

Cover page

Meeting	Trust Board
Paper Title	Board Assurance Framework
Date of meeting	28 November 2019
Date paper was written	21 November 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.

1.1 As described in 'next-steps' proposals at the Board Development Session on 31 October 2019, further development of the BAF is to include:

- Inherent risk
- 1st/2nd/3rd lines of assurance
- Simplified risk wording (cause/effect/impact)

A revised draft BAF will be considered at the Audit & Risk Assurance Committee in December and a recommendation made to the Board for approval in January 2020.

2. Corporate Risk Register (CRR). The CRR lists all operational risks with a validated residual score ≥ 15 and is updated in priority order monthly at Operational Risk Group (ORG). The highest scoring risks (≥ 20) are then reviewed by Tier 2 Committees each month together with the BAF. These risks are also reviewed at Senior Leadership Team, and used at Capital Planning Group to inform the priorities for capital funding. The risks presented here 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 ORG

The November 2019 snapshot shows that there are currently 102 'Red' residual score (≥ 15) open risks. 40 'Red' residual score (≥ 15) risks have been closed in the last year. 33 have an increased score (Red residual) of which 15 had a pre-existing 'red' score.

Date	Increased score	New risks	Closed	Tot risks
Nov-19	30	40	42	114
Nov-18	-	-	-	68

Appended:

- **Attachment 1** is the BAF approved by the Board on 31 October 2019. Updates proposed since last presented are shown in purple text.
- **Attachment 2** is the ORG Chair's summary from the meeting on 12 November 2019.
- **Attachment 3** gives reference information on risk appetite statements linked to the Trust's objectives.

Included in supplementary information pack:

- **Attachment 4** shows the highest scoring risks (residual ≥ 20) taken from the CRR.



The Trust Board is asked to:	
<ul style="list-style-type: none"> • APPROVE the recommendations with respect to the BAF <i>and</i> • NOTE the summary of high scoring risks from the Corporate Risk Register 	
Previously considered by	Standing item at Trust Board and all Tier 2 Committees

The Committee is asked to:				
<input checked="" type="checkbox"/> Approve	<input 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 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

Link to strategic objective(s)	<i>Select the strategic objective which this paper supports</i>
	<input type="checkbox"/> PATIENT AND FAMILY Listening to and working with our patients and families to improve healthcare
	<input 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
Link to Board Assurance Framework risk(s)	<input checked="" type="checkbox"/> OUR PEOPLE Creating a great place to work
	All

Equality Impact Assessment	<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	<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

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>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</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		=	MEDIUM
561	<i>We need to have system-wide effective processes in place to ensure we achieve national performance standards for key planned activity</i>	=	Medium
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 deliver our control total and meet the trajectory 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 Digital 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 support a culture of safety and continuous improvement</i>	=	High
859	<i>We need a recruitment strategy and retention strategy along with demand-based rostering 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</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>Chief Communications Officer appointed (Jul-19)</p>	<p>Integrated Comms and Engagement Strategy</p>	Medium	<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> <p>- Privacy and dignity</p> <p>- Dementia care</p> <p>Ophthalmology engagement (Feb-19)</p> <p>Macmillan engagement (Feb-9)</p> <p>Community Connector sessions planned (Mar-Dec-19)</p> <p>Winners of MES Community Engagement (May-19)</p> <p>Ophthalmology engagement process (Jul-19)</p> <p>Engagement Annual Report to Trust Board (Jul-19)</p>	<p>Formal Governance structure for members</p>	<p>Establish People's Forum (Dec-19) DCG</p> <p>Develop integrated Comms and Engagement Strategy (Jan-20)</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 • difficulty retaining staff 	<p>Being Open and Duty of Candour policy Revised Incident reporting policy Review meetings to review incidents, legals and complaints & SIRG VMI - Value Stream 5 (Patient Safety) Actions taken in response to CQC inspection Temporary inpatient closure of MLUs (Nov 18) QIP ISG chaired by interim CN 08.19 Interim Midwife Advisor in place.</p>	<p>No Head of Midwifery in post.</p>	<p>High</p> <p>Maternity learning board presentation Maternity outcomes dashboard Neonatal Critical Care review 2018 & action plan FFT – monthly 98%+ recommendation Maternity & Neonatal Safety Collaborative – 2018 GIRFT (<i>Get It Right First Time</i>) 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) Maternity Assurance Committee (Chaired by Trust Chairman) CQC Engagement meetings - submission of section 31 review monthly and sign off by Div Triumvirate, CN & Md weekly. August 18 interim strategic midwife in place until new DoM starts. Director of Midwifery appointed (Oct-19) awaiting start date</p>	<p>Secretary of State review – expanded and delayed & open book review CQC Inspection and Conditions letter (Nov-18)</p>	<p>Complete Quality Improvement Plan (Sep-19) DON & embed MBRRACE data (for 2016) (Aug-19) consultation Autumn 19 Fresh Eyes Report by Interim Strategic Midwife. CNST Incentivisation Action Plan CCG MLU Consultation imminent CQC Inspection (Nov-19)</p>	<p>Low</p>	<p>Maternity Taskforce Committee</p>	<p>Director of Nursing, Midwifery and Quality Chief Operating Officer</p>
	MBRRACE results						L		
	SoS Review progress						L		
	Maternity CQC Patient Survey						L		
	Maternity Dashboard						L		

