The Royal Wolverhampton NHS Trust

NHS

Trust Board

Meeting Date:	28th September 2015
Title:	Board Assurance Framework / Trust Risk Register
Executive Summary:	<u>BAF Key Issues</u> 0 new risks. 3 red risks: SR8 - That there is a failure to deliver recurrent CIP's. SR9 - That financial balance (and surplus) is not achieved. SR12 - That the retention and development costs of staff are unaffordable 0 risks closed. <u>Trust Risk Register Key Issues</u> 7 new risks: 3705 - Gap between optimal Consultant ward work and current allocation for ward work in job plans 2780 - Inadequate Staffing levels on CHU 4154 - Lack of Rehabilitation Equipment 4163 - Failure of patients to receive timely and appropriate treatment for renal disease / acute kidney injury 937 - Sewage problems in Gynaecology Outpatients Department 2836 - Unreliable equipment in Cath Labs 4247 - Staff shortage on ICCU due to Maternity Leave 0 red risks. 2 risks removed: 3501 - Evacuation Risk in an event of a fire in the Maternity - Block 32 1862 - Failure to adhere to the Trust's Consent Policy
Action Requested:	To inform the Board of updates to the Board Assurance Framework (AF) and Trust Risk Register.
Report of:	Chief Nursing Officer
Author: **Contact Details:**	Governance IM&T Lead Tel: 01902 695114 Email:
Resource Implications:	None identified

Public or Private: **(with reasons if private)**	Public Session
References: **(eg from/to other committees)**	
Appendices/ **References/** **Background Reading**	
NHS Constitution: **(How it impacts on any decision-making)**	In determining this matter, the Board should have regard to the Core principles contained in the Constitution of: - Equality of treatment and access to services - High standards of excellence and professionalism - Service user preferences - Cross community working - Best Value - Accountability through local influence and scrutiny

Background Details

The Board Assurance Framework "provides organisations with a simple but comprehensive method for the effective and focused management of the principal risks that arise in meeting their objectives. It also provides a structure for the evidence to support the Statement on Internal Control" (Integrated Governance Handbook 2006: A handbook for executives and non-executives in healthcare organisations. Department of Health p15.).

Board Assurance Framework (Appendix A)

Following updates the split of the Assurance Framework is:

Risks currently being managed (on-going)	10
Risks managed to target level	0

There are currently 10 risks contained within the Assurance Framework which are distributed across the Trust (5x5) categorisation matrix as below:

Likelihood \ Consequence	1 Low	2	3	4	5 High
5 – Almost Certain				4 risks	
4 – Likely		1 risk			
3 – Possible			2 risks	3 risks	
2 – Unlikely					
1 – Rare					

Utilising the Trust's categorisation matrix (risk plot above) as a way of pragmatically prioritising the Trust's risks, the following are considered to be of high risk to the Trust:

	ID	Risk Title	Lead
RED	SR8	That there is a failure to deliver recurrent CIP's	CFO
	SR9	That financial balance (and surplus) is not achieved.	CFO
	SR12	That the retention and development costs of staff are unaffordable	CFO

Trust Risk Register – Updates (Appendix B)

Following updates the split of the Trust Risk Register is:

Risks currently being managed (on-going)	22
Risks managed to target level	0

There are currently 22 risks contained within the Trust Register which are distributed across the Trust's (5x5) categorisation matrix as below:

Likelihood \ Consequence	1 Low	2	3	4	5 High
5 – Almost Certain					
4 – Likely			**18 risks**		
3 – Possible			**2 risks**	**2 risks**	
2 – Unlikely					
1 – Rare					

The following illustrates how risks on the TRR are mapped against the strategic objectives:

Strategic Objective	TRR			
	R	A	Y	G
1) Be in the top quartile for all performance indicators				
2) Proactively seek opportunities to develop our services				
3) To have an effective & well integrated organisation that operates efficiently		3		
4) Maintain financial health - appropriate investment enhancement to patient services		3		
5) Attract, retain & develop our staff & improve employee engagement		5		
6) Create a culture of compassion, safety & quality		11		

Recommendation(s)

- The Board considers the report and any changes with the Board Assurance Framework and Trust Risk Register.

Appendix B: Tracking changes within Trust Risk Register (September 2015)

Lead Director	Risk	Risk Title	Field updated	Update made
Chief Operating Officer	3501	Evacuation Risk in an event of a fire in the Maternity - Block 32	Risk removed from TRR and moved to Directorate risk register	Downgraded from 12 to 8 on the basis of work is to be completed mid-October
	3705	Gap between optimal Consultant ward work and current allocation for ward work in job plans	*****New risk*** Escalated from Directorate risk register**	Traditional job plans for Consultants have stipulated intermittent ward rounds through the week. More recent data suggests daily Consultant face to face input improves patient safety and efficiency. National strategy documents will require increased Consultant ward input to allow seven day working, which is not resourced currently. If not resourced the implications are: Reduced efficiency Longer length patient stay impacting on A&E targets.
	2780	Inadequate Staffing levels on CHU	*****New risk*** Escalated from Directorate risk register**	Inadequate staffing levels on CHU. At present 7.0 vacancies resulting in increased sickness levels, low morale, increased activity to 22 beds and increased day case activity.
	4154	Lack of Rehabilitation Equipment	*****New risk*** Escalated from Directorate risk register**	Lack of rehabilitation equipment/non provision as per ILS /Social Services Contract. Impact of lack or equipment is: Detrimental impact on hospital discharges as prescribed equipment to facilitate discharge is delayed or not available. Increased length of stay. Reduces bed capacity for admissions. Decreases rehabilitation outcomes for community patients which may result in possible admission, need for increased care provision and may lead to deterioration in health. Poor patient experience.
	4163	Failure of patients to receive timely and appropriate treatment for renal disease / acute kidney Injury	*****New risk*** Escalated from Directorate risk register**	Failure of patients to receive timely and appropriate treatment for renal disease / acute kidney injury due to inability to admit to specialist ward within tertiary service causing significant delays for patients awaiting to be admitted leading to Increased clinical risk for patient outcome.
	937	Sewage problems in Gynaecology Outpatients Department:	*****New risk*** Escalated from Divisional risk register**	Toilets/sinks/sewage may flood when waste levels rise above level supported by the drainage system over the block including issues with the macerators within the Unit. There is a risk that staff, patients and visitors may be exposed to hazardous waste causing a risk of infection and also that clinics may need to be cancelled. (Obstetric Risk - 3568). Planned work is proposed over the next 3 years.
	2836	Unreliable equipment in Cath Labs	*****New risk*** Escalated from**	Unreliable equipment in Cath Labs. Compromises emergency and elective

			Divisional risk register	throughput. Delay in obtaining parts to repair. (Lab 1 and Lab 3 have been replaced in the last 12 months by Philips. Lab 2 is old and requires replacing - planned for 2016/17).
	4247	Staff shortage on ICCU due to Maternity Leave		
			New risk **Escalated from Divisional risk register**	Staffing establishment on ICCU will be compromised due to staff members commencing Maternity Leave. Currently there are two members of staff already on maternity leave, there will be a further 12 members of staff commencing maternity leave from October 2015. This equates to 13.14 WTE reductions in staff numbers due to maternity leave.
Chief Nursing Officer	535	If the Trust fails to achieve reductions in Healthcare Associated Infections then this will directly impact on the Trust's NHS reputation.		
			Action Plan **- New**	Develop new action plan to address trust wide issues relating to CDI
Medical Director	1862	Failure to adhere to the Trust's Consent Policy		
			Risk closed	Risk closed due to the positive improvements achieved in practice, particularly the improvement in two-stage consent which was highlighted in the recent consent audit report.

The Royal Wolverhampton NHS Trust

Board Assurance Framework 2015/16

The Board Assurance Framework "provides organisations with a simple but comprehensive method for the effective and focused management of the principal risks that arise in meeting their objectives. This Assurance Framework assesses the most important risks that the Trust faces to date, and which have the highest potential for external impact. Such risks differ in magnitude and complexity to operational risks and often require comprehensive risk mitigation plans which spans over a longer timescale than most operational risks. The Trust defines strategic risk as a strategic control issue that could:

- Close down a service / services
- Seriously prejudice or threaten achievement of a principal objective
- Threaten the safety of service users.
- Threaten the reputation of the Trust/NHS.
- Lead to significant financial imbalance and/or the need to seek additional funding to enable resolve and/or result in significant diversion of resources from another aspect of the business.

Strategic (principle) risks will be reviewed as part of the annual business planning process and can also be identified in-year. They are managed as part of a complex process as opposed to discrete events. The Trust Board needs to be satisfied that strategic risks are being properly identified and managed robustly.

Risk score = consequence (i.e. impact) x likelihood - The matrix below is used to calculate a risk score, which will determine the category the risk falls within, that score informing follow up action, its urgency, and the required performance management to ensure the risk is managed effectively. For a fuller description/explanation of categories refer OP10 Policy.

Likelihood	Consequence				
	1 - Insignificant	2 - Minor	3 - Moderate	4 - Major	5 - Catastrophic
5 - Almost Certain	5	10	15	20	25
4 - Likely	4	8	12	16	20
3 - Possible	3	6	9	12	15
2 - Unlikely	2	4	6	8	10
1 - Rare	1	2	3	4	5
Likelihood score	**1**	**2**	**3**	**4**	**5**
Descriptor	**Rare**	**Unlikely**	**Possible**	**Unlikely**	**Almost certain**
Broad description of frequency	Not expected to occur (yearly/ years)	Not expected to occur, however could given the right circumstances (annually).	May occur occasionally (monthly)	Will probably occur, however not a persistent risk (weekly)	Likely to occur on many occasions; a persistent risk (daily)

Potential/Actual origins impact level

The extent to which the origins of the risk currently impact on the strategic risk.

- (Red) - The origin of the strategic (principle) risk is significantly impacting on the risk.
- (Amber) - The origin of the strategic (principle) risk is still impacting on the risk to a limited extent.
- (Green) - The origin of the strategic (principle) risk is no longer impacting on the risk

Controls

The extent to which the controls in place are satisfactory in impacting mitigation of the strategic risk.

- (Red) - Effective control partially in place and thus only impacting in a limited way on the mitigation of the strategic risk.
- (Amber) - Effective control in place but only partially impacting on the mitigation of the strategic risk
- (Green) - Effective control in place and positively impacting on the mitigation of the strategic risk.

