

Cover page

Meeting	Trust Board
Paper Title	Board Assurance Framework
Date of meeting	1 August 2019
Date paper was written	15 July 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 proposed since last presented are **shown in purple text**. The Executive Director Risk Owner oversees their BAF risks and ensures controls, assurances etc are up to date.
- 2. Corporate Risk Register (CRR).** This lists all operational risks ≥ 15 (high). The CRR, with risks listed by priority. This is reviewed by Sustainability, Quality & Safety, Performance and Workforce Committees each month together with the BAF. It is also reviewed at Trust Board and Audit Committee, and used at Capital Planning Group to inform the priorities for capital funding. The risks presented are an abridged summary with the full web-based detailed working risk register being held on the 4Risk system. This is used by risk owners to manage their risks with a full record of all controls, actions and narrative which is regularly reviewed by risk owners and reported at Operational Risk Group. The CRR is updated and priority ordered monthly at ORG.

At July 2019 there are 114 risks on the CRR in total, which is 69 more than July 2018. Over the year, 28 risks have been closed. 50 new risks have been identified over the year; and 19 risks have increased residual score (≥ 15). The Risk Prioritisation summary is in the **Information Pack** (risks scoring 20).

Date	Increased score	New risks	Closed	Total risks
As at 15/07/19	19	50	28	114
As at 01/07/18	-	-	-	45

The Trust Board is asked to:

- **RECEIVE and APPROVE** the recommendations with respect to the BAF *and*
- **NOTE** the Operational Risk Group Summary and Prioritised High Risks Summary

Previously considered by Standing item at Trust Board and all Tier 2 Committees
SLT 23 July 2019

The Committee is asked to:

<input checked="" type="checkbox"/> Approve	<input checked="" type="checkbox"/> Receive	<input checked="" type="checkbox"/> Note	<input checked="" type="checkbox"/> Take Assurance
To formally receive and discuss a report and approve its recommendations or a	To discuss, in depth, noting the implications for the Board or Trust without formally	For the intelligence of the Board without in-depth discussion required	To assure the Board that effective systems of control are in place

particular course of action	approving it		
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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

Link to strategic objective(s)	<p>Select the strategic objective which this paper supports</p> <ul style="list-style-type: none"> <input 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
	<p>Link to Board Assurance Framework risk(s)</p> <p>All</p>

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	n/a

Risk ID	Description	Current Controls	Gaps in Controls	Current	Assurance	Gaps in Assurance	Further Planned Actions	Target	C'ttee	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</p> <p>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>People's Academy graduates have key role in TCI and RPIWs as 'fresh eyes'</p>	<p>Integrated Comms and Engagement Strategy</p>	<p>Medium</p>	<p>Friends and Family Test 96.2%</p> <p>Positive Patient Survey results (Jul-18)</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>Ophthalmology engagement (Feb-19)</p> <p>Macmillan engagement (Feb-9)</p> <p>Community Connector sessions planned (Mar-Dec-19) Winners of MES Community Engagement (May-19)</p> <p>Ophthalmology engagement process Jul-19</p> <p>Chief Communications Officer appointed Jul-19</p>	<p>Formal Governance structure for members</p> <p>□</p>	<p>Establish People's Forum (Dec-19) DCG</p> <p>Develop integrated Comms and Engagement Strategy (Jan-20)</p>	<p>Low</p>	<p>Trust Board</p>	<p>Director of Corporate Governance</p>

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

1204	<p>Our maternity services need to evidence learning and improvement to enable the public to be confident that the service is safe</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>	No Head of Midwifery in post.	<p>High</p> <p>M</p> <p>H</p> <p>L</p> <p>M</p>	<p>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) CQC Maternity score 2018 - about the same as others Linked with Princess Alexandra Hospital Harlow (Jan-19) Maternity Improvement Steering Group in place (Jan-19) Established Maternity Task Force Committee chaired by Trust Chair - (Feb-19)</p>	<p>Secretary of State review – expanded and delayed CQC Inspection and Conditions letter (Nov-18) Delays to CCG MLU Review</p>	<p>Complete Quality Improvement Plan (Sep-19) DON Appoint Director of Midwifery (Sep-19) DON CCG to undertake MLU Review summer 19 MBRRACE data (for 2016) (Aug-19) CNST Incentivisation Action Plan</p>	<p>Low</p> <p>L</p> <p>L</p> <p>L</p> <p>L</p>	<p>Maternity Taskforce Committee</p>	<p>Director of Nursing, Midwifery and Quality Chief Operating Officer</p>		
			MBRRACE results								MBRRACE results	MBRRACE results
			SoS Review progress								SoS Review progress	SoS Review progress
			Maternity CQC Patient Survey								Maternity CQC Patient Survey	Maternity CQC Patient Survey
			Maternity Dashboard								Maternity Dashboard	Maternity Dashboard

