target includes target of 85% patients being discharged within 48 hours. Mar 20 COO</p> <p>7 Day Working Action Plan (June 19) WD</p> <p>Transfer SaTH 2 Home to Local Authorities Sept 19 CEO</p> <p>Establish A&E Oversight Group June 19 DCE</p> <p>Realign Orthopaedic capacity at PRH May 19 COO</p>	<p>Low</p>	<p>Quality & Safety</p>	<p>Chief Operating Officer</p>					
1426											ED 4hr Target	ED 4hr Target	H	ED 4hr Target	M
											Sepsis CQUIN Target	Sepsis CQUIN Target	H	Sepsis CQUIN Target	L
											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> Patients do not receive safe, high quality care Remain in special measures Increased regulatory and press scrutiny Damage to reputation which impacts upon recruitment, clinical effectiveness and safety</p>	<p>External PMO support engaged (Jan 19) from Moorhouse ISG and Improvement Governance structure in place (Jan 19) QIP Plan agreed (Mar 19) Two weekly reporting for QIP established (Mar 19) Weekly reporting each week to NHSI/CQC against regulatory enforcement notices, providing progress on action plan. Monthly Safety Oversight and Assurance Group (SOAG) meeting with system partners established (Feb 19) SaTH PMO team recruited May 19</p>	<p>Lack of clinical oversight for SaTH PMO</p>	<p>High</p>	<p>Monthly QIP update reports to TB Monthly updates against s29 and s31 regulatory notices to CQC & NHSI - Maternity Feb 19 90% complete (16/20)</p> <p>- Well-Led sessions with Board and SLT (Feb 19) - Engagement and Enablement Group to link to wider staff engagement agenda - Improvement Steering Groups established. - Monthly Scrutiny Oversight and Assurance Group established with system partners. - QIP Action plans finalised April 19</p>	<p>ED non-compliance with screening required April 19 Key leadership role gaps (Director of Nursing) to oversee s29 and 231 reporting</p>	<p>SaTH PMO review into s29 and s31 reporting ownership and responsibilities DoN Interim Director of Nursing coming into post by end of May 19 Working with NHSI Improvement Director to assure plans DoN</p>	<p>Low</p>	<p>Quality & Safety</p>	<p>Director of Nursing, Midwifery and Quality</p>
	Progress against s29 action plan	KPIs (high-level) and root cause level) developed and reported against (May 19)	Progress against s29 action plan		L	Progress against s29 action plan	L			
	Progress against s31 action plan		Progress against s31 action plan		H	Progress against s31 action plan	L			
	Progress against full action plan		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</p> <ul style="list-style-type: none"> - Urology - Breast 	Medium	<p>RTT Recovery plans for non-compliant specialities; 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 Reconstitution of Cancer Strategy Board Mar 19 Vanguard Unit at PRH from May 19 to deal with RTT target Lung Cancer Pathway undergoing TCPS treatment. MDT Rapid Improvement Week May 19 £100k allocated by Cancer Alliance for Urology, Upper GI, Lung & Colorectal. 31 day cancer currently 97.1% (target 95%) Mar 19 2 week target currently 89.7% (target 95%) Mar 19 Diagnostics 99.88% (target 99%) Mar 19 RTT 89.7% (target 92%) Mar 19 50/128 Trusts.</p>	<p>Outpatient appointment process Internal Audit (limited assurance - May 18) 14 day Cancer target CQC Feb 19 worsening 62 day cancer currently 80% YTD and deteriorating (target 85%) Currently ranked 115/131 Trusts Mar 19</p>	<p>Urology links being developed with UHNM - ongoing COO Planning 2 week recovery with NHSI July 19 COO RTT Recovery Plans COO 62 day target recovery by Dec 2019 COO</p>	Low	Performance	Chief Operating Officer
	Diagnostic target		Diagnostic target			Diagnostic target				
	Cancer waiting times		Cancer waiting times			Cancer waiting times				
	RTT Targets		RTT Targets			RTT Targets				