Movement
The direction from last reported quarter

- ⬇ Indicates improvement from last reported quarter
- ➡ Indicates same level from last reported quarter
- ⬆ Indicates slippage or further required work from last reported quarter
- ★ New item added since last quarter

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The Royal Wolverhampton NHS Trust

BOARD ASSURANCE FRAMEWORK 2015/16 (SEP)

CORPORATE OBJECTIVES RISK MATRIX

			RISK SCORES: LIKELIHOOD x CONSEQUENCE = TOTAL				STRATEGIC OBJECTIVES					
REF	STRATEGIC RISK	ASSURANCE TO	INITIAL RISK & SCORE AT QUARTER 1	CURRENT RISK & SCORE AT QUARTER 1	MOVEMENT Q1 TO Q2	TARGET RISK SCORE BY QUARTER 4	Be in the top quartile for all performance indicators	Proactively seek opportunities to develop our services	To have an effective & well integrated organisation that operates efficiently	Maintain financial health - appropriate investment enhancement to patient services	Attract, retain & develop our staff & improve employee engagement	Create a culture of compassion, safety & quality
SR1	Workforce - skill, capability and capacity	HR Director	N/A	9		5x2=10					✓	
SR4	Risk of adverse impact on the Trust following service transfer in November 2014 and changes uncertainties within the Staffordshire Health Economy	Chief Executive	4x4=16	4x2=8		5x2=10			✓			
SR5	If competition causes a significant shift in activity.	Director of Planning and Contracting	9	9		4			✓			
SR6	Potential impact on income due to enacted intentions of Commissioners	Director of Planning and Contracting	12	12		9				✓		
SR7	That the financial risk of vertical integration is prohibitive	Chief Financial Officer	12	12		6				✓		
SR8	That there is a failure to deliver recurrent CIP's	Chief Financial Officer	20	20		10				✓		
SR9	That financial balance (and surplus) is not achieved.	Chief Financial Officer	20	20		10				✓		
SR10	That the Trust fails to generate sufficient cash to pay for its commitments	Chief Financial Officer	12	12		9				✓		
SR11	Condition of the existing Estate - Quality and flexibility	Chief Financial Officer	12	12		9				✓		
SR12	That the retention and development costs of staff are unaffordable	Chief Financial Officer	20	20		9				✓		

ASSURANCE FRAMEWORK

Strategic Objective:To attract, retain and develop all employees and improve employee engagement year on year.

STRATEGIC (PRINCIPLE) RISKS	IMPACT x LIKELIHOOD = RISK SCORE					CURRENT ASSURED LEVEL	Movement
	INITIAL RISK SCORE	PREVIOUS QUARTER RISK SCORE	CURRENT RISK SCORE	TARGET RISK SCORE Mar-15	TARGET RISK SCORE Mar-16		
	5x3=15	5x3=15	3x3=9	5x3=15	5x2=10		

What is the strategic risk to be controlled?

REF	STRATEGIC	EXECUTIVE DIRECTOR	BOARD COMMITTEE	CURRENT ASSURED LEVEL	Movement
SR 1	Workforce - skill, capability and capacity	Human Resource Director	Finance and Performance		

POTENTIAL IMPACTS / CONSEQUENCES OF THE RISK		IMPACT ON *CQC Domains (State Domain name)*	
REF	***What are the key potential consequences (up to 4) of the risk?***		Indicate by X to those applicable
PC 1	Potential over reliance on agency / locum staff - which may lead to quality and cost issues	**Effective**	X
PC 2	Inability to deliver the future workforce plan	**Response**	X
PC3	Ability to attract suitability qualified staff and retain them	**Well Led**	

REFERENCES TO KEY OPERATIONAL RISKS IMPACTING ON THIS STRATEGIC RISK		IMPACT LEVEL	Movement
Potential or actual origins that have led to the risk ...	***What are the most significant origins (up to 10) which could or have led to the risk?***		
REF	ORIGIN	RAG	
O1	Lack of junior doctor numbers coming through the deanery		
O2	Lower interest in nursing as a career - number of nurses leaving profession		
O3	Not currently a national agreement in place to control agency costs and no alternative providers		
O4	Competition from other NHS Providers - who may have stronger credentials in either R&D, benefits or workforce initiatives	TBC	

Ref	Controls *(What are the key controls (up to 10) that are in place to mitigate these risks*	**Level of assurance (L1, L2, L3)	Strength of assurance grade	Movement	Reporting Mechanism *(What are the key reporting mechanisms (up to 10) that will provide assurance that the key controls are effective? (E) = External Assurance*
C1	Overseas recruitment initiatives for nurses and Midwives	L1, 2			SNOG
C2	Review of staffing establishment through workforce plan	L1, 1			Workforce Assurance
C3	Look to control recruitment of agency nurses / locums centrally	L1, 2			Finance and Performance
C4	Strengthen employer credentials through rebranding exercise	L1, 2			Workforce Assurance

**** Level 1 = Operational/Level 2 = internal oversight/Level 3 = Independent Assurance**

20 15 10 5 0

Apr-15 May-15 Jun-15 Jul-15 Aug-15 Sep-15 Oct-15 Nov-15 Dec-15 Jan-16 Feb-16 Mar-16

Initial Score
Current Score
Target Score

These are the POSITIVE ASSURANCES actually received ....

What are the key actual positive assurances received through reporting (up to 20) that a control has remained effective

Assurance Ref	Date Assurance provided	POSITIVE ASSURANCE *What is the report received that provided that assurance*	*What assurance is provided?*	COMMENT

The GAPS IN CONTROL / NEGATIVE ASSURANCES are ...

What are the remaining key gaps (up to 10) in the controls or negative assurances despite the stated controls and positive assurances in place?

REF	Date Assurance provided	GAP (include reasoning for the gap described)	ACTION PLAN	ACTION LEAD	AGREED DEADLINE

ASSURANCE FRAMEWORK

Strategic Objective:

STRATEGIC (PRINCIPLE) RISKS	LIKELIHOOD x CONSEQUENCE = RISK SCORE: INITIAL RISK SCORE	PREVIOUS QUARTER RISK SCORE	CURRENT RISK SCORE	TARGET RISK SCORE Mar-15	TARGET RISK SCORE Mar-16	CURRENT ASSURED LEVEL	Movement
	3x4=12	4x4=16	4x2=8	5x2=10	5x2=10		

What is the strategic risk to be controlled?

REF	STRATEGIC RISK	EXECUTIVE DIRECTOR	BOARD COMMITTEE	CURRENT ASSURED LEVEL	Movement
SR4	Risk of adverse impact on the Trust following service transfer in November 2014 and changes uncertainties within the Staffordshire Health Economy	CEO	To be confirmed	8	

POTENTIAL IMPACTS / CONSEQUENCES OF THE RISK		IMPACT ON *CQC Domains (State Domain name)*	
REF	*What are the key potential consequences (up to 4) of the risk?*		Indicate by X to those applicable
PC 1	Inability to maintain Quality and Safety	**Safe**	X
PC 2	Inability to deliver operational and commissioner targets	**Caring**	X
PC 3	Loss of CQC registration and or CQC enforcement penalties	**Effective**	X
PC4	Inability to meet 18 week RTT	**Response**	X
		Well Led	

REFERENCES TO KEY OPERATIONAL RISKS IMPACTING ON THIS STRATEGIC RISK	IMPACT LEVEL	Movement
Potential or actual origins that have led to the risk ... *What are the most significant origins (up to 10) which could or have led to the risk?*		

REF	ORIGIN	RAG	
O1	Disaggregation of Mid-Staffordshire NHS Foundation Trust on 1.11.14 and transfer of services to RWT on the basis of the Trust Special Administrator Recommendations.		
O2			
O3			

Ref	Controls (*What are the key controls (up to 10) that are in place to mitigate these risks*)	**Level of assurance (L1, L2, L3)	Strength of assurance grade	Movement	Reporting Mechanism (*What are the key reporting mechanisms (up to 10) that will provide assurance that the key controls are effective? (E) = External Assurance*)
C1	Monitoring of post Day 1 transformation planning/implementation through Integration Programme Steering Group and Executive Directors	L2			
C2	Monitoring of allocated budget from Cannock, Stafford and Surrounds CCGs	L2			
C3	Each Service Transfer has been subject to stringent internal assurance proceses and in the majority of cases external/independent assurance assessment prior to completion of any moves.	L3			

**** Level 1 = Operational/Level 2 = internal oversight/Level 3 = Independent Assurance**

These are the POSITIVE ASSURANCES actually received ....

What are the key actual positive assurances received through reporting (up to 20) that a control has remained effective

Assurance Ref	Date Assurance provided	POSITIVE ASSURANCE: *What is the report received that provided that assurance*	*What assurance is provided?*	COMMENT
PA1	5.1.15, 11.3.15 and 7.5.15	Each Service has been subject to stringent internal and external assurance processes prior to any moves.	Each Assurance process has been followed by a report confirming readiness to proceed.	
PA2		Service transfer risks would be monitored through directorate governance meetings, escalated to Operational Mobilisation Group then up to Integration Programme Steering Group.	All significant risks (red) are reflected in the corporate risk register.	
PA3	30.3.15 and January 2015	For each transfer Trust Board has received a detailed report outlining proposals including capacity (staff) and space and specific risks.	There was a suitable state of readiness to proceed.	
	26.1.15; 23.2.15; 30.3.15; 27.4.15	Monthly Trust Board reports on all issues relating to the integration.	Board fully informed against key metrics.	

The GAPS IN CONTROL / NEGATIVE ASSURANCES are ...

What are the remaining key gaps (up to 10) in the controls or negative assurances despite the stated controls and positive assurances in place?

REF	Date Assurance provided	GAP (include reasoning for the gap described)	ACTION PLAN	ACTION LEAD	AGREED DEADLINE
NA1		Funding beyond 29 months (23 months to go) is not yet established. Staffordshire CCG (LHE) to identify	NHS England and Staffordshire CCGs have developed a Transformation Board which will have six workstreams to deliver the transformational change needed to deliver the financial regulation that the health economy needs beyond the funding package agreed for 29 months as part of the TSA model.	Sultan Mahmud	Ongoing

ASSURANCE FRAMEWORK

Strategic Objective:

STRATEGIC (PRINCIPLE) RISKS	IMPACT x LIKELIHOOD = RISK SCORE					CURRENT ASSURED LEVEL	Movement
	INITIAL RISK SCORE	PREVIOUS QUARTER RISK SCORE	CURRENT RISK SCORE	TARGET RISK SCORE Mar-15	TARGET RISK SCORE Mar-16		
	9	9	9	9	4		

What is the strategic risk to be controlled?		EXECUTIVE DIRECTOR	BOARD COMMITTEE	CURRENT ASSURED LEVEL	Movement
REF	STRATEGIC				
SR5	If competition causes a significant shift in activity.	Director of Planning & Contracting	Finance & Performance Committee		⇨

POTENTIAL IMPACTS / CONSEQUENCES OF THE RISK		IMPACT ON *CQC Domains (State Domain name)*	
REF	*What are the key potential consequences (up to 4) of the risk?*		Indicate by X to those applicable
PC 1	This will result in reduced income for the Trust.	Safe	
		Caring	
		Effective	X
		Response	
		Well Led	

REFERENCES TO KEY OPERATIONAL RISKS IMPACTING ON THIS STRATEGIC RISK		IMPACT LEVEL	Movement
Potential or actual origins that have led to the risk ...	*What are the most significant origins (up to 10) which could or have led to the risk?*		
REF	ORIGIN	RAG	
O1	Health & Social Care Act 2012	A	⇨
O2	CCG Disinvestment & Decommissioning Policy	A	⇨
O3	Tenders undertaken by Commissioners	R	⇨

Ref	Controls *(What are the key controls (up to 10) that are in place to mitigate these risks*	**Level of assurance (L1, L2, L3)	Strength of assurance grade	Movement	Reporting Mechanism *(What are the key reporting mechanisms (up to 10) that will provide assurance that the key controls are effective? (E) = External Assurance*
C1	Process in place to monitor contracts finder and similar websites for future opportunites with a quarterly report to Finance & Performance Committee, TMC and TB.	L1			
C2	Quarterly report to Finance & Performance Committee, TMC and TB on progress of tenders.	L2			
C3	Monitoring of internal procurement system to manage increased tender requirement.	L1			
C4	Horizon scanning for potential changes.	L1			
C5	Build flexibility into operating systems.	L1			
C6	Review of healthcare tenders. Community and Local Authority platform to pre-empt changes/demand.	L1			

** Level 1 = Operational/Level 2 = internal oversight/Level 3 = Independent Assurance

These are the POSITIVE ASSURANCES actually received ....