1134	If we do not work successfully in partnership with the local health system to establish effective patient flow through well-staffed beds, then our current traditional service models will be insufficient to meet escalating demand	SaTH Escalation policy & Hospital Full Protocol Weekly LHE COO meetings Shropshire, T & W A&E Delivery Board and Group VMI - Value Stream 1 Respiratory Ward Discharge roll-out VMI – Value Stream 8 (ED process) LHE Winter Plan (Dec 18) Twice daily discharge hub meetings. Daily DTOC report LHE Complex Discharge Escalation process. SAFER programme Operational Capacity and Resilience Plan in place; SaTH2Home Red 2 Green	Unable to staff escalation wards with substantive staff 7-day working not in place throughout service Pre-noon discharge below NHS target 33% (SaTH at 15%) Lack of Microbiology consultants	High	Continued reduction in falls, below national levels (Dec-18) Reduction in super stranded and stranded patients (now in top quartile Dec-18) STP update – Urgent Care, Frailty and Winter Planning Programme underway (Oct-18) Out of Hospital Programmes (Shropshire Care Closer to Home, T&W Neighbourhood Working) Review of Shropshire Community Services (Nov-18) Meeting DTOC target of 3.5%. ECIST Review (Oct-18) CDU open at RSH (Mar-19) 7 Day Framework presented to Board (Feb-19) Senior Management support from UNHM 2/7 per week - ongoing Minors performance improved from 86.9% Mar 18 to 98.1% (Mar-19) Super-stranded performance maintained (Jul-19) ED performance is showing slow recovery (but not at rate planned) Orthopaedic capacity realigned at PRH (Jun-19) COO	CQC inspection - Inadequate Not delivering criterion-led discharge Esript not joined up CQC Inspection ED condition letter (Sep-18) Complex Discharge Audit Deloitte (Limited Assurance) (Feb 19) CQC Reg 31 Letter (Mar-19) Workforce Cttee 7 Day Working Assurance update (Jun-19) National Stroke Audit (Jun-19) Infection Control escalated Red (Feb 19) confirmed (Jun-19) Current ED performance remains below national average (Jun-19)	STP Recovery plan to deliver 4 hour target includes target of 85% patients being discharged within 48 hours. Mar 20 COO 7 Day Working Action Plan (June 19) WD Transfer SaTH 2 Home to Local Authorities Sept 19 CEO Establish A&E Oversight Group Jul-19 DCE	Low	Quality & Safety	Chief Operating Officer		
1369												
1158												
1197												
1235												
1426												
	Potential Impacts • Poor experience for patients – delays & moves • Additional patients on wards with additional staffing costs - Failure to achieve 92% bed occupancy • Reduced quality of care (sepsis, ED delays) • Low staff morale • Increased levels of Delays in Transfers of Care • Increased ambulance handover delays • Reputational damage • Clinical Safety Challenges • Recruitment and retention problems											
	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 KPIs (high-level) and root cause level developed and reported against (May-19)</p>	Lack of clinical oversight for SaTH PMO	<p>High</p>	<ul style="list-style-type: none"> - Monthly QIP update reports to TB - Monthly updates against s29 and s31 regulatory notices to CQC & NHSI - Maternity (Feb-19) 90% complete (16/20) - 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 (Apr-19) - Trust has made progress Cycle 7: 163/397 'Must Dos' and 'Should Dos' 	<p>ED non-compliance with screening required (Apr-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								L	Progress against s29 action plan	L
			Progress against s31 action plan								H	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>We need to have system-wide effective processes in place to ensure we achieve national performance standards for key planned activity</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) Reconstitution of Cancer Board (Mar-19)</p>	<p>Workforce challenges and demand in - Urology - Breast</p>	<p>Medium</p>	<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 (Jun-19) 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 RTT position 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% against 99% target (Jun-19)</p>	<p>14 day Cancer target CQC (Feb-19) worsening RTT remains below 92% 2/52 and 62 day cancer remains challenging - pressures in Breasts and Radiology, Urology, Lung and Colorectal</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>	<p>Low</p>	<p>Performance</p>	<p>Chief Operating Officer</p>				
	Diagnostic target										Diagnostic target	L	Diagnostic target	L
	Cancer waiting times										Cancer waiting times	M	Cancer waiting times	L
	RTT Targets										RTT Targets	M	RTT Targets	L