1134	If we do not work successfully in partnership, our current traditional service models for both unscheduled and scheduled care will be insufficient to meet escalating demand.	SaTH Escalation policy & Hospital Full Protocol	Unable to staff escalation wards with substantive staff	High	Continued reduction in falls, below national levels (Dec-18)	CQC inspection - Inadequate	STP Recovery plan to deliver 4 hour target	Low	Quality & Safety	Chief Operating Officer
1369		Weekly LHE COO meetings	Ward capacity at RSH and PRH		Reduction in super stranded and stranded patients (now in top quartile Maintained 21 - Q2 2019)	Not delivering criterion-led discharge	includes target of 85% patients being discharged within 48 hours. Mar 20 COO			
1158		Shropshire, T & W A&E Delivery Board and Group	7-day working not in place throughout service		STP update – Urgent Care, Frailty and Winter Planning Programme underway (Sep-19)	Esript not joined up	7 Day Working Action Plan (June 19) WD			
1197		VMI - Value Stream 1 Respiratory Ward	Pre-noon discharge below NHS target 33% (SaTH at 15%)		Out of Hospital Programmes (Shropshire Care Closer to Home, T&W Neighbourhood Working)	CQC Inspection ED condition letter (Sep-18)	Transfer SaTH 2 Home to Local Authorities Sept 19 CEO			
1235		Discharge roll-out	Lack of Microbiology consultants		Review of Shropshire Community Services (Aug-19) - linked to STP work programme. Meeting DTOC target of 3.5%.	Complex Discharge	Establish A&E Oversight Group Jul-19 DCE			
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	VMI – Value Stream 8 (ED process)	At times of high operational pressure, some patients can only be accommodated in contravention to Escalation Policy	H	ECIST Review (Mar / Jun-19)	Audit Deloitte (Limited Assurance) (Feb 19)	A&E Delivery Board support to PRH capacity includes review of stroke rehab pathway.	M	L	
1585		LHE Winter Plan (Sep-19)			CDU open at RSH (Mar-19)	CQC Reg 31 Letter (Mar-19)				
		Twice daily discharge hub meetings.			7 Day Framework presented to Board Jul-19)	Workforce Cttee 7 Day Working				
		Daily DTOC report			Minors performance improved from 86.9% Mar 18 to 98.1% (Mar-19)	Assurance update (Jun-19)				
		LHE Complex Discharge Escalation process.			Ward 35 - planned Nov-19	National Stroke Audit (Jun-19)				
		SAFER programme Operational Capacity and Resilience Plan in place; SaTH2Home		L	Super-stranded performance maintained (Jul-19)	Infection Control escalated Red (Feb 19) confirmed (Jun-19)		L		
		Red 2 Green			ED performance is showing slow recovery (but not at rate planned)	Current ED performance remains below national average (Jun-19)				
	ED 4hr Target		ED 4hr Target				ED 4hr Target			
	Sepsis CQUIN Target		Sepsis CQUIN Target				Sepsis CQUIN Target			
	Super-stranded performance		Super-stranded performance				Super-stranded performance			
	Risk Adjusted Mortality Index (RAMI)		RAMI				Patient mortality - RAMI			