What are the key actual positive assurances received through reporting (up to 20) that a control has remained effective

Assurance Ref	Date Assurance provided	POSITIVE ASSURANCE *What is the report received that provided that assurance*	*What assurance is provided?*	COMMENT
PA1	Oct-14	Quarterly Contracting & Commissioning Report to F&P, TMC and TB.	All opportunities considered to be appropriate have been progressed to the expression of interest stage.	
PA2	Nov-14	Quarterly Tender Report to F&P, TMC and TB.	Identifies all tender submissions delivered within the required timeframe, appropriate operational and clinical engagement and sign-off and successes.	
PA3	Dec-14		Monitoring of internal procurement system to manage increased tender requirement.	
PA4	Nov-14		Horizon scanning for potential changes.	
PA5	Nov-14		Review of healthcare tenders, Community and Local Authority platform to pre	
PA6	Sep-15		Availability of bid writing support to manage capacity requirements of active tenders.	

The GAPS IN CONTROL / NEGATIVE ASSURANCES are ...

What are the remaining key gaps (up to 10) in the controls or negative assurances despite the stated controls and positive assurances in place?

REF	Date Assurance provided	GAP (include reasoning for the gap described)	ACTION PLAN	ACTION LEAD	AGREED DEADLINE
NA1				Head of Contracting and Business Development	

ASSURANCE FRAMEWORK

Strategic Objective:

STRATEGIC (PRINCIPLE) RISKS	IMPACT x LIKELIHOOD = RISK SCORE					CURRENT ASSURED LEVEL	Movement
	INITIAL RISK SCORE	PREVIOUS QUARTER RISK SCORE	CURRENT RISK SCORE	TARGET RISK SCORE Mar-15	TARGET RISK SCORE Mar-16		
	12	12	12	12	9		

What is the strategic risk to be controlled?

REF	STRATEGIC	EXECUTIVE DIRECTOR	BOARD COMMITTEE	CURRENT ASSURED LEVEL	Movement
SR6	Potential impact on income due to enacted intentions of Commissioners.	Director of Planning & Contracting	Contracting & Commissioning Mtg		⇨

POTENTIAL IMPACTS / CONSEQUENCES OF THE RISK		IMPACT ON *CQC Domains (State Domain name)*	
REF	*What are the key potential consequences (up to 4) of the risk?*		Indicate by X to those applicable
PC 1	This will result in reduced income for the Trust.	Safe	
		Caring	
		Effective	X
		Response	
		Well Led	

REFERENCES TO KEY OPERATIONAL RISKS IMPACTING ON THIS STRATEGIC RISK	IMPACT LEVEL	Movement
Potential or actual origins that have led to the risk … *What are the most significant origins (up to 10) which could or have led to the risk?*		

REF	ORIGIN	RAG	Movement
O1	Commissioners QIPP Programme included in the annual contract.		⇨

Ref	Controls *(What are the key controls (up to 10) that are in place to mitigate these risks*	**Level of assurance (L1, L2, L3)	Strength of assurance grade	Movement	Reporting Mechanism *(What are the key reporting mechanisms (up to 10) that will provide assurance that the key controls are effective? (E) = External Assurance*
C1	Agreed a QIPP work programme for 2015/16 with Commssioners, documented within contract through the Service Development Improvement Plan and monitored monthly through Contracting Commissioning Group.	L2			
C2	Monitoring of actions to support QIPP schemes managed through contracting and monitored monthly via Contracting & Commissioning Group.	L2			
C3	Maintain awareness of Commissioner finance position and pre-empty financial issues through contract negotiation process and outcomes (quarterly).	L2			
C4	CCG and RWT forum established to share accurate financial positions of the two organisations.	L2			
C5	Recording of contractual agreements and logging for inclusion in contract documentation.	L2			

** Level 1 = Operational/Level 2 = internal oversight/Level 3 = Independent Assurance

These are the POSITIVE ASSURANCES actually received ….

What are the key actual positive assurances received through reporting (up to 20) that a control has remained effective

Assurance Ref	Date Assurance provided	POSITIVE ASSURANCE *What is the report received that provided that assurance*	*What assurance is provided?*	COMMENT
PA1	Apr-14		Positive delivery of schemes and monitored monthly in conjunction with CCG.	

The GAPS IN CONTROL / NEGATIVE ASSURANCES are …

What are the remaining key gaps (up to 10) in the controls or negative assurances despite the stated controls and positive assurances in place?

REF	Date Assurance provided	GAP (include reasoning for the gap described)	ACTION PLAN	ACTION LEAD	AGREED DEADLINE
NA1	Oct-14	Accessibiity of accurate finance position difficult to ascertain.		Head of Contracting and Business Development	
NA2	Jun-15	Review of effectiveness of commissioner QIPP plans, with subsequent review of contract activity plan.		Head of Contracting and Business Development	30/09/2015

ASSURANCE FRAMEWORK

Strategic Objective: To have an effective, well integrated organisation which opeartes efficiently

STRATEGIC (PRINCIPLE) RISKS		IMPACT x LIKELIHOOD = RISK SCORE: INITIAL RISK SCORE	PREVIOUS QUARTER RISK SCORE	CURRENT RISK SCORE	TARGET RISK SCORE Mar-15	TARGET RISK SCORE Mar-16	CURRENT ASSURED LEVEL	Movement
		3x4=12		3x4=12		3x2=6		

What is the strategic risk to be controlled?

REF	STRATEGIC	EXECUTIVE DIRECTOR	BOARD COMMITTEE	CURRENT ASSURED LEVEL	Movement
SR7	That the financial risk of vertical integration is prohibitive	Chief Financial Officer	Trust Management Committee	3x4 = 12	

POTENTIAL IMPACTS / CONSEQUENCES OF THE RISK		IMPACT ON *CQC* Domains (State Domain name)	
REF	*What are the key potential consequences (up to 4) of the risk?*		Indicate by X to those applicable
PC1	Inability to deliver financial targets and consequences of potential recovery plans etc	Safe	
PC2	Cash incurred on this investment leaves insufficent cash for delkivering the Trust's budget.	Caring	
		Effective	X
		Response	
		Well Led	X

REFERENCES TO KEY OPERATIONAL RISKS IMPACTING ON THIS STRATEGIC RISK		IMPACT LEVEL	Movement
Potential or actual origins that have led to the risk ...	*What are the most significant origins (up to 10) which could or have led to the risk?*		
REF	ORIGIN	RAG	
O1	Cost of investment in integration is too great for the Trust.	12	

Ref	Controls (*What are the key controls (up to 10) that are in place to mitigate these risks*)	**Level of assurance (L1, L2, L3)	Strength of assurance grade	Movement	Reporting Mechanism (*What are the key reporting mechanisms (up to 10) that will provide assurance that the key controls are effective? (E) = External Assurance*)
C1	Business Case for investment	L1,2			Contracting and Commissioning to Trust Management Committee
C2	Resources from Department of Health/NHS England for initiative	L1, 2, 3			Contracting and Commissioning to Trust Management Committee
C3	Negotiation with practice(s)	L1,2			Contracting and Commissioning to Trust Management Committee

**** Level 1 = Operational/Level 2 = internal oversight/Level 3 = Independent Assurance**

15
10
5
0
Apr-15 May-15 Jun-15 Jul-15 Aug-15 Sep-15 Oct-15 Nov-15 Dec-15 Jan-16 Feb-16 Mar-16
Initial Score
Current Score
Target Score

These are the POSITIVE ASSURANCES actually received ....

What are the key actual positive assurances received through reporting (up to 20) that a control has remained effective

Assurance Ref	Date Assurance provided	POSITIVE ASSURANCE: *What is the report received that provided that assurance*	*What assurance is provided?*	COMMENT
		Awaiting formulation of case		

The GAPS IN CONTROL / NEGATIVE ASSURANCES are ...

What are the remaining key gaps (up to 10) in the controls or negative assurances despite the stated controls and positive assurances in place?

REF	Date Assurance provided	GAP (include reasoning for the gap described)	ACTION PLAN	ACTION LEAD	AGREED DEADLINE
		Awaiting formulation of case			

ASSURANCE FRAMEWORK

Strategic Objective: To maintain the financial health of the organisation and seek appropriate investment opportunities that enable further enhancement of patient services

STRATEGIC (PRINCIPLE) RISKS	IMPACT x LIKELIHOOD = RISK SCORE					CURRENT ASSURED LEVEL	*Movement*
	INITIAL RISK SCORE	PREVIOUS QUARTER RISK SCORE	CURRENT RISK SCORE	TARGET RISK SCORE Mar-15	TARGET RISK SCORE Mar-16		
	5x4=20		5x4=20		5x2=10		

What is the strategic risk to be controlled?		EXECUTIVE DIRECTOR	BOARD COMMITTEE	CURRENT ASSURED LEVEL	*Movement*
REF	**STRATEGIC**				
SR8	That there is a failure to deliver recurrent CIP's	Chief Financial Officer	Finance & Performance Committee	5 x 4 = 20	

POTENTIAL IMPACTS / CONSEQUENCES OF THE RISK		IMPACT ON *CQC Domains (State Domain name)*	
REF	***What are the key potential consequences (up to 4) of the risk?***		**Indicate by X to those applicable**
PC 1	Inability to meet financial targets	**Safe**	X
PC 2	Inability to invest in services due to lack of funds	**Caring**	X
		Effective	X
		Response	X
		Well Led	X

REFERENCES TO KEY OPERATIONAL RISKS IMPACTING ON THIS STRATEGIC RISK		IMPACT LEVEL	*Movement*
Potential or actual origins that have led to the risk ...	***What are the most significant origins (up to 10) which could or have led to the risk?***		
REF	**ORIGIN**	**RAG**	
O1	Efficiency targets within tariff requiring release of CIP.		
O2	Continuing CIP targets with reduced ability to make efficiences.		

Ref	Controls *(What are the key controls (up to 10) that are in place to mitigate these risks*	**Level of assurance (L1, L2, L3)	Strength of assurance grade	*Movement*	Reporting Mechanism *(What are the key reporting mechanisms (up to 10) that will provide assurance that the key controls are effective? (E) = External Assurance*
C1	Monitoring of CIP target at monthly Operational Finance Group meeting	L1, 2			Finance & Performance Committee
C2	Use of transformational schemes via benchmarking to assist in CIP efficiencies	L1, 2			Clinical Transformation Steering Group and Transformation Programme Group to Trust Management Committee
C3	Monitoring of CIP achievement against target at monthly Finance &	L1,2			Finance & Performance Committee

**** Level 1 = Operational/Level 2 = internal oversight/Level 3 = Independent Assurance**

Score

50

0

Initial risk Target risk Risk appetite

Score

These are the POSITIVE ASSURANCES actually received ....