LEADERSHIP Innovative and Inspirational Leadership to deliver our ambitions

Risk appetite (transformation) : hungry

Risk appetite (finance): moderate

670	<p><i>We need to live within our financial means so we can meet our financial duties and invest in service development and innovation</i></p> <p><u>Potential Impacts</u></p> <ul style="list-style-type: none"> • Inability to invest in services developing • Impacts on cash flow • Lack of modernisation fund to invest 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>Care Groups failure to deliver control totals</p> <p>Failure to deliver Waste reduction programme - Target of £8.19m underachieved YTD by £496k</p> <p>Shortfall in 19/20 financial plan against current control total</p>	High	<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>Payroll Audit (substantial assurance)</p> <p>Deloitte Counter Fraud Annual Report - full compliance Apr 19</p> <p>Budgetary Control and Financial Management Audit May 19</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</p> <p>Contingency Capital budget (Oct 18)</p> <p>Internal Audit</p> <p>Budgetary Control Audit (Limited assurance- Dec 18)</p> <p>Internal Audit Cash & Treasury</p> <p>Management Audit (Limited assurance- Dec 18)</p> <p>Placed in Special Measures Nov 18</p> <p>Waste Reduction Audit (Limited Assurance) (Feb 19)</p> <p>Cash Management Audit (limited 2018)</p> <p>Recurrent deficit of £29m Mar 19</p> <p>Additional cost pressures of £19.3m which will result in recurrent deficit of £42.7m (in year £32.1m)</p>	<p>Progress against operational plan to be regularly reported to Trust Board – ongoing COO</p> <p>Trust to increase Waste Reduction Programme to deliver control total set by NHSI COO</p>	Medium	Performance	Finance Director
	Waste Reduction Programme		Waste Reduction Programme	H		Waste Reduction Programme	M			
	Shortfall in liquidity		Shortfall in liquidity	H		Shortfall in liquidity	M			
	Shortfall in I&E		Shortfall in I&E	H		Shortfall in I&E	M			
1584	<p>We need funds to invest in our ageing estate to replace old equipment so we can provide the highest quality of care in a safe environment.</p> <p>Potential impacts:</p> <ul style="list-style-type: none"> • Unable to invest in Trust infrastructure • Lack of funds to invest in improving the environment and modern equipment • Poor patient experience 	<ul style="list-style-type: none"> • Capital Planning process • Risk based approach • Prioritised backlog list May 19 	<p>Insufficient funds to modernise estates, equipment</p> <p>No rolling maintenance replacement programme for Estates/equipment</p>	H	<p>Monthly Estates Report to Trust Board Apr 19</p> <p>Draft Estates Strategy Mar 19</p> <p>Qualitative Design Review Copthorne Building March 19</p> <p>Investment in £7m diagnostic equipment approved Apr 19</p> <p>Investment in reducing highest rated risks approved Apr 19</p>	<p>Fire Authority and Local Authority concerns with Copthorne Building Feb/Mar 19</p>	<p>Space Utilisation Review Jun 19 DCG</p> <p>Appoint additional Compliance and Fire Function Sep 19 DCG</p> <p>Appoint Associate Director of Estate Jun 19 DCG</p> <p>Develop Fire Strategy for Copthorne Building Jul 19 DCG</p> <p>Six Facet Survey Review Jun 19 DCG</p>	Medium	Sustainability	Director of Corporate Governance