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>	PMO support ISG and Improvement Governance structure in place (Jan-19). Chaired by NQN from Sep-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. Signed off by CN & MD and Div Triumvirates. Monthly Safety Oversight and Assurance Group (SOAG) meeting with system partners established (Feb-19) SaTH PMO team in place May 19 KPIs (high-level) and root cause level) developed and reported against (May-19) Extra midwife sessions in place 8.09. Internal review of existing QIP / must and should dos.	Lack of clinical oversight for SaTH PMO	High	- 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' - DOM appointed (Jul-19), commences Nov-19.	Full compliance and achievement in section 29 (ED) & 31 (Mar-19) Robust PMO to support QIP Key leadership role gaps (Director of Nursing) to oversee s29 and 231 reporting	SaTH PMO review into s29 and s31 reporting ownership and responsibilities Working with NHSI Improvement Director & Execs to strengthen QIP and PMO approach. Refresh of QIP Governance arrangements.	Low	Quality & Safety	Director of Nursing, Midwifery and Quality	
	Progress against s29 action plan		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 (Sep 19) 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 /standard work value stream Frailty Project VMI – Value Stream 4 (Outpatients) Value Stream 8 – Surgical Pathway Value Stream 7 – CT Scans Reconstitution of Cancer Board (Mar-19) SaTH / CCG Planned Care WF</p>	<p>Workforce challenges and demand in</p> <ul style="list-style-type: none">- Urology- Breast- Anaesthetics <p>National NHS pension challenge restricting some medical staff - WLI / additional PAs.</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) 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 address 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. Further cancer funding (Aug-19) to be aligned to priorities. 31 day cancer currently 97.1% against target 95% (Mar-19) 2 week target currently 89.7% against target 95% (Mar-19) Diagnostics 99.88% against 99% target (Jun-19)</p>	<p>14 day Cancer target pressures RTT remains below 92% 2/52 and 62 day cancer remains challenging - pressures in Breats and Radiology, Urology, Lung and Colorectal Anaesthetic staffing pressures.</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-19) COO Winter planning - capacity funding envelop (SaTH/CCGs).</p>	<p>Low</p>	<p>Performance</p>	<p>Chief Operating Officer</p>			
	Diagnostic target										L	Diagnostic target	L
	Cancer waiting times										M	Cancer waiting times	L
	RTT Targets										M	RTT Targets	L