What are the key actual positive assurances received through reporting (up to 20) that a control has remained effective

Assurance Ref	Date Assurance provided	POSITIVE ASSURANCE *What is the report received that provided that assurance*	POSITIVE ASSURANCE *What assurance is provided?*	COMMENT
PA1	Jun-15	Trust Board Finance report	Month 2 CIP target has been met	However, the CIP target is phased into the latter part of the year.

The GAPS IN CONTROL / NEGATIVE ASSURANCES are ...

What are the remaining key gaps (up to 10) in the controls or negative assurances despite the stated controls and positive assurances in place?

REF	Date Assurance provided	GAP (include reasoning for the gap described)	ACTION PLAN	ACTION LEAD	AGREED DEADLINE
NA1	Jun-15	There remains a transformational CIP target with no plans for achievement	Being reviewed via the Clinical Transformation Steering Group	Head of Performance	No date

ASSURANCE FRAMEWORK

Strategic Objective: To maintain the financial health of the organisation and seek appropriate investment opportunities that enable further enhancement of patient services

STRATEGIC (PRINCIPLE) RISKS	IMPACT x LIKELIHOOD = RISK SCORE					CURRENT ASSURED LEVEL	Movement
	INITIAL RISK SCORE	PREVIOUS QUARTER RISK SCORE	CURRENT RISK SCORE	TARGET RISK SCORE Mar-15	TARGET RISK SCORE Mar-16		
	5x4=20		5x4=20		5x2=10		

What is the strategic risk to be controlled?

REF	STRATEGIC	EXECUTIVE DIRECTOR	BOARD COMMITTEE	CURRENT ASSURED LEVEL	Movement
SR9	That financial balance (and surplus) is not achieved.	Chief Financial Officer	Finance and Performance Committee		

POTENTIAL IMPACTS / CONSEQUENCES OF THE RISK		IMPACT ON *CQC Domains (State Domain name)*	
REF	*What are the key potential consequences (up to 4) of the risk?*		Indicate by X to those applicable
PC1	That the Trust will be placed into recovery and turnaround by the TDA	Safe	x
PC2	That the Trust has to apply to the Independent trust Financing Facility for working capital/financing support/capital loans which would place onerous conditions on the Board in receiving this.	Caring	x
PC3	That the the Trust is judged as not sustainable	Effective	X
		Response	x
		Well Led	X

REFERENCES TO KEY OPERATIONAL RISKS IMPACTING ON THIS STRATEGIC RISK	IMPACT LEVEL	Movement
Potential or actual origins that have led to the risk ... *What are the most significant origins (up to 10) which could or have led to the risk?*		

REF	ORIGIN	RAG	Movement
O1	Lack of fully detailed Recurrent Cost/Efficiency Improvement Programme	5x4 = 20	

Ref	Controls *(What are the key controls (up to 10) that are in place to mitigate these risks*	**Level of assurance (L1, L2, L3)	Strength of assurance grade	Movement	Reporting Mechanism *(What are the key reporting mechanisms (up to 10) that will provide assurance that the key controls are effective? (E) = External Assurance*
C1	Further detailed CIPs from Divisions and Departments	L1,2			Finance and Performance
C2	Detailed plans to attract/deliver more activity in conjunction with other Trusts.	L1,2			Contracting and Commissioning to Trust Management Committee
C3	Urgent response to Carter initiatives on staffing, estates, procurement and pharmacy/medicines.	L1,2,3			Finance and Performance

** Level 1 = Operational/Level 2 = internal oversight/Level 3 = Independent Assurance

These are the POSITIVE ASSURANCES actually received ....

What are the key actual positive assurances received through reporting (up to 20) that a control has remained effective

Assurance Ref	Date Assurance provided	POSITIVE ASSURANCE *What is the report received that provided that assurance*	*What assurance is provided?*	COMMENT
		Awaiting formulation of case(s)		

The GAPS IN CONTROL / NEGATIVE ASSURANCES are ...

What are the remaining key gaps (up to 10) in the controls or negative assurances despite the stated controls and positive assurances in place?

REF	Date Assurance provided	GAP (include reasoning for the gap described)	ACTION PLAN	ACTION LEAD	AGREED DEADLINE
		Awaiting formulation of case(s)			

ASSURANCE FRAMEWORK								
Strategic Objective: To maintain the financial health of the organisation and seek appropriate investment opportunities that enable further enhancement of patient services								
STRATEGIC (PRINCIPLE) RISKS	IMPACT x LIKELIHOOD = RISK SCORE						CURRENT ASSURED LEVEL	*Movement*
	INITIAL RISK SCORE	PREVIOUS QUARTER RISK SCORE	CURRENT RISK SCORE	TARGET RISK SCORE Mar-15	TARGET RISK SCORE Mar-16			
	3x4=12		3x4=12		3x3=9			
What is the strategic risk to be controlled?		EXECUTIVE DIRECTOR	BOARD COMMITTEE					
REF	STRATEGIC							
SR10	That the Trust fails to generate sufficient cash to pay for its commitments	Chief Finance Officer	Finance & Performance Committee				3 x 4 = 12	

POTENTIAL IMPACTS / CONSEQUENCES OF THE RISK		IMPACT ON *CQC Domains (State Domain name)*	
REF	*What are the key potential consequences (up to 4) of the risk?*		Indicate by X to those applicable
PC 1	Inability to meet financial targets	Safe	x
PC 2	Inability invest in services and potential settle payments due to lack of cash	Caring	x
		Effective	X
		Response	x
		Well Led	X

REFERENCES TO KEY OPERATIONAL RISKS IMPACTING ON THIS STRATEGIC RISK		IMPACT LEVEL	*Movement*
Potential or actual origins that have led to the risk ...	*What are the most significant origins (up to 10) which could or have led to the risk?*		
REF	ORIGIN	RAG	
O1	Efficiency targets within tariff requiring release of CIP.		
O2	Continuing CIP targets with reduced ability to make efficiencies.		
O3	Deficit planning alongside investment in estate.		

Ref	Controls *(What are the key controls (up to 10) that are in place to mitigate these risks*	**Level of assurance (L1, L2, L3)	Strength of assurance grade	Movement	Reporting Mechanism *(What are the key reporting mechanisms (up to 10) that will provide assurance that the key controls are effective? (E) = External Assurance*
C1	Ongoing monitoring of cash by Finance Department and formal review at monthly Finance Committee, Chaired by Chief Financial Officer/Deputy, minuted and reported to the Finance & Performance Committee.	L1, 2			Finance Committee
C2	Monitoring of cash balance against target at monthly Finance & Performance Committee and ultimate monthly report to Board.	L1, 2			Finance & Performance Committee and Board
C3	Formal report to Board 1st June 2015 from Head of Estates Development outlining potential to delay capital projects, were the cash positoin of the Trust to deteriorate against Plan.	L1,2			Capital Review Group and Finance & Performance Committee

**** Level 1 = Operational/Level 2 = internal oversight/Level 3 = Independent Assurance**

Score

20
0
Initial risk
Target risk
Risk appetite
Score

These are the POSITIVE ASSURANCES actually received				
What are the key actual positive assurances received through reporting (up to 20) that a control has remained effective				
Assurance Ref	Date Assurance provided	POSITIVE ASSURANCE *What is the report received that provided that assurance*	POSITIVE ASSURANCE *What assurance is provided?*	COMMENT
PA1	Jun-15	Trust Board Finance report	Month 2 Cash is above Plan	However, this is significantly impacted by CLRN payments being low to Plan at Month 2 and the lower levels of cash are not forecast until September onwards within the 2015/16 Plan. Links to latter year phasing of CIP achievement.

The GAPS IN CONTROL / NEGATIVE ASSURANCES are ...

What are the remaining key gaps (up to 10) in the controls or negative assurances despite the stated controls and positive assurances in place?

REF	Date Assurance provided	GAP (include reasoning for the gap described)	ACTION PLAN	ACTION LEAD	AGREED DEADLINE
NA1	Jun-15	There remains a transformational CIP target with no plans for achievement	Being reviewed via the Clinical Transformation Steering Group	Head of Performance	No date

ASSURANCE FRAMEWORK

Strategic Objective:

STRATEGIC (PRINCIPLE) RISKS	IMPACT x LIKELIHOOD = RISK SCORE					CURRENT ASSURED LEVEL	Movement
	INITIAL RISK SCORE	PREVIOUS QUARTER RISK SCORE	CURRENT RISK SCORE	TARGET RISK SCORE Mar-15	TARGET RISK SCORE Mar-16		
	4x3=12	4x3=12	4x3=12	4x3=12	3x3=9		

What is the strategic risk to be controlled?

REF	STRATEGIC RISK	EXECUTIVE DIRECTOR	BOARD COMMITTEE	CURRENT ASSURED LEVEL	Movement
SR11	Condition of the existing Estate - Quality and flexibility	CFO	F&P	4 x 3 = 12	➡

POTENTIAL IMPACTS / CONSEQUENCES OF THE RISK		IMPACT ON *CQC Domains (State Domain name)*	
REF	*What are the key potential consequences (up to 4) of the risk?*		Indicate by X to those applicable
	Inability to maintain Quality and Safety	Safe	X
	Inability to deliver operational and commissioner targets	Caring	
		Effective	X
		Response	X
		Well Led	X

REFERENCES TO KEY OPERATIONAL RISKS IMPACTING ON THIS STRATEGIC RISK		IMPACT LEVEL	Movement
Potential or actual origins that have led to the risk ...	*What are the most significant origins (up to 10) which could or have led to the risk?*		
REF	ORIGIN	RAG	
O1	Ability to find resouce to invest in retained Estate		
O2	Reduced income from commissioners		

Ref	Controls *(What are the key controls (up to 10) that are in place to mitigate these risks*	**Level of assurance (L1, L2, L3)	Strength of assurance grade	Movement	Reporting Mechanism *(What are the key reporting mechanisms (up to 10) that will provide assurance that the key controls are effective? (E) = External Assurance*
C1	Five Year Capital Plan	L1, 2			Trust Management Committee
C2	Condition Survey	L1, 2			Finance and Performance
C3	Backlog Monitoring	L1,2			Finance and Performance

** Level 1 = Operational/Level 2 = internal oversight/Level 3 = Independent Assurance

15
10
5
0
Apr-15 May-15 Jun-15 Jul-15 Aug-15 Sep-15 Oct-15 Nov-15 Dec-15 Jan-16 Feb-16 Mar-16
Initial Score
Current Score
Target Score

These are the POSITIVE ASSURANCES actually received ....

What are the key actual positive assurances received through reporting (up to 20) that a control has remained effective

Assurance Ref	Date Assurance provided	POSITIVE ASSURANCE *What is the report received that provided that assurance*	*What assurance is provided?*	COMMENT
	Jun-12	Condition Survey	Significant risk issues being addressed	
	Apr-14	Backlog Investment Programme	Backlog not increasing	
	Jun-14	ERIC Returns	Monitoring	
	Jun-15	On-going Estate Monitoring	Significant risk issues being addressed	
	May-15	Trust Board discussion		

The GAPS IN CONTROL / NEGATIVE ASSURANCES are ...

What are the remaining key gaps (up to 10) in the controls or negative assurances despite the stated controls and positive assurances in place?