LEADERSHIP Innovative and Inspirational Leadership to deliver our ambitions

Risk appetite (transformation) : hungry

Risk appetite (finance): moderate

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 meet our financial duties and invest in service development and innovation</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 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>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>Waste Reduction requirement for 19/20 of £18.9m. Plan - £12.5m of which 75% is high risk</p> <p>Potential cash shortfall risk (Sep-19)</p> <p>M2 19/20 £3.079m deficit (£1.521m adverse variance)</p> <p>Agency overspend (Jul-19)</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	H	M
											Shortfall in liquidity	H	M
											Shortfall in I&E	H	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><u>Potential impacts</u></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> <p>Decontamination issues</p>	H	<p>Qualitative Design Review Copthorne Building (Mar-19)</p> <p>Monthly Estates Report to Trust Board (Apr-19)</p> <p>Investment in reducing highest rated risks approved (Apr-19)</p> <p>Diagnostic equipment Lease Purchase approved (Jun-19)</p> <p>Contract Award for CT Scanners for PRH Lease Purchase approved (Jun-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> <p>Implement detcontamination contingency Sep-19</p>	Medium	Sustainability	Director of Corporate Governance			
											Equipment Priority List	H	M
											Estates High Risks	H	M
											6 Facet Survey	H	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>Programme resources in place</p> <p>SaTH Sustainability Committee to oversee implementation Sustainable Service Programme</p> <p>STP wide Independent Oversight Group (IOG) established to oversee delivery of the acute (SSP) and community programmes</p> <p>NHS Transformation Unit supporting SSP in Programme Director role</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>Post Consultation Business Case (PCBC) approved by a Joint Committee of the CCGs (Jan 19)</p> <p>CEO chairing SSP Group (Feb 19)</p> <p>SOC approved by Trust Board (Feb 19)</p> <p>SOC formally submitted to NHSI for approval (Feb 19)</p> <p>Increase in number of ED consultants appointed since announcement of £312m</p> <p>Visit by SoS to PRH (Mar 19)</p> <p>OBC in development (Mar 19)</p> <p>3P event held 50 senior clinicians output to inform OBC development (Mar 19)</p> <p>SSP project team structure approved and recruitment due to complete by end Jun 19</p> <p>Obtain External Support for SSP (May 19)</p> <p>Programme Director commenced to oversee delivery of the OBC (Jun 19)</p> <p>Associate Director of Service Transformation appointed to start Sept 19 (Jun 19)</p> <p>Director of Clinical Effectiveness & Innovation appointed to start Jun 19</p>	<p>Challenge to decision (Apr 19)</p> <p>Referral to SoS</p>	<p>Further recruitment to SSP project team to full capacity (Jul 19)</p> <p>Identification of additional resource required within departments and care groups to support development of the OBC (Jul 19)</p> <p>Recruit Director of Strategy & Transformation (June 2019) CEO</p> <p>Board OBC workshop (Aug 19)</p> <p>OBC approval (Oct 19)</p> <ul style="list-style-type: none"> • Reviewing options including inflation costs and scope • Review options for multi-story car parking and Energy Centre 	<p>Very Low</p>	<p>Sustainability</p>	<p>Chief Executive Officer</p>
	Preferred option agreed	Preferred option agreed	VL		Preferred option agreed	VL				
	Outline Business Case approved	Outline Business Case approved	M		Outline Business Case approved	VL				
	Full Business Case approved	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 • Risk of piecemeal approach to system purchases which could compromise overall interoperability and transformational agenda	Working towards definitive list of Trust systems Working towards implementation of Digital Change Control Board (DCCB) and associated underpinning documentation STP digitisation workstream Pause on IT system developments for 6/12	No current Digitisation Strategy No Director-level lead across both IM & IT No Trust wide agreed process to control new systems or changes to existing systems OS upgrade required on c.500 devices to ensure continuity of Windows updates	High	Updates quarterly to Sustainability Committee Digital Steering Group and Clinical Systems Admin Group STP funding for increased storage Mar 19 Board/SLT Session on Digitisation Feb 19 Meeting with NHSE Regional Directors 5 Jun 19 Board Session on Digitisation Jun 19 with NHSE to agree priorities	PA review of infrastructure and EPR readiness (Feb 19) NHS Digital Trust System Support Model (TSSM) team review (Jun 19): - current infrastructure - PA infrastructure report - minimum requirements to ensure stable infrastructure	OBC - EPR/infrastructure (Jun 19) DCE Windows 10 upgrade (2019/20) DCG Appoint Digital Leader (Jul 19) DCE Appoint Cyber Security Function Jul19 DCG Consider Medical Records Strategy to prepare for EPR Sept 19 - DCE Prioritisation & assessment of IT projects currently in flight through to early stages of working up, in context of team capability and capacity (Jul 19)	Low	Sustainability	Director of Clinical Effectiveness					
											IT digitisation strategy approved	IT digitisation strategy	H	IT digitisation strategy in place	VL
											Outline Business Case for EPR and infrastructure approved	Outline Business Case for EPR and infrastructure approved	H	Outline Business Case for EPR approved	VL
											Full Business Case for EPR and infrastructure approved	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	CQC Well-Led	H	CQC Well-Led	L
											Staff Survey immediate managers score	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>High</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 Jul-18)</p> <p>Turnover rates better than national average (CQC Insight Jul-18)</p> <p>Improving Appraisal rate (88% + Medical Staff 97%) Sep-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 to be launched (Jul-19)</p> <p>Developing People Strategy (Aug-19)</p>	<p>Very Low</p>	<p>Workforce</p>	<p>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	H		Motivation at work - target - staff survey results	VL			
	Contribution to improvement		Contribution to improvement - from staff survey results	H		Contribution to improvement - target - staff survey results	VL			
	Experiencing bullying and harassment		Experiencing bullying and harassment - from staff survey results	H		Experiencing bullying and harassment - target - staff survey results	VL			