LEADERSHIP Innovative and Inspirational Leadership to deliver our ambitions												
Risk appetite (transformation) : hungry												
Risk appetite (finance): moderate												
670	<i>We need to deliver our control total and meet the trajectory to live within our financial means so we can meet our financial duties and invest in service development and innovation.</i> Potential Impacts • Inability to invest in development of services • Impacts on cash flow and borrowing requirement • Investment required to improve efficiency • Poor patient experience	Capital planning process and prioritisation Risk based approach to replacement of equipment Confirm and challenge meetings with Care Groups	Performance management of adverse variance to Plan Pay and non pay controls Budgetary control and performance	High	Financial component of performance report (monthly TB) Procurement CIP delivery	S30 report on 2018/19 annual report and accounts 2019/20 financial position adverse to plan by £1.8m at month 6 on an underlying basis CIP of £18.9m not fully identified at Month 6 Historic and on-going liquidity problem Recurrent deficit of £29m Mar-19 Draft forecast outturn shows risk verses control total inc. PSF of c. £14m Potential cash shortfall risk (Q3) Agency and non-pay overspend (Sep-19)	Progress against operational plan to be regularly reported to Trust Board – ongoing COO Deloitte commissioned to undertake CIP financial advisory project Pay and non pay controls to be reviewed Accelerate action undertaken at CIP schemes	Medium	Performance	Finance Director		
	Cost improvement Programme											M
	Shortfall in liquidity											M
	Shortfall in I&E											M
1584	<i>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.</i> <u>Potential impacts</u> • Unable to invest in Trust infrastructure • Lack of funds to invest in improving the environment and modern equipment • Poor patient experience	• Capital Planning process • Risk based approach • Prioritised backlog list May 19	Insufficient funds to modernise estates, equipment No rolling maintenance replacement programme for Estates/equipment Decontamination issues	H	Qualitative Design Review Copthorne Building (Mar-19) Monthly Estates Report to Trust Board (Apr-19) Investment in reducing highest rated risks approved (Apr-19) Diagnostic equipment Lease Purchase approved (Jun-19) Contract Award for CT Scanners for PRH Lease Purchase approved (Jun-19) Associate Director of Estates in post (Oct-19)	Phased medical equipment, devices and Estates prioritised and risk assessed replacement plan not in place	Appoint additional Compliance and Fire Function (Sep-19) DCG Six Facet Survey Review (Jun-19) DCG Implement decontamination contingency (Sep-19) Refresh Six Facet Survey, risk management and prioritisation Q3 Medical equipment and device backlog to be refreshed Q2 / Q3 Additional capital of £1.5m confirmed for winter beds and £4.8m for modular building/MLU reconfiguration at PRH. Evaluation commenced of endoscopy decontamination and scopes managed equipment service Confirm emergency capital for Copthorne building fire safety	Medium	Sustainability	Director of Corporate Governance		
	Equipment Priority List											M
	Estates High Risks											M
	6 Facet Survey											M

668	<p><i>We need to deliver our £312m hospital reconfiguration to ensure our patients get the best care.</i></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>Appointment of Deputy Chief Executive (Jun-19)</p> <p>Appointment of Director of Strategy & Transformation and Associate Director of Transformation (Sep-19)</p> <p>THP timeline for delivery revised and agreed</p> <p>Project governance revised and agreed</p>	<p>Severe shortages of key clinical staff required to sustain clinical services</p>	Medium	<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) completed</p> <p>SSP project team structure approved and recruitment due to complete (by end Jun 19)</p> <p>Obtain External Support for THP - procurement Oct-19</p> <p>Programme Director commenced to oversee delivery of the OBC (Sep-19)</p> <p>Associate Director of Service Transformation to commence in post (Oct-19)</p> <p>Director of Clinical Effectiveness & Innovation appointed to start Jun-19</p> <p>Programme Director reviewing RLB OBC development recommendations and plan for implementation (Jun-19)</p> <p>Meeting with NHSI re SOC delivery (Oct-19)</p> <p>Clinical Strategy development workshop (Oct-19)</p> <p>IRP response received to progress (Oct-19)</p>	<p>Challenge to decision (Apr- 19)</p> <p>Referral to SoS</p> <p>IRP response</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 (Jun-19) 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>Clinical engagement in clinical model delivery</p> <p>IRP response to Board (Oct-19)</p> <p>SOC to Board (Oct-19)</p>	Very Low	Sustainability	Deputy Chief Executive Officer
	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	<i>We need an agreed Digital Strategy to underpin service improvement</i> <u>Potential impacts:</u> <ul style="list-style-type: none">• 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	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 Committee and Digital Change Control Board established STP funding for increased storage (Mar-19) Board/SLT Session on Digitisation (Feb-19) Board session with NHSE Regional Directors (Jun-19) Board Session on Digitisation (Jun-19) with NHSI/E to agree priorities	PA review of infrastructure and EPR readiness (Feb-19) NHS Digital Trust System Support Model (TSSM) team review (Jun-19): <ul style="list-style-type: none">- 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 (Jul-19) DCG Consider Medical Records Strategy to prepare for EPR (Sep-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	Finance Director	
	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	<i>We need to have sufficient, competent and capable Directors to deliver the Trust's agenda.</i> <u>Potential Impacts</u> <ul style="list-style-type: none">• 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 percentage of interim Directors	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. Interim CEO appointed (Jun-19) Executive team portfolio reviews conducted.	CQC Well-Led Inadequate (Nov-18)	Recruitment of Director of Strategy and Transformation (Sep-19) Recruitment of Head of Midwifery (Sep-19) Recruitment of substantive Executive team on course (Nov-19 to Feb-20)	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><i>We need positive staff engagement to support a culture of safety and 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 78%) (Aug-19)</p> <p>OD Strategy/Plan</p> <p>Overall deterioration in staff survey score</p>	High	<p>Monthly Workforce Reports</p> <p>Annual and monthly VIP Awards.</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 4.57% (Jul-19 – target 3.99%)</p> <p>Results of Junior Doctors GMC Survey (Aug-19)</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 to include OD (Sept -19) Engagement action plan to form part of the People Strategy (Sep-19)</p> <p>New revised Appraisal and Personal Development plan linked to Training Needs Analysis (Oct-19)</p> <p>Revision of Onboarding process to include new induction (Oct-19)</p>	Very Low	Workforce	Workforce Director
	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			