REF	Date Assurance provided	GAP (include reasoning for the gap described)	ACTION PLAN	ACTION LEAD	AGREED DEADLINE

ASSURANCE FRAMEWORK

Strategic Objective: To attract, retain and develop all employees and improve employee engagement year on year

STRATEGIC (PRINCIPLE) RISKS	IMPACT x LIKELIHOOD = RISK SCORE INITIAL RISK SCORE	PREVIOUS QUARTER RISK SCORE	CURRENT RISK SCORE	TARGET RISK SCORE Mar-15	TARGET RISK SCORE Mar-16	CURRENT ASSURED LEVEL	Movement
	5x4=20		5x4=20		5x2=10		

What is the strategic risk to be controlled?

REF	STRATEGIC	EXECUTIVE DIRECTOR	BOARD COMMITTEE	CURRENT ASSURED LEVEL	Movement
SR12	That the retention and development costs of staff are unaffordable	Chief Financial Officer	Finance and Performance Committee	5x4 = 20	

POTENTIAL IMPACTS / CONSEQUENCES OF THE RISK		IMPACT ON *CQC Domains (State Domain name)*	
REF	***What are the key potential consequences (up to 4) of the risk?***		**Indicate by X to those applicable**
PC1	That the Trust cannot provide the level of service it is commissioned for	**Safe**	x
PC2	That the patient experience and outcomes are lower than they could be	**Caring**	x
PC3	That the Trust has an unmotivated workforce with levels of sickness, incidents etc greater than peer group upper quartile performances.	**Effective**	X
		Response	x
		Well Led	X

REFERENCES TO KEY OPERATIONAL RISKS IMPACTING ON THIS STRATEGIC RISK	IMPACT LEVEL	Movement
Potential or actual origins that have led to the risk ... *What are the most significant origins (up to 10) which could or have led to the risk?*		

REF	ORIGIN	RAG	
O1	Areas for improvement in the staff survey	5x3 = 15	
O2	Recruitment gaps in some specialties	5x4 = 20	
O3	Spend on temporary staffing	5x4 = 20	

Ref	Controls *(What are the key controls (up to 10) that are in place to mitigate these risks*	**Level of assurance (L1, L2, L3)	Strength of assurance grade	Movement	Reporting Mechanism *(What are the key reporting mechanisms (up to 10) that will provide assurance that the key controls are effective? (E) = External Assurance*
C1	Costed Training and Development plans for staff	L1,2			Finance and Performance
C2	Action plans in place for national and local (chatback) surveys	L1,2			Trust management Committee
C3	Costed strategic and operational Manpower plans in place for departments especially hard to recruit to specialties	L1,2,3			Finance and Performance
C4	Costed recruitment and retention starategy including retire and return policies	L1,2,3			Finance and Performance

**** Level 1 = Operational/Level 2 = internal oversight/Level 3 = Independent Assurance**

30
20
10
0
Apr-15 May-15 Jun-15 Jul-15 Aug-15 Sep-15 Oct-15 Nov-15 Dec-15 Jan-16 Feb-16 Mar-16
Initial Score
Current Score
Target Score

These are the POSITIVE ASSURANCES actually received ....

What are the key actual positive assurances received through reporting (up to 20) that a control has remained effective

Assurance Ref	Date Assurance provided	POSITIVE ASSURANCE *What is the report received that provided that assurance*	*What assurance is provided?*	COMMENT
		Awaiting formulation of case(s)		

The GAPS IN CONTROL / NEGATIVE ASSURANCES are ...

What are the remaining key gaps (up to 10) in the controls or negative assurances despite the stated controls and positive assurances in place?

REF	Date Assurance	GAP (include reasoning for the gap described)	ACTION PLAN	ACTION LEAD	AGREED DEADLINE
		Awaiting formulation of case(s)			

The Royal Wolverhampton NHS Trust

Trust Risk Register

September-2015

5	10	15	20	25
4	8	12	16	20
3	6	9	12	15
2	4	6	8	10
1	2	3	4	5

Director	Cross Ref	What is the Risk?	Level of Risk	How are we managing the risk?	Evidence that it is working.	Any Evidence that it is not working.	What else can we do?		Risk after actions	Date Last Reviewed	TB Accept Risk?
Risk Lead	ID	Principal Risk		Controls	Positive Assurances	Gaps in Assurance/Control	Action Plan that addresses Gaps in Control		Residual Risk Level		
Risks Currently Being Managed											
Trust Objective:		**To have an effective & well integrated organisation that operate**									
Chief Operating Officer	O6 1714	Failure of other agencies to support discharge process resulting in delayed hospital discharge. Date of origin: 03/06/08 Date of escalation = 11/05/11	4 x 3 = 12 AMBER	1) Daily discharge meeting to review and troubleshoot internal actions aimed at improving discharges (Nov 2014) 3) Weekly monitoring of formal delayed transfers of care by CCG 2) Monitoring of Winter Plan for 14/15 and expectation on social care response. 4) Engagement of Intensive Support Team to review system and processes (Mar 15)	3) Reduction in patients waiting for continuing Healthcare Assessments - Sep 14 2) Integrated Health and Social Care Team commenced January 2014. 2) Health economy Winter plan for 14/15 has received formal sign off by Area Team - Sep 14 2) Yearly review of re-imbursement of funds	3) Fluctuations in numbers of patient delays, especially Staffordshire and Walsall 1) Delays for Social Care have increased (Jan - Apr 15)	2) Discussions with social care partners for 7 day services to commence in winter 2014/15 4) Develop action plan from ECIST recommendations (May 15) 3) Escalation of delays to L.A Director as necessary 2) Discussion re rollover of winter resilience monies with CCG/SRG	 May-15 Jun-15	2 x 2 = 4 YELLOW	Sep-15	Yes
Chief Operating Officer	O19 2719	Lack of real time bed management and retrospective admissions on PAS can have a significant impact on electronic testing and potentially e-discharge systems leading to a potential impact on patient care/safety. Date of origin: 23/05/11 Date of escalation = 24/05/11	4 x 3 = 12 AMBER	1) Monitoring of PAS update / use (monthly) (Nov 14) 2) Review of Ward Clerk resources to be undertaken (May-June 15) Implementation of safehands bed management (Apr 15)	1) All requests for beds via patient flow team	1) Further investigations carried out and this confirmed that some process redesign is necessary to achieve timely discharges on the system 1) Patients still entered retrospectively on PAS, especially after weekends. 1) System bugs in safehands causing delays to bed allocation	1) Long term review of real time bed management and link to I.T. Strategy. 1) Communication plan to remind staff to ensure timely and appropriate admission onto PAS and other Trust Clinical systems	May-15	3 x 3 = 9 AMBER	Sep-15	Yes

Director	Cross Ref	What is the Risk?	Level of Risk	How are we managing the risk?	Evidence that it is working.	Any Evidence that it is not working.	What else can we do?		Risk after actions	Date Last Reviewed	TB Accept Risk?
Chief Operating Officer	O4 3051	(High level risk) There is insufficient capacity for the volume of patients leading to outliers and the unplanned utilisation of additional unfunded beds. There are a number of risks in association to these: * Risk of patient harm due to the lack of timely review by the appropriate medical team. * Staffing pressures within ward areas with capacity beds that remain in use, as well as increased staff stress and levels of sickness. Also inappropriate nursing skill mix, resulting in inconsistent standards of care. * Increased cost pressures due to continued/extended use of capacity beds outside of agreed timescale's. * Potential adverse media attention due to the continued/extended use of capacity beds within the Division. * Not achieving targets, standards, KPI's. * Not achieving activity income * Increased cancelled operations leading to poor patient experience. * Reputational impact patients and external monitoring. Date of origin: 13/07/12 Date of escalation = 17/03/13	4 x 3 = 12 AMBER	3) Monitor arrangement in place to ensure medical team review outliers by contacting the Consultant base ward and or medical secretary - October 2013 4) Trust transformation projects focussed on elective and non-elective lengths of stay 5) Bed targets monitored daily and reported to TMT and Trust Board Monthly 1) Increase bed capacity (Nov 14) 2) Increase staffing to meet bed capacity (Nov 14) 6) Daily meetings instigated with Ward Sisters to improve delays in discharge 7) Centralised Patient Flow System - (link to safehands and risk 2719) (May 15) 9) Full review of planned waiting list undertaken 10) Plans in place for additional winter capacity and funding 8) Establishment of daily huddles and consistent use of planned day of discharge - linked to intesive care support team visit (Apr 15) 9) Review of outliers in Jan 15 10) Discharge huddles introduced across Medicine	1) Increase efficiency and release resource through ambulatory care, enhanced recovery and surgical site surveillance e.g. day case rates 1) Reduction in the number of medical outliers 1) Intergrated Team Manager in post 1) Winter plan agreed - additional funding available 1) Utilisation of staff from base wds, flexible capacity team and bank staff 3) Div 2 - Patients who are outliers are being reviewed by their Drs 3) 7 day Cons ward round in place across Medicine 7) Use of teletracking has improved the ability to identify outliers earlier in the day	2) Vacancies on ward 3) No of patients cancelled/lack of bed and RTT status 3) No of medical beds outlied in surgery beds 28 per day, peaking at 65 4) Discharge delays waiting for Social Services	4) Consider role for Chief of Medicine to lead transformational change 4) WMQRS report received, action plan to be developed	Dec-15 Nov-15	2 x 4 = 8 AMBER	Sep-15	Yes

CQC standards: Safe, Effective, Caring, Responsive, Well Led.

Director	Cross Ref	What is the Risk?	Level of Risk	How are we managing the risk?	Evidence that it is working.	Any Evidence that it is not working.	What else can we do?		Risk after actions	Date Last Reviewed	TB Accept Risk?
				11) Centralised Bed Management system introduced 11) ECIST action plan now in place 13) Bed model revisited now activity confirmed (Sept 15) 12) All pts on 18 week pathway discussed on weekly basis to reduce breaches							
Trust Objective:		**Maintain financial health - appropriate investment enhancement**									
Chief Nursing Officer	O4 2680	Overspend on interpreting and translation budget could lead to inadequate funding and service to patients. Date of origin: 29/03/11 Date of escalation = 16/05/12	4 x 3 = 12 AMBER	1) Audit risk assessments use when booking face to face interpreting (Nov 14) 2) KPIs in place to monitor monthly usage by department 3) Monitor interpreting provider who will manage the move to 20% less face to face interpreting usage in 10 months (Nov 14)	3) 0 complaints were logged in May 15	2) Year to date spend at £50,583 (over spent) 1) No evidence to support use of risk assessments by directorates when booking face to face interpreters	1) Review how the process is managed for face to face interpreting in high usage directorates and monitor expenditure monthly with directorate - ongoing, invices reviewed 1) Meeting between Language Line and RWT senior staff, scheduled soon to look at ways of reducing interpreting costs	Dec-15	3 x 1 = 3 GREEN	Aug-15	Yes
Chief Financial Officer	O6 2781	Significant loss of income causing the Trust to take action to address the situation. This could occur due to emergency threshold and emergency readmissions. Date of origin: 01/04/14 Date of escalation = 01/05/14	4 x 3 = 12 AMBER	1) Monthly monitoring of actual performance against planned levels. 2) Monitor negotiation with commissioners to ensure money re-invested back within the Trust. discussions with CCG in relation to year end position (Jan 15) 3) Monitor reserve set to offset potential risk exposure (Mar 15)	2) Successful negotiations delivered and reported to Finance and Performance Committee (Feb 15)		1) Board to Board engagement and whole economy plan to reduce demand on urgent care.		3 x 1 = 3 GREEN	Mar-15	Yes