<p>859</p> <p>1468 1586 748</p>	<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>Urology Anaesthetics Breast Radiology</p>	<p>All Recruitment Value Stream Workforce reviews including job redesign and skill mix reviews Process for managing staff shortages which may impact on patient care Development of new roles 5 year workforce plan Securing £312m capital allows public consultation to now occur and has reduced service anxiety due to uncertainty</p> <p>Medical Medical staffing streamlined consultant recruitment Clinical leaders managing workforce cover including "working down" Job planning Overseas recruitment</p> <p>Nursing Ward staffing templates Block booking agency staff</p>	<p>Full implementation of nurse staffing templates geared to nurse recruitment Lack of progress re plan for Multi-professional Ward Pilot Insufficient GI Service on two sites (Apr-19) Microbiology Consultants staffing (Apr-19)</p>	<p>All Workforce Report (monthly) NHSE Workforce Summit</p> <p>Medical Robust Middle Grade recruitment process (Oct 18)</p> <p>Nursing 60 new nurses starting (Sep 18) Overseas medical recruitment was successful and 17 Middle Grades recruited. Nursing recruitment Dublin (Feb-19) Junior Doctor Benefits realisation Review (May-19)</p> <p>Offers of employment made to 70 overseas nurses (Jun-19) Recruitment & Retention oversight committee established (Jul-19)</p>	<p>High levels of escalation resulting in high use of agency staff Fragility of some services (Jul-18) Workforce Committee – Low Assurance for Nurse Recruitment Strategy (Jan-19) ED Nurse Business Case approved (May-19)</p>	<p>Working with Walton Centre to develop a hub and spoke model for neurology (Jul-19) COO Working with Stoke to develop model for Urology (Jul-19) COO Looking at Microbiology alternative model for Service Delivery (Jun-19) COO</p>	<p>Low</p>	<p>Workforce</p>	<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		

Operational Risk Group

Key summary points from the Operational Risk Group held on 9 July 2019.