Equipment Priority List
Estates High Risks
6 Facet Survey

Equipment Priority list	█
Estates High Risks	
6 Facet Survey	

Equipment Priority list	█ █
Estates High Risks	
6 Facet Survey	

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'</p> <p>Urgent Care Network Board Programme Board established for 'Future Fit' and all stakeholders engaged. 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 implementation aspect of Future Fit</p>	<p>Severe shortages of key clinical staff required to sustain clinical services</p> <p>No Director of Strategy & Transformation</p> <p>Gap in capacity of SSP Team</p>	<p>Medium</p>	<p>Scope and objectives of 'Future Fit'</p> <p>Programme agreed with Trust and partner organisations for strategic review of hospital and associated community services</p> <p>Public consultation commenced May 18</p> <p>Increase in number of ED consultants appointed since announcement of £312m OBC being finalised (Nov 18)</p> <p>CEO chairing SSP Group (Jan 19)</p> <p>Joint Committee to meet in public to consider recommendations to allow process to progress (Jan 19)</p> <p>3P event – 50 senior clinicians (Mar 19)</p> <p>Visit by SoS to PRH (Mar 19)</p> <p>Obtain External Support for SSP May 19</p> <p>RBL Review of Future Fit Apr 19</p>	<p>Challenge to decision (Apr 19)</p> <p>Referral to SoS</p>	<p>Recruit Director of Strategy & Transformation (June 2019) CEO</p> <p>Appoint Director of Clinical Effectiveness & Innovation (appointed - to start June 2019)</p> <p>RLB to undertake review of FF Governance (Jun 19) CEO</p> <p>OBC October 19 CEO</p>	<p>Very Low</p> <p>Sustainability</p>	<p>Chief Operating Officer</p>				
										Preferred option agreed	VL	Preferred option agreed	VL
										Outline Business Case approved	M	Outline Business Case approved	VL
										Full Business Case approved	H	Full Business Case approved	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 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) STP funding for increased storage Mar 19 Board/SLT Session on Digitisation Feb 19	PA review of infrastructure and EPR readiness (Feb 19)	OBC - EPR/infrastructure (Jun 19) DCE Windows 10 upgrade (2019/20) DCG Appoint Director of Information Officer Sep 19 CEO Appoint Cyber Security Function Jul19 DCG Consider Medical Records Strategy to prepare for EPR Sept 19 - DCE	Low	Sustainability	Medical 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
1558	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 Well-Led Action Plan (Mar 19) Improved Governance Structure Tier 3 Committee Review implemented 'Plotting the Dots' session (May 19) Deputy CEO appointed May 19 Interim FD appointed May 19 Interim Nurse Director appointed May 19 Deloitte Well-Led Review incorporated into well-led action plan SLT meetings now focused on joint solutions.	CQC Well-Led Inadequate (Nov 18)	Recruitment of Director of Strategy and Transformation (June 19) CEO Recruitment of Medical Director (Mar 19) starting June 19 Recruitment of Director of Nursing (July 19)CEO Recruitment of Head of Midwifery (June 19) DoN	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><i>We need positive staff engagement to create a culture of continuous improvement</i></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>Think On Exec session (Mar 19)</p> <p>Master Coach Programme linked to Engagement Champions</p> <p>Think On session with SLT and Board (Apr/May 19)</p> <p>Engagement and Enablement Group to develop Engagement Champions - DCG (Mar 19)</p> <p>Think On Steering Group established Apr 19</p> <p>Training for 22 Think On Coaches May 19</p> <p>17 Freedom to Speak Up Advocates appointed May 19</p> <p>2 additional Freedom to Speak Up Guardian appointed.</p> <p>Engagement Champions lauch sessions May 19</p> <p>Over 50 Engagement Champions identified</p> <p>Bi-monthly Pulse survey introduced May 19</p> <p>Doctor's Mess and accommodation refurbished 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 WD</p> <p>Staff App being developed to be trialled by Engagement Champion June 19 DCE</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 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>Insufficient GI Service on two sites (Apr 19)</p> <p>Microbiology Consultants staffing (Apr 19)</p>	High	<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>Overseas medical recruitment was successful and 17 Middle Grades recruited.</p> <p>Nursing recruitment Dublin (Feb 19)</p> <p>Junior Doctor Benefits realisation Review May 19</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>Working with Walton Centre to develop a hub and spoke model for neurology Jun 19 COO</p> <p>Working with Stoke to develop model for Urology COO</p> <p>Looking at Microbiology alternative model for Service Delivery (Jun 19) COO</p> <p>Establishing Recruitment & Retention Oversight Group June 19 DCE</p> <p>ED Nurse Business Case being finalised May 19 COO</p>	Low	Workforce	<p>Workforce Director with 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	ED Nurse staffing		ED Nurse staffing	H			ED 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.