Director	Cross Ref	What is the Risk?	Level of Risk	How are we managing the risk?	Evidence that it is working.	Any Evidence that it is not working.	What else can we do?		Risk after actions	Date Last Reviewed	TB Accept Risk?
Chief Financial Officer	O16 3176	Risk of commissioners inability to pay for activity over performance potentially leading to overspend / loss of income for the Trust. Date of origin: 01/04/14 Date of escalation = 01/05/14	3 x 3 = 9 AMBER	1) Negotiate through monthly contract performance reports and meetings with commissioners. 2) Monitor escalation of actions at operational finance group and contracts commissioning group (Nov 14)	1) Negotiations for year end now complete and factored into year end position.				2 x 1 = 2 GREEN	Mar-15	Yes
Trust Objective:		**Attract, retain & develop our staff & improve employee engagemen**									
Chief Operating Officer	O12 1713	Failure to effectively maximise workforce productivity; failure to routinely review consultant job plans. Date of origin: 03/06/08 Date of escalation = 11/05/11	4 x 3 = 12 AMBER	2) Areas to be contained with SPA allocation have been agreed 4) Usage reports for medical bank 3) RAG rated tool to monitor compliance against Job Plans has been developed. 1) Job plans continue to be reviewed and sign off by DMD / MD- ongoing 1) New Job Planning Policy / process to be agreed by LNC (May 15)	1) Job Planning Audit indicated a number of actions now addressed - Jun 14	1) Slow progress in terms of Job Plan completion - Dec 14 4) Medical agency costs not reducing - May 15 1) Baker Tilly follow up report indicated not all job plans reviewed - Jun 14	1) Review of medical rotas with potential to introduce electronic rostering system. 1) Develop streamlined Job Planning process - a joint communication to be issued by Chief Operating Officer and Medical Director. 1) Trust to use pilot job planning module - associated with revalidation process	May-15 May-15 May-15	3 x 2 = 6 YELLOW	Sep-15	Yes

Director	Cross Ref	What is the Risk?	Level of Risk	How are we managing the risk?	Evidence that it is working.	Any Evidence that it is not working.	What else can we do?		Risk after actions	Date Last Reviewed	TB Accept Risk?
Chief Operating Officer	2780	(High level risk) Inadequate staffing levels on CHU. At present 7.0 vacancies resulting in increased sickness levels, low morale, increased activity to 22 beds and increased day case activity.	4 x 3 = 12 AMBER	6) Reported at Directorate governance meeting as required 7) Raised at Divisional Performance Review with core team. Action plan in place 1) Recruitment taking place with consideration of overseas nurses 2.)Sickness workshops in place a on a monthly basis with HR 4) Review of workload and prioritise tasks 5) Daily escalation to Matron should any further staffing issues be identified 3) Team building sessions to be arranged with external input 8) Development Nurse based on ward supporting Juniors and reviewing Mandatory Training	3) Two team building sessions have taken place. 1) Utilising CNS to work clinically 3 days a week 7) Business case in progress to cater for addtional beds 4) Daily escalation in place to Matron 5) Record of sickness absence meetings with HR available 1) Successful recruitment 4 x trained nurses 1). 24.08.15 Appointed to 4 vacancies. Generic advert out for Band 7. Senior sister on CHU to remain in post.	1) Potential for diffucult recruitment and retention of staff 2) Potential for increased complaints and sickness levels 1) Awaiting start dates for newly recruited 4 x trained nurse posts 8) Commissioners to action University Credited Courses for Staff	8) Monitoring following new starters 5) Weekly progress reports on all staff to be reviewed 8) Practice Development Nurse based on ward supporting Juniors to undertake review of Mandatory Training	Oct-15 Dec-15 Dec-15	3 x 2 = 6 YELLOW	Sep-15	

Director	Cross Ref	What is the Risk?	Level of Risk	How are we managing the risk?	Evidence that it is working.	Any Evidence that it is not working.	What else can we do?		Risk after actions	Date Last Reviewed	TB Accept Risk?
Chief Operating Officer	3431	(High level risk) CAUSE - Poor skill mix due to change in establishment to A7, CoE 28 beds and West Park Wds 1,2&3 and Neuro Rehab., ADVERSE EVENTS (i) Difficulty in attracting the right calibre of staff and retention of existing staff (ii) Poor patient experience (iii) Poor discharge planning (iv) Adverse scores on Nursing and HR KPIs IMPACTS (i) Failure to recognise the deteriorating patient (ii) Hospital Acquired Pressure Ulcers (iii) An increase in falls, resulting in serious harm and increased length of stay (iv) Delayed discharges (v) Increased complaints (vi) Adverse scores on Friends and Family Test (vii) Poor publicity (viiii) Student nurse placements on the ward on pause Date of origin: 24/06/13 Date of escalation: 18/02/14	4 x 3 = 12 AMBER	3) Monitoring delivery of Training Needs Analysis for all members of staff on ward. 5) Weekly meetings with Divisional Management Team to monitor (and escalate risks) 6) Ward performance indicators monitored to identify issues 1) Recruit to maintain establishment considering incentives (2) Assess skill mix when planning rota to ensure required skills are available on each shift 8) Substantive Band 6's recruited. Senior staff now fully established 10) Volunteers helping out during meal times 12) Out of hours practitioners to work on A7 for three evenings a week 11) Additional nursing support provided from other wards 9) Falls champion identified 9) IP undertaking regular visits and spot checks. Matron is ward based at WPH 1) Established a link with Nurse Recruitment re preceptorship pack and recruitment packages to make them more attractive to candidates	2) Nursing staff pooled across Care of the Elderly to ensure safe staffing levels across all wards 1) Staff paid to substantive grade on bank when working on wards A7/8 1) Overseas nurses allocated. New starters in place. 3) Local agreement for two members of staff to take on the PDN role. 6) Ward performance indicators remain stable 1) Band 5 vacancy 2.1wte only 3) WTE PEF in post 1, 8) New band 7 started 31.8.15, currently on induction and handover from interim manager (from C22) 1) The ward has started to take student nurses again, waiting first evaluation report 6) Below YTD falls target at 12 (l2014/15 was 26 at this point) 6) HAPU of any grade during August 15 = 0 6) Sickness rate 4.2% July 15. Awaiting August calculation 6) Late obs for YTD 9% verses 2014/15 - 12% (trust target 5%) 8.7% week commencing 31/8/15	1) Difficulties covering vacancies with Bank staff 3) 1HCA on maternity leave 6) Ward performance indicators require improvement but remain stable 1) We are unable to recruit from national advertisement of posts on NHS jobs and had minimal success following a regional recruitment day	1&2) Need to recruit staff to A7 (A8 complete) - discussion with HR re how to achieve successful recruitment	Nov-15	3 x 2 = 6 YELLOW	Sep-15	

Director	Cross Ref	What is the Risk?	Level of Risk	How are we managing the risk?	Evidence that it is working.	Any Evidence that it is not working.	What else can we do?	Risk after actions	Date Last Reviewed	TB Accept Risk?
				1) Uplift from acuity business case agreed (Sept 15)						

Director	Cross Ref	What is the Risk?	Level of Risk	How are we managing the risk?	Evidence that it is working.	Any Evidence that it is not working.	What else can we do?		Risk after actions	Date Last Reviewed	TB Accept Risk?
Chief Operating Officer	3705	(High level risk) Traditional job plans for Consultants have stipulated intermittent ward rounds through the week. More recent data suggests daily Consultant face to face input improves patient safety and efficiency. National strategy documents will require increased Consultant ward input to allow seven day working, which is not resourced currently. If not resourced the implications are: Reduced efficiency Longer length patient stay impacting on A&E targets. Risk of increased mortality at weekends as identified by national data. Date of origin: April 2014 Date of escalation: April 2014	4 x 3 = 12 AMBER	4) Resp Consultants are working above job plans to increase direct clinical ward care. 5) Seven day working is in place to some degree - Reviewed role of Resp nurse team to provide weekend cover to support ward Consultant at weekend. 6) Good sharing of information of bed capacity allowing short term increases in ward input. 2) Short paper has been produced for the Medical Director summarising the current gap 3) Ward resource calculator has been produced documenting the resource gap between current job plans and a variety of ward round patterns. 8) Consultant expansion agreed in diabetes and respiratory to reduce gap. 1) Resp - 2 Consultants commenced post 7) Acute Medicine - Risk No.3904 Continue to recruit both internally and externally to provide robust 7 day rota 3) Diabetes - Recruitment for Consultants 9) Resp - New Respiratory Consultant backfills and advert has gone out for Consultant to cover CCH	6)) Good sharing of information of bed capacity allows short term increases in ward input. 3) Stroke advised 5th Sept that they feel that they are adequately covered on their risk register. The main issues for them now relate to consultant availability overnight. 3) Gastro approved for closure at Sept 14 Governance meeting - no resource issues 1) Resp Consultants are working above job plans to increase direct clinical ward care. 3) Renal have reviewed job plans, which pose no risk unless recruitment is sourced should B7 open. 3) Diabetes - Recruiting for 2 Consultant posts 1) Resp- no incidents relating to lack of senior cover. 1) No complaints regarding access to Consultants.	1) Limited out-patient facilities and Bronchoscopy facilities are barriers to changing Consultant timetables 4) Current job plans based on twice daily activities do not facilitate/are a barrier to ward input at the beginning and end of day . 1) Insuffcient resource currently in Respiratory to deliver the optimal model 5) Resp - Seven day working in place to some degree currently only allows trouble shooting with less emphasis on discharge efficiency. Review Resp rota in Autumn 2015 to allocate more staff at weekends. 3) Diabetes - 2 Consultants still to be recruited and start date identified. 3) Acute Medicine Risk No. 3904 - Recruitment of one of the Respiratory consultant (predicated on increased input in ED. May not cover sessions required) 5) Resp - At present it is impossible for all those patients to be seen 24/7 and represents a significant risk. There are not sufficient SpRs around to do that and little junior support either	3) Directorates - Assurance is to be provided to Division prior to any Directorate closing this risk. 4) CD meeting to look at possibilities for dedicated Consultant. It would be beneficial to have a treatment plan for handover to weekly Consultant rotation . 3) Acute Medicine (Risk No.3904) Recruitment of one of the Respiratory consultant (predicated on increased input in ED. May not cover sessions required) 3) CoE (Risk No.3847) Second attempt to recruit substantively to the Consultant vacancy 3) Renal Risk No.4034 - monitor 5) Review Resp rota Autumn 2015 with a view to allocate more crossover at weekends.	Dec-15 Nov-15 Nov-15 Sep-15 Mar-16 Dec-15	x =	Sep-15	

Director	Cross Ref	What is the Risk?	Level of Risk	How are we managing the risk?	Evidence that it is working.	Any Evidence that it is not working.	What else can we do?		Risk after actions	Date Last Reviewed	TB Accept Risk?
Chief Operating Officer	4247	Staffing establishment on ICCU will be compromised due to staff members commencing Maternity Leave. Currently there are two members of staff already on maternity leave, there will be a further 12 members of staff commencing maternity leave from October 2015. This equates to 13.14 WTE reductions in staff numbers due to maternity leave. Escalated to Division: 08/07/2015	4 x 3 = 12 AMBER	9- Sickness is followed up by telephone support and advice from Occupational Health 8- Yearly flu injections are provided by the Trust 7- There is a local policy for the annual leave 6- The off duty is being led by a Band 7 and signed off by the Matron 5- Staff shifts are being changed to cover the unit 4- Overtime is being offered at grade 3- Bank staff are used 2- Annual leave is only being allowed if it has been booked prior to 28/05/15 1- Qualified staff vacancies are filled as soon as the vacancy is identified	4- Staffing Budget returns 3, 5, 6, 7- Staff work allocation 2, 3, 5- ICCU declare points for bed availability 1- staff vacancies show on the KPI	1- Inexperienced staff may be taken on with fewer experienced staff to supervise and train them - this does not show on the KPI 2- Emergency and other leave may need to be taken that cannot be planned for 3- Staff avaiabilty on bank shifts are not compulsory 3- Overtime may not pay as much as the agency 1- 7 staff are leaving the ICCU - 3 have already left and 4 are handing notices in expected September 2015 -	3- Bank requests to be made early to allow time to cover any shortfall 3- Utilize Agency staff to cover short falls in bank fill 1- Increase the staffing establishment to cover the shortfall hours 3- Close an ICCU level 3 bed for the 12 month shortfall period	Dec-15 Oct-16 Dec-15 Dec-15	3 x 2 = 6 YELLOW	Sep-15	

Director	Cross Ref	What is the Risk?	Level of Risk	How are we managing the risk?	Evidence that it is working.	Any Evidence that it is not working.	What else can we do?	Risk after actions	Date Last Reviewed	TB Accept Risk?