859	<p><i>We need a recruitment strategy and retention strategy along with demand-based rostering for key clinical staff to ensure the sustainability of services.</i></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</p> <p>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>Development of a People Strategy</p> <p>Medical</p> <p>Medical staffing streamlined consultant recruitment</p> <p>Clinical leaders managing workforce cover including "working down"</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> <p>Paediatric Cardiology Consultant cover for Inpatients/Outpatients and Neonates - CRR 1580 (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>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>Offers of employment made to 70 overseas nurses (Jun-19)</p> <p>Recruitment & Retention oversight committee established (Jul-19)</p>	<p>High levels of escalation resulting in high use of agency staff</p> <p>Fragility of some services (Jul-18)</p> <p>Workforce Committee – Low Assurance for Nurse Recruitment Strategy (Jan-19)</p> <p>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</p> <p>Working with Stoke to develop model for Urology (Jul-19) COO</p> <p>Looking at Microbiology alternative model for Service Delivery (Jun-19) COO</p>	Low	Workforce	Workforce Director with Chief Operating Officer Medical Director Director of Nursing, Midwifery and Quality
1468	Urology	Job planning Overseas recruitment	Urology	H			Urology	L		
1586	Anaesthetics	Nursing Ward staffing templates Block booking agency staff	Anaesthetics	H			Anaesthetics	L		
748	Breast Radiology		Breast Radiology	H			Breast Radiology	L		
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 12 November 2019.

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

- **CRR tbc - Lack of Interventional Radiology Service Out-of-Hours**

The impact to the Trust of failing to recruit a Vascular Interventional Radiologists is that there are insufficient Radiologists to undertake an out of hours rota for Emergency vascular interventional work.

Members of the Group confirmed the residual risk score of **15** (Consequence 5, Likelihood 3)..

- **CRR tbc – Ageing Mammography Equipment**

Ageing mammography equipment is leading to increasing unreliability and clinical downtime. It was noted that an approach has been made for any national funding that may be available as Trust equipment is on cusp of eligibility in terms of age

Members of the Group confirmed the residual risk score of **16** (Consequence 4, Likelihood 4).

- **CRR tbc - Management of Governance within Radiology**

The lack of capacity in this key area means that the Radiology Service cannot give the assurance needed that it is managing governance issues within the service to an acceptable standard and cannot demonstrate that it is working toward QSI. However, the management team is prioritising legislative compliance standards, particularly IR(ME)R so as not to receive any enforcement action notice specifically relating to the management of a Radiology Department. This is being managed with support from the medical physics provider to give assurance that all standards are met.