1. New Risks added to the Corporate Risk Register (CRR)

- **CRR 1571 - Registered Nurse Vacancies within USC medicine**
CRR 1572 - Inadequate supply of RN temporary staff to USC medicine wards

The Head of Nursing for USC presented these workforce-related risks, highlighting escalating recruitment and retention issues which have left a significant number of RN posts vacant, compounded by a dearth of agency cover. This is resulting in increasing difficulty for Care Group to deliver quality care to meet required patient/nurse ratio in line with Safe Care Nursing standards.

Both risks were presented with a inherent risk score of 20 (Consequence 5, Likelihood 4). After discussion, members of the Group agreed that the two risks should be **combined into a single risk** (CRR 1571) within the Corporate Risk Register, with an inherent score of **25**. Members of the Group agreed a residual risk score of **20** (Consequence 5, Likelihood 4) and prioritised at joint #2 in the list of 20 rated risks. The Director signing off the revised risk score was the COO (delegated in absentia to Deputy COO)

2. Existing risks of increasing priority

- **CRR 1345 - Patient hoists – ageing stock and reliability issues**

The Moving and Handling Lead Manager described the increasing rate of failure of patient hoists which are being used beyond their intended lifespan. Actuators which are beyond their design life are more likely to fail, with potential to injure patients during hoisting activities. From around 85 hoists operated by the Trust, 25 had already been condemned presenting operational and cost pressures. ORG recommended that the Moving & Handling Team works with the Care Groups and Corporate Nursing team to identify a suitable replacement model which will be a standard across the Trust in order to expedite a business case to Capital Planning Group as soon as possible. A review of the 25 condemned machines would be undertaken to maximise efficiencies and minimise expenditure. The Director signing off the revised risk score was the DCG.

Members of the Group agreed to increase the residual risk score to **20** (Consequence 4, Likelihood 5) and prioritised at joint #3 in the list of 20 rated risks.

- **CRR 820 - Renal Dialysis Station Replacement**

Machines up to years old, are all registering excessive hours due to increasing demand, being used beyond that recommended by the Renal Association Guidelines. Increased activity has also seen the need to send activity to other units. Failing renal equipment continues to be replaced by Medical Engineering Services, but this equipment was now responsible for around half of the MES contingency fund for 19/20. ORG acknowledged that although activity was being temporarily accommodated by other providers, this was detrimental to our patients and a capital bid to resolve the matter was confirmed for 10 July.

Members of the Group agreed to increase the residual risk score to **20** (Consequence 4, Likelihood 5) and prioritised at joint #2 in the list of 20 rated risks. The Director signing off the revised risk score was the COO (delegated in absentia to Deputy COO).

3. Matters arising

The Group members discussed potential improvements to the visibility of risks within the senior leadership team and agreed to trial a report of new risks agreed at ORG to be distributed to the SLT Business meeting. The effectiveness of this approach will be fed back to ORG by SLT members.

Julia Clarke, Chair of Operational Risk Group

9 July 2019

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.

RISK REGISTER
Prioritisation of Validated High Risks
(Residual scoring range ≥20)
at 09/07/19