Trust Objective: **Create a culture of compassion, safety & quality**

Director	Cross Ref	What is the Risk?	Level of Risk	How are we managing the risk?	Evidence that it is working.	Any Evidence that it is not working.	What else can we do?		Risk after actions	Date Last Reviewed	TB Accept Risk?
Chief Nursing Officer	O8 535	If the Trust fails to achieve reductions in Healthcare Associated Infections then this will directly impact on the Trust's NHS reputation. The TDA visited the Trust to assess against HCAI and found significant environmental concerns (Resolved July 15). The trust is off trajectory for C difficile (August 15). The risk is that compliance to the regulatory standards and objectives will not be achieved. Date of origin: 07/03/05 Date of escalation = 02/03/15	4 x 3 = 12 AMBER	1) MRSA Screening Policy in Trust audited annually August 15 2) Care home patients in community screened for MRSA in response to concerns indicated by CCG/Public Health/IP teams August 15 2) Action plan in place for Hygiene Code to be monitored by IPCG quarterly - August 15 1,2) Device reated bacteramia rreduced in 14/15 to 68 August 15 1) PCR data for Clostridium difficile monitored monthly through IPCG August 15 2) Care home participate in infection prevention and control audit and education. August 15 1) CDI Assurance process updated. Monthly reporting to IPCG on trends August 15 1,2) IV Team assist investigation on all device realted infection August 15 2) Surgical site infection surveillance monitored continuously August 15 1) Toxin positive Clostridium difficle numbers reported to commissioners monthly August 15 1) Training plan to care homes in place with numbers collated quarerly August 15	1) Fidaxomicin in use for 1st recurrance of CDI - Sept 15 1) No avoidable MRSA bacteramia case year to date. Sept 15 1) Care home prevelance within normal range Sept 15 1,2) Environment Augdit scores averaging 89.30%, Amber August 15 1,2) TDA Assured of environmental controls on HCAI visit July 15 1) Community cases of C difficile stabilised Sept 15	1,2) Catheter associated urinary tract infection surveillance not currently in place September15 1,2) Urinary catheter process for removal in the community not consistently in place Sept 15 1) MRSA screening data not automatically fed due to lack of HL7 feed Sept 15 1) CDI breached ceiling of 35, 38 to date (14/09/15)	1-14) Antimicrobial Stewardship Strategy in draft form, pending successful business case for additional Antimicrobial Stewardship support. Develop new action plan to address trust wide issues relating to CDI	May-15 Sep-15	1 x 4 = 4 YELLOW	Sep-15	Yes

Director	Cross Ref	What is the Risk?	Level of Risk	How are we managing the risk?	Evidence that it is working.	Any Evidence that it is not working.	What else can we do?	Risk after actions	Date Last Reviewed	TB Accept Risk?
				1.2) Urinary catheter policy audited six monthly August 15 1,2) Able to identify high risk areas for MRSA and develop action plan to reduce issues August 15 2) Action Plan to address TDA concerns managed through sharepoint August 15 2) Matrons and ward sisters auditing the environment monthly August 15						
Chief Operating Officer	937	Sewage problems in Gynaecology Outpatients Department: Toilets/sinks/sewage may flood when waste levels rise above level supported by the drainage system over the block including issues with the macerators within the Unit. There is a risk that staff, patients and visitors may be exposed to hazardous waste causing a risk of infection and also that clinics may need to be cancelled.(Obstetric Risk - 3568). Planned work is proposed over the next 3 years.	3 x 4 = 12 AMBER	2) Macerator-friendly wipes introduced 3) Incidents are reported when sewage and/or water overflow occurs 4) Estates Dept. has replaced/fixed some drainage 1) Ongoing monitoring to ensure that problem is now fixed or if not how frequently incidents occur 5) Funding agreed to do all of the works required over the next 12 months.	1) Trend analysis carried out on regular basis 2) Macerator friendly wipes readily available on ward 3) Incident forms available	3) Further ceiling collapse relating to water not raw sewage Jan 14 3) Ceiling collapse in colposcopy room July 2014 foul water (flooded Gynae Ward before coming through ceiling) 4) All drainage systems have not been addressed 3) Further ceiling collapses in scanning room in Sept 2014 3/ Further incidents of raw sewerage flooding Gynae OPD June 15	Estates planning to enlarge drains to reduce problem Awaiting update from estates Basement Work to commence Sep-15 Planning meetings commenced Sep-15	1 x 2 = 2 GREEN	Sep-15	

Director	Cross Ref	What is the Risk?	Level of Risk	How are we managing the risk?	Evidence that it is working.	Any Evidence that it is not working.	What else can we do?		Risk after actions	Date Last Reviewed	TB Accept Risk?
Chief Operating Officer	O4 2828	Staffing issues may potentially impact the quality of care provided which may result in the T&O wards not consistently achieving expected standards. There are issues with the current staff skill mix, number of vacancies resulting in a lack of senior expert Nurses, difficulties associated with recruiting staff who have the appropriate competences and medical engagement. This risk assessment has been updated and supercedes the previous risk assessment 3685. Date of origin: 07/10/11 Date of escalation: 14/02/13	4 x 3 = 12 AMBER	1) Recruitment strategy in place - Trust recruitment day Apr 15. 2) Review of staffing establishment to address staffing deficits/skill mix - competency levels 3) Critical Care Outreach visit the ward each shift - offer help and training 4) Clinical Lead for T&O to support Clinical Director on RWT site is now in post 5) Development of the Professional Education Facilitator (PEF) role 6) Staff working across the T&O Directorate to balance skill mix 7) Action Plan in place and review fortnightly with the Divisional Management Team 8) Ward based medical staff and daily Consultant ward rounds 9) Trust recuitment strategy - looking to explore further overseas recruitment (Europe only) 11) Plans have been developed to close beds (12 closed) to improve the ratio on the ward/reduce the burden on current staff members 10) Review of Cannock utilisation 13) Use of Specialist Nurses in escalation periods or extreme activity/reduced staffing	1) Matron appointed to Directorate (Commenced Dec 14) 4) Improvement in mandatory training compliance 1) Interim ward manager on A6 for 3 months 7) No serious incidents (excluding PUs/Infection) reported to STEIS since October 2014 9) Approval for recruitment of Orthogeriatrician 17) FFT A5 uptake 44% achieving, 86% recommendation, A6 30% achieving, 70% recommendation 9) Recuitment of 5 x Band 5s 9) Recuited Band 7 to commence on A6	2) Reluctance of uptake to fill/cover Bank shifts. Bank shifts often remain unfilled. Additional risk if increased number of Bank staff uptake as they may not be familiar with the ward. 2) Incidents being reported by nursing staff (Datix examples: 130933, 131834, 131732) 4) Some elements of standard Trust practice are not being rigorously being followed i.e completion of management plans in patients notes 1) Absence of a Band 7 Ward Manager - A5 1) Interviews for Band 7 not successful 1) Trust recruitment day was not successful 5) Post will become vacant from Sept 2015 11) Issues with morale on the wards, staff raising concerns which are being addressed by the Management Teams	2) Instigate specific Orthopaedic Nurse competencies to newly appointed and currently employed staff 9) Exploring further recruitment options 2) Consider rotation plans for newly qualified 10) Review with Executives (GN and JO) additional capacity that can be placed at Cannock to best utilise Hilton Main 9) Explore the role of a Band 4 Creating Best Practice Workstream: Rotation Programmes for Newly Qualified has commenced 9) Re-advertisement of PEF post 9) Review bank incentivisation with HR	Sep-15 Sep-15 Sep-15 Jan-16 Dec-15 Nov-15 Sep-15 Sep-15	2 x 2 = 4 YELLOW	Sep-15	Yes

CQC standards: Safe, Effective, Caring, Responsive, Well Led.

Director	Cross Ref	What is the Risk?	Level of Risk	How are we managing the risk?	Evidence that it is working.	Any Evidence that it is not working.	What else can we do?		Risk after actions	Date Last Reviewed	TB Accept Risk?
				12) Twice weekly meeting with Specilaist Nurses and Band 6s to address quality issues and keep staff informed of developments 15) Matron Comfort Rounds have been introduced to monitor and improve quality 14) Utilsation/consistent use of the Trusts core care plan 16) Complaints and Compliments are being shared with staff to ensure lessons are being learnt at monthly ward meeting 17) Family & Friends results displayed in the Staff Room							
Chief Operating Officer	2836	Unreliable equipment in Cath Labs. Compromises emergency and elective throughput. Delay in obtaining parts to repair. (Lab 1 and Lab 3 have been replaced in the last 12 months by Philips. Lab 2 is old and requires replacing - planned for 2016/17).	4 x 3 = 12 AMBER	2. Meeting held with Senior Managers at Philips who have arranged an audit of both Lab 1 and Lab 3 and to take remedial work ASAP at weekends 1. Faults reported swiftly to Philips 4. Philips have agreed to only send Senior Staff to RWT to deal with problems 3. Philips will remote monitor labs and link in with MPE 5. Philips have agreed for 90% of parts to be stored in a warehouse in the UK (Coventry) from October 2015	4. Senior Staff from Philips in Holland have undertaken review of Labs and repairs in August 2015	1. Two further faults identified on 10/08/2015 after work on Lab over the weekend by Philips. An engineer assessed and ordered parts which did not arrive until late 12/08/2015	Lab 2 to be replaced Continued meetings with Philips Preparing a settlement against Philips in respect of cancelled procedures and over-time worked by staff to support repairs by Philips Consider tendering for a Siemens MRI Scanner in A&E	Apr-16	3 x 2 = 6 YELLOW	Sep-15	