Members of the Group confirmed the residual risk score of **15** (Consequence 5, Likelihood 3).

- **CRR tbc - Delayed Treatment Due to a Lack of Out of Hours CT Cerebral Angiogram (stroke)**

The SaTH Radiology Service has never been able to consistently provide a 24/7 out of hours service for CT cerebral angiograms (CTCA). This is a test which requires a specialist skillset for reporting and only 3 of our consultants currently report these studies. The proposed solution being implemented is that that imaging is undertaken locally with the specialist team at UHNM supporting with a formal report which may then be entered onto SaTH internal systems. An SLA and IT integration solution is being developed to support the proposal.

Members of the Group confirmed the residual risk score of **20** (Consequence 5, Likelihood 4).

- **CRRTBC - Potential Security Breach Due to a Lack of a Segregated IT Network for Radiology/Imaging Equipment**

Although this risk was recognised and the residual score agreed 15, it was recommended that this is integrated into existing cyber security risk scoring 20.

- **CRR tbc - Implementation of Remote Monitoring Somerset Cancer Register system**

There is a national mandate for an electronic system to be in place and operating from April 2020 and funding has been received from west-midlands Cancer Alliance for a remote

monitoring software package inclusive of the IT resource (additional or backfill) to implement the software. The Digital Change Control Board is being approached.

Members of the Group confirmed the residual risk score of **20** (Consequence 4, Likelihood 5).

- **CRR tbc - Inadequate Governance of Point of Care Testing within SaTH**

Significant concern was raised around the risk of inadequate governance with respect to Point of Care Testing (POCT) within SaTH, which could potentially lead to patient safety issues through an increased likelihood of patients being treated inappropriately. Funding for the individual currently undertaking the role of improving governance arrangements is due to cease in Feb-20.

Members of the Group confirmed the residual risk score of **16** (Consequence 4, Likelihood 4) rising to **20** (4x5) in Feb-20 should no resolution be identified.

- **CRR tbc - The ability to consistently to collect, monitor and report nursing data electronically**

It was agreed that this risk (of replacing the legacy RATE software with GATHER) should be progressed through the Digital Change Control Board.

Members of the Group confirmed the with a residual risk score of **16** (Consequence 4, Likelihood 4).

2. Existing Risks

- **CRR1659 - Surgical / emergency on call / PWTR**

Current General Surgery on- call rota is not fit for purpose, delaying patients and impacting on worklife balance, staff morale, stress

Members of the Group agreed that the residual risk score increases from 12 to **16** (Consequence 4, Likelihood 4)

3. Closed risks

A total of 14 risks have been closed by risk owners over the last period. Of these, the high-rated risks closed were:

- **CRR 1190 - Reduction of WTE ANNP's due to retirement and maternity leave (residual score 16)**

Closed by Nathalie Eveson – Advert out for full time/part time vacancies. Risk is subject to review and confirmation that it can remain closed.

4. Matters arising.

- The oversight assurance of performance delivery in respect the highest scoring operational risks will be undertaken by the newly formed Operational Performance Delivery Group (OPDG)
- The non-multiplication weighted risk scoring methodology will be used to assist with risk prioritisation with immediate effect.

Julia Clarke
Chair of Operational Risk Group
12 November 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)
1 Listening to and working with our patients and families to improve healthcare	<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>	4 Open
2 Our patients and staff will tell us they feel safe and received kind care	<i>The Trust will support innovation with demonstration of commensurate improvements in outcomes. Systems / technology used routinely to enable operational delivery.</i>	3 Moderate
3 Working with our partners to promote 'Healthy Choices' for all our communities	<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>	4 Open
4 a) Innovative and Inspiration Leadership to deliver our ambitions (transformation)	<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>	5 Hungry
4 b) Innovative and Inspiration Leadership to deliver our ambitions (finance)	<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>	3 Moderate
5 Creating a great place to work	<i>The Trust will encourage new thinking and ideas that could lead to enhanced staff engagement</i>	4 Open

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.