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
1586	Anaesthetics Theatres & Critical Care W	1	Lack of Consultant Anaesthetists cover at PRH impacting on the ability to maintain an out of hours regular and predictable anaesthetic department which if not resolved will have impact upon all other service - both planned and unplanned within the hospital. This means that there is no consultant cover supervising junior anaesthetics colleagues, no obstetric anaesthetics consultant cover, no cover for critically ill Paediatric cases, no cover for emergency airway situations, and no consultant cover in the event of a major incident. <i>Controls: Machines rotate through the unit whilst broken down machines are being repaired.</i> Assurances: None	Not applicable	20 =	11/6/19 (10/5/19)	8/7/19
1122	Emergency Assessment W	2=	Lack of Middle Grade Medical cover in ED. Shortage of middle grade doctors is giving risk to safety and financial risks. 14/24 posts currently filled. <i>Controls: additional locum Consultant cover in place</i> Assurances: Overarching recruitment trajectory in place.	Not applicable	20 =	06/09/16 (22/8/16)	8/7/19
1571 (1572)	Unscheduled Care W	2=	Registered Nurse Vacancies within USC medicine and lack of agency cover leading to inability to deliver quality care to meet required patient nurse ratio in line with Safe Care Nursing information. Delivery of Quality care in all ward areas <i>Controls All rosters are approved daily by Matron informing of RN gaps in rota.</i> Assurances: Daily staffing plans developed by Matrons to ensure one substantive staff working in each ward area.	Not applicable	20 NEW	9/7/19 (15/4/19)	1/7/19
820	Medicine P	2=	Renal Dialysis Station Replacement. Following a further 3 machines being condemned during 19/20 financial year it has been advised that it is unlikely a replacement machine will be able to be sourced through the contingency funds. As a result our mitigation of this risk is reduced and the risk score has been increased. <i>Controls: Continue to source support Cross site. Offer ACAs to all existing Anaesthetists where ACAs are not agreeable due to pension implications, consider offering time back to consultants.</i> Assurances: Rolling programme to replace machines within capital constraints	tbc	20 ↑	20/11/13 (5/12/13)	1/7/19

1573	Pathology Centre W	5=	Microbiology Consultant capacity to meet service requirements Controls: No controls identified Assurance: Development of Consultant Clinical Scientist, approach potential locum, approach neighbouring Trusts for support	Not applicable	20 =	16/4/19 (18/3/19)	3/7/19
1468	Surgery W	5=	Urology Demand & Capacity Mismatch. Significant Work Force Challenge Controls: Additional capacity scheduled and extra theatre sessions secured Assurance: Continue development and training of Trust Middle Grade doctor to undertake independent practice in TRUS biopsy	Not applicable	20 =	23/8/18 (31/7/18)	5/3/19
1318	Emergency Assessment W	5=	Nursing staffing levels in ED at PRH and RSH Controls: Rotational programme, block booking agency, international recruitment initiatives etc Assurance: Lead Nurse for Operations in ED in place for 6 months from Jan-19	Not applicable	20 =	1/11/17	1/7/19
748	Radiology W	5=	Lack of Breast imaging specialists impacting on viability of breast screening service Controls: Re allocation of the Breast Radiologist's general commitments; skill mix review 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)	8/7/19
626	Emergency assessment W	5=	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. Controls: 4 consultant locums in place Advanced Nurse Practitioners in post 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)	7/6/19
949	Theatre, Anaesthetics & Critical Care W	5=	Non-compliance with critical care standards for Intensivist cover. There are currently only 2.4 WTE intensivists at PRH. Controls: RSH split rota now in place with intensivists solely on rota to cover ITU/HDU departments. to ensure 24/7 cover. Assurance: Recruitment plan in place. New rota offering increasing cover to PRH ITU.	Not applicable	20 =	05/05/15 20/01/15	13/5/19
1123	Estates P	5=	Regulatory risk relating to capital strategy for fire safety Controls: PPM on fire alarms, fire safety training, fire doors, evacuation procedures for ward block Assurance: Funding included in 2018/19 Capital Programme includes £300k for Ward Block Ward block being progressively decanted with plan to complete work by end of September 2018 when risk will be re-evaluated	£300k pa	20 =	02/09/16 (7/9/13)	5/7/19
1549	Women and Children's W	5=	Absence of Head of Midwifery Controls/Assurance: <ul style="list-style-type: none"> • 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 =	12/03/19 (19/2/19)	8/7/19
1345	Director of Corporate Governance P	5=	Patient hoists – passive hoists fitted with actuators: ageing stock and reliability issues Controls: Regular LOLER inspections. Assurance: Limited	£300k	20 ↑	13/2/18 (13/2/18)	27/6/19