Director	Cross Ref	What is the Risk?	Level of Risk	How are we managing the risk?	Evidence that it is working.	Any Evidence that it is not working.	What else can we do?		Risk after actions	Date Last Reviewed	TB Accept Risk?
Chief Operating Officer	O1 2898	(High level risk) Risk to patient safety, experience, privacy, dignity and comfort due to patients having to wait in ambulance off load area to be seen in ED due to a lack of space and lack of 'flow' through the hospital Link to risk 3051- Insufficient bed capacity Date of origin: 27 Feb 2012 Date of escalation: 25 Feb 2013	4 x 3 = 12 AMBER	3) Daily monitoring process in place to ensure appropriate action is taken to prevent the delay of safe treatment for patients 1) Increase capacity within A&E 2) Monitor A&E targets (waiting times and ambulance handover times) 4) Introduction of Rapid Assessment and Triage room 5) 'Safe staffing for nursing in A&E department' guidance has been drafted for consultation 6) Internal protocol to support the management of patients in AOA in place (available on the intranet)	1) Utilisation of CDU has improved 3) Corridor staffed 3) Increased staffing in ED (Ratio of 1 to 5 from 1 to 9) 3) Increased consultant cover until 2:00am 6) No issues with the protocol	2) Delays in patient transfer - linked to bed availability / bedflow / waiting to be transferred 1) Increase in number of ambulances 3) High turnover of nursing staff 5) 'Safe staffing for nursing in A&E department' guidance is in draft	1) and 2) Build new UECC and move in to the new build 3) Recruit nursing staff (in line with the agreed increased ratio of 1 to 5) 3) To recruit staff for the UECC (Urgent Emergency Care Centre) 3) Continue to review staffing for the corridor	Dec-15 Sep-15 Dec-15 Dec-15	2 x 3 = 6 YELLOW	Sep-15	Yes

Director	Cross Ref	What is the Risk?	Level of Risk	How are we managing the risk?	Evidence that it is working.	Any Evidence that it is not working.	What else can we do?	Risk after actions	Date Last Reviewed	TB Accept Risk?
Medical Director	O4 3486	Risk of possible inappropriate oncological Neoadjuvant treatment of patients with rectal cancer between 2003 and 2009 leading to adverse patient experience (SUI's, complaints, litigation and media attention). Date of origin: 03/09/13 Date of escalation = 03/09/13	3 x 4 = 12 AMBER	1) A formal external review into the allegations has been completed (Nov 14) 2) The review has confirmed that non standard treatment was used in specific groups of patients.			1) Reference panel established to review outcome of investigation in order to define and Action Plan 1) The Panel decision was that under the duty of candour patients treated with non standard treatment would be informed of this. 1) A review of patients between 2005 - 2009 has identified 55 patients receiving non standard treatment and they or surviving relatives have been written to and invited to have a discussion about the treatment given. 1) Consideration is currently being given to how the 2003 - 2005 patients will be identified.	3 x 3 = 9 AMBER	Sep-15	Yes

Director	Cross Ref	What is the Risk?	Level of Risk	How are we managing the risk?	Evidence that it is working.	Any Evidence that it is not working.	What else can we do?	Risk after actions	Date Last Reviewed	TB Accept Risk?
Chief Nursing Officer	3644	Failure to make an improvement in compliance gaps will impact the Trust's registration status with CQC. Date of origin: 14/01/14 Date of escalation = 14/01/14	3 x 3 = 9 AMBER	2) Monitor recruitment plan (Nov 14) report to Trust Board monthly 3) Monitor monthly performance through the nursing midwifery KPIs for signs of deterioration (Nov 14) 4) Monitor capital funded environmental refurbishment in areas highlighted by the CQC requiring improvement 1) Monitor IMR quarterly (Nov 2014) 6) Monitor staffing establishments nursing reviewed and re-calculated bi-annually 5) Compliance to action plan refreshed (Jan and Apr 2015). Compliance reported through Trust Governance framework	3) Initial business case was approved by the Board and the CCG to fund additional nursing staff, investment now in place. Decrease in vacancies. 4) Overseas recruitment successful in bringing 4 cohorts of nurses into the Trust. All suitable new graduates from Wolverhampton University offered registered nurse posts in the Trust. Recruitment Manager working with HoN/M to determine areas for recruitment and monitored via Workforce Action Group. 5) Nursing and Midwifery KPIs moved to Health Assure reporting and emailed out to ward sisters/matrons and HoNs monthly. 6) Refurbishment of Mortuary body store and viewing room due mid April 2015 1) DCNO/HoNs/Governance have undertaken a review of areas inspected by the CQC (Nov 14) 2) A system of internal review is in development to run mini CQC audits 7) CQC intelligence monitoring report for Dec '14 indicated low risk (6)	1) Electronic Rostering demonstrates more work needs to be done on using e roster to fully to maximise staff resource 2) Sickness absence needs to be driven down to Trust average in all ward areas. 3) Vacancy rates remain high in some areas	5) Monitor monthly staffing submitted on Unify to NHSE to check Trust is compliant with 80% or above fill rate for staffing planned versus actual 5) Identify absence above 3% and have plans in place to manage on each ward 5) Matrons are required to double approve rosters before being published. 4) Open/recruitment day scheduled for 25/4/15	2 x 2 = 4 YELLOW	Apr-15	

Director	Cross Ref	What is the Risk?	Level of Risk	How are we managing the risk?	Evidence that it is working.	Any Evidence that it is not working.	What else can we do?		Risk after actions	Date Last Reviewed	TB Accept Risk?
Chief Nursing Officer	4101	In the absence of any dedicated decant facility the annual and post outbreak deep clean programme cannot be carried out efficiently or to its full effect. In addition the Trust's Isolation Policy (appendix 10) in which an isolation facility may be opened if there is a hospital wide outbreak (e.g. Clostridium difficile) cannot be effected. This will lead to a lower standard in environmental cleanliness, less control over infections, lack of compliance with the Code of Practice for Healthcare Associated Infection and CQC Outcome 8 and loss of reputation for the organisation. Date of escalation 01/06/15 Date of expected closure 01/01/16	4 x 3 = 12 AMBER	2) Electronic surevillance is in place to identify alert organisms quickly Sept 15 1) The IPCG recieveds a monthly update on progress with the Deep Clean ProgrammeSept 15 1) The Environment Group (sub Group of the IPCG) monitors the deep clean programme monthly and addresses difficultlies completing areas Sept15	2) Current surveillance data does not suggest the need to open a dedicated isoaltion facility 1) All high risk areas deep clenaed room by room 14/15	1) Negative HCAI inspection by the TDA on the New Cross Site	1) Identify a suitable location for a decant facility in the Trust's operational plan. 1) Establish a method of safely equipping a decant facility that will enable ward equipment to be cleaned during a decant	Nov-15 Nov-15	2 x 3 = 6 YELLOW	Sep-15	

Director	Cross Ref	What is the Risk?	Level of Risk	How are we managing the risk?	Evidence that it is working.	Any Evidence that it is not working.	What else can we do?		Risk after actions	Date Last Reviewed	TB Accept Risk?
Chief Operating Officer	4114	Potential adverse clinical risk of TB Infection and sub-optimal treatment of Bladder Cancer due to short supplies of the BCG vaccine. The BCG vaccine ordering is temporarily on hold. Public Health England (PHE) are currently experiencing delays with the supply of BCG vaccine from the manufacturer and routine ordering through ImmForm has now been stopped (expected to open ordering again in May 2015, this has now been delayed to August 2015).	4 x 3 = 12 AMBER	1. Prioritise the limited stock - the most effective use of BCG vaccine is for the protection of very young individuals to prevent miliary tuberculosis and tuberculosis meningitis. 2. Each pack of BCG vaccine contains ten vials with a minimum of ten doses per vial and efforts should be made to ensure efficient use of existing stocks to avoid wastage 3. The Trust are still receiving some supplies and as a Trust neonatal vaccination has been prioritised but there are still times when we have no vaccine and so babies are referred to a waiting list for vaccination once supplies are back to normal. 4. Informing NHS England on a regular basis of our supplies and waiting list		3. Waiting List - 252 (This includes babies who have transferred into the area, plus those who were unsure whether to have vaccine whilst in hospital). Approx 168 are referrals from maternity so referred when we have no vaccine plus those who were unsure whether to have vaccine whilst in hospital	1 & 2. Efforts should be made to ensure efficient/effective use and prioritisation of existing stocks to avoid wastage 1 & 2. Undertake risk assessments of current supply and impact	Sep-15 Sep-15	2 x 1 = 2 GREEN	Sep-15	

Director	Cross Ref	What is the Risk?	Level of Risk	How are we managing the risk?	Evidence that it is working.	Any Evidence that it is not working.	What else can we do?		Risk after actions	Date Last Reviewed	TB Accept Risk?
Chief Operating Officer	4154	Lack of rehabilitation equipment/non provision as per ILS /Social Services Contract. Impact of lack or equipment is: Detrimental impact on hospital discharges as prescribed equipment to facilitate discharge is delayed or not available. Increased length of stay. Reduces bed capacity for admissions. Decreases rehabilitation outcomes for community patients which may result in possible admission, need for increased care provision and may lead to deterioration in health. Poor patient experience Origin Date: 2014 Escalation: May 2015	4 x 3 = 12 AMBER	1) Constant liaison with Independent Living Service (ILS) (Provider) service to request equipment and priortise patient needs 2) Escalation to Division and Trust Contracts Dept re: non-performance against contract 3) Contracts dept meeting with ILS/CCG 4) ILS action plan in place following August meeting	4) Monitoring of ILS action plan	1) Despite liaison euqipment stock is either not available or inadequate stocks for demand 2) No improvement seen in overall provision of equipment 2) Lack of response from escalation to Contracts team	1,2) Continue to monitor issues reported by staff 1, 2) Attend action plan monitoring meeting October 2015	Oct-15 Oct-15	2 x 1 = 2 GREEN	Sep-15	

Director	Cross Ref	What is the Risk?	Level of Risk	How are we managing the risk?	Evidence that it is working.	Any Evidence that it is not working.	What else can we do?		Risk after actions	Date Last Reviewed	TB Accept Risk?
Chief Operating Officer	4163	(High level risk) Failure of patients to receive timely and appropriate treatment for renal disease / acute kidney Injury due to Inability to admit to specialist ward within tertiary service causing significant delays for patients awaiting to be admitted leading to Increased clinical risk for patient outcome	4 x 3 = 12 AMBER	1) IHT / TCI board on male ward re-organised to include: Patient Name, Hospital No', Ward, Accepting Consultant, Date Accepted and Priority for Transfer 2) Patients listed on IHT/TCI board prioritised daily to reflect changes to clinical need 3) Service to "consume own smoke" by transfer (swap) or discharge of patients to accommodate IHT / TCIs (In agreement with Senior Managers and Capacity team during periods of Trustwide Bed Pressures) 4) Local Authority of patients Identified on ward handover sheets to aid patient repatriation/swap 6) Escalate Risk to Divisional Core Group 5) Referring Medical Team to explore possibility of alternative tertiary centres accepting patients when no bed available at RWT and clinical condition requires immediate transfer 7) Ringfenced unisex acute Renal bed	6) Risk escalated to Division and accepted as High Level Risk	1) Reliance on Medical Staff to alert ward team 2) Availability of patients to transfer and agreement from receiving hospital bed management team 3) Lack of knowledge of LA Detail 4) Lack of availability of beds elsewhere within Renal Network	4) All Incidents of failure to admit patient to RWT Renal Service to be Datixed	Mar-16	3 x 2 = 6 YELLOW	Sep-15	