1429	Sustainable Services Programme S	5=	Trust-wide capacity to support programme (SSP) <i>Controls: Governance process in place to support decision making.</i> Assurance: New structure agreed and funded. Recruitment plan in place.	Not known	20 =	11/5/16 (11/5/16)	6/6/19
1426	Medical Director Q	5=	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)	25/1/19
1548	Women and Children's W	16	Impact of the Secretary of State and Extended Review (Ockenden) Controls/Assurance: <ul style="list-style-type: none"> • Regular staff engagement & communication • 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 	Not applicable	20 =	12/03/19 (19/2/19)	8/7/19
817 (807)	Trust wide W	17=	Failure to recruit nurses to fill Trust-wide vacancies resulting in staffing issues. <i>Controls: Risk controlled by use of bank and agency but results in increased costs; Escalation Policy; Creation of new roles for nursing; 'Golden ticket'</i> 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	Not applicable	20 =	28/11/13 (26/9/13)	30/4/19
1062	Surgery W	17=	Failure to recruit to Consultant vacancies in Gastroenterology. One consultant is leaving in April; and a second in September. Latest recruitment round resulted in no attendees for interview. <i>Controls: locum staff</i> Assurances: Jobs being readvertised. Working on business continuity plan. Outcome of SSP will impact on this risk as will result in single site working	Not applicable	20 =	13/03/18 (27/1/16)	5/3/19
1313	Therapies W	17=	Reduced in-patient therapy staffing levels caused by vacancies and staff sickness means the service is only to operate at the level of a bank holiday service. <i>Controls: agency physio; job reallocation</i> Assurances: Recruitment and staff support. New band 5 staff starting over summer months	Not applicable	20 =	14/1/19 (15/9/17)	18/6/19
1236	Ophthalmology W	17=	Consultants in Ophthalmology 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. <i>Controls: Locums employed where possible.</i> Assurances: Recruit to vacant posts and Develop Nurse injectors for medical retina.	Not applicable	20 =	14/1/19 (30/6/17)	23/4/19
1547	Chief Operating Officer S	21	Digital Dictation Hardware and Software Equipment is failing and no continuity plan is yet in place. Assurance: Revert to manual recording of patient consultations (limited assurance)	c.£115k (plus PM resource to deliver)	20 =	12/03/19 (15/2/19)	4/6/19

1084	Ophthalmology Q	22	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)	23/4/19
1082 855	Radiology S	23	The Trust is the only one of 150 Trusts surveyed which has no digital x-ray rooms. The CR equipment, which translates x-rays into digital images so they can be uploaded into PACS, is now showing signs of imminent breakdown beyond repair. Multiple (5x) X-ray rooms cross site need updating (plus 2 fluoroscopy rooms). <i>Controls: regular planned maintenance. Contingency 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)	3/7/19
1075	Estates S	24=	Estates Condition (6 facet) surveys have highlighted a number of significant risks across both sites. <i>Controls: CPG to prioritise funding based on areas of highest risk.</i> Assurance: 6 facet survey being refreshed to reprioritise areas for funding £834k of Priority 1 Schemes remain unfunded	RSH (Condition & Statutory) High Risk: £5.61m PRH (Condition & Statutory) High Risk: £366k (gross) See Appendix B for cost breakdown	20 =	01/03/16 (1/3/16)	5/3/19
33	Estates – Medical Engineering Services P	24=	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 See Appendix B for cost breakdown	20 =	01/03/16 (23/10/08)	8/7/19
1105	Medicine P	26	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)	1/7/19

1153	Pathology P	27	<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: New server purchased and on-site but not installed due to conflicting IT priorities</i></p> <p>Assurances: <i>DRP in place but server failure would result in at least 4 days disruption to services before they could return to normal</i></p>	£160,000 (server)	20 =	10/04/18	11/6/19
910	Medical Director S	28	<p>Systems (manual and electronic) do not facilitate management of significant patient test results</p> <p><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></p> <p>Assurances: <i>Awaiting decision and procurement of EPR. Option appraisal for EPR submitted to Execs and business case being developed</i></p>	£18,000k over 10 years	20 =	02/12/14 (8/09/14)	1/5/19