

**UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST**  
**BOARD OF DIRECTORS**  
**THURSDAY 25 JULY 2019**

<b>Title:</b>	<b>RISK REPORT QUARTER 1 2019/20</b>
<b>Responsible Director:</b>	David Burbridge, Director of Corporate Affairs
<b>Contact:</b>	Berit Reglar, Deputy Foundation Secretary, ext. 14324 Peter Moon, Corporate Risk Lead, ext. 13708

<b>Purpose:</b>	To present an update to the Board of Directors with information and assurance relating to high level (strategic and operational) risks within the Trust.	
<b>Confidentiality Level &amp; Reason:</b>	None	
<b>Strategy Implementation Plan Ref:</b>	Choose an item.  ALL	
<b>Key Issues Summary:</b>	<p>The controls and assurance for each of the strategic risks have been reviewed with Executive Team Members and this is reflected in the Board Assurance Framework (Appendix A – BAF Q1 2019/20). The following changes are put forward for approval:</p> <ul style="list-style-type: none"> <li>• SR1/18 <i>Financial deficit in excess of planned levels</i> – the current score of this risk has been increased to reflect the current financial position of the Trust</li> <li>• SR2/18 <i>Cash flow affects day to day operations of Trust levels</i> – the current score of this risk has been increased to reflect the current financial position of the Trust</li> </ul> <p>The Corporate Risk Register Report (red risks from operational areas) is included for approval (Appendix B). Mapping of strategic risks to Trust priorities is included for information (Appendix C).</p>	
<b>Recommendations:</b>	<p>The Board of Directors is asked:</p> <ol style="list-style-type: none"> <li>1. To note and approve the updates to the BAF (App A);</li> <li>2. To approve the increase in the Current Score of SR1/18;</li> <li>3. To approve the increase in the Current Score of SR2/18;</li> <li>4. To approve the Corporate Risk Register Report (App B);</li> <li>5. To note the contents of Strategic Risk Mapping (App C).</li> </ol>	
<b>Approved by:</b>	David Burbridge	<b>Date:</b> 15 July 2019

# UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

## BOARD OF DIRECTORS

THURSDAY 25 JULY 2019

RISK REPORT QUARTER 1 2019/20

### PRESENTED BY DIRECTOR OF CORPORATE AFFAIRS

#### 1. Introduction

This report provides information and assurance to the Board of Directors in relation to the management of high level strategic and operational risks within the Trust. Information regarding strategic risk is provided through the Board Assurance Framework (BAF), information regarding operational risk is provided through the Corporate Risk Register report. Both of these documents are reviewed and updated on a quarterly basis with members of the Executive Team.

#### 2. Strategic Risk - Board Assurance Framework

2.1 The resource of the Board of Directors is finite, members cannot be present at every meeting to oversee every transaction and therefore the responsibility for carrying out day to day activity falls to the Trust's management.

2.2 As a result of this approach, the Board of Directors requires regular assurance that the Trust is progressing to achieve its strategic objectives in the expected way with the expected outcomes. This includes threats to achievement (risk), internal controls that have been put in place and actions that are planned.

2.3 The sum of assurances received by the Board of Directors constitutes the Board Assurance Framework, the purpose of which is to:

- Describe the Trust's key strategic risks as identified by members of the Executive Team;
- Confirm the initial, current and target level for each of these strategic risks;
- Identify how each risk is being managed (the controls in place);
- Confirm the type of assurance offered for each control and how it is reported;
- Identify any further action required to reduce the risk to an acceptable level and when these actions will be complete.

2.4 The updated version of the BAF, which has been reviewed with members of the Executive Team, is included at Appendix A to this report.

### 3. Strategic Risk Register

The strategic risks for the Trust have been agreed by members of the Executive Team as follows (new owners and designations are identified in brackets):

Ref	Risk	Owner	Initial (LxC)	Current (LxC)	Target* (LxC)	Change in ¼
SR3/18	Prolonged and/or substantial failure to meet operational performance targets.	COO	25 (5x5)	20 (5x4)	9 (3x3)	↔
SR4/18	Increasing delays in transfer of care from UHB sites in excess of agreed targets	DoP	25 (5x5)	16 (4x4)	9 (3x3)	↔
SR12/18	Unable to maintain and improve quality and quantity of physical environment to support the required level of service	CTO	25 (5x5)	16 (4x4)	9 (3x3)	↔
SR5/18	Unable to recruit, control and retain adequate staffing to meet the needs of patients	CWIO	20 (5x4)	16 (4x4)	12 (3x4)	↔
SR13/18	Failure to realise the opportunities and benefits of merger	CWIO	20 (5x4)	16 (4x4)	8 (2x4)	↔
SR7/18	Failure of IT systems to support clinical service and business functions	MD	25 (5x5)	12 (3x4)	4 (2x2)	↔
SR2/19	Ability to deliver high quality of care if withdrawal from the EU continues with no agreement in place	DCA	25 (5x5)	12 (4x3)	8 (4x2)	↔
SR1/19	Prolonged and/or substantial failure to deliver standards of nursing care	CN	20 (5x4)	12 (3x4)	6 (3x2)	↔
SR1/18	Financial deficit in excess of planned levels	CFO	20 (5x4)	12 (4x3)	6 (2x3)	↑
SR8/18	Adverse impact of BREXIT on Trust innovation agenda	CIO	16 (4x4)	12 (4x3)	8 (4x2)	↔
SR2/18	Cash flow affects day to day operations of Trust	CFO	15 (5x3)	12 (4x3)	6 (2x3)	↑
SR6/18	Material breach of clinical and other legal standards leading to regulatory action	DCA	16 (4x4)	8 (2x4)	4 (1x4)	↔
SR10/18	Failure of commercial ventures	CWIO DCA CFO	20 (4x5)	6 (2x3)	6 (2x3)	↔

- **Initial Score** – The risk score with no controls (likelihood x consequence).
- **Current Score** – The risk score taking into account the controls that have been applied (likelihood x consequence).
- **Target Score** – The risk score that reflects an acceptable score for the risk (likelihood x consequence).

Indicator	Change in the Current Score of the risk
↔	The Current Score of the risk remains the same as the last quarter
↑	The Current Score of the risk has increased since the last quarter
↓	The Current Score of the risk has decreased since the last quarter

\*This is a proposal by the risk owner and will be considered and agreed by the Board of Directors to reflect their risk appetite.

#### 4. Strategic Risk Updates

- 4.1 SR1/18 *Financial deficit in excess of planned levels* – the current score of this risk has been increased to reflect the current financial position.
- 4.2 SR2/18 *Cash flow affects day to day operations of Trust levels* – the current score of this risk has been increased to reflect the current financial position.
- 4.3 Updates on progress in managing each risk are provided by the risk owners as follows:

<b>SR1/18</b>	<b>Financial deficit in excess of planned levels</b>
<b>Owner – CFO</b>	
<p><b>Update:</b></p> <p>The Trust delivered the agreed 2018/19 financial plan (deficit of (£38.0m)). This partly relied on one-off savings and gains, which along with the under achievement of recurring CIP savings means that the Trust faces further financial challenges in 2019/20, this has been reflected in the increase in the Current Score.</p> <p>The 2019/20 financial plan was agreed by the Board of Directors in May 2019 following length commissioner negotiations and eventual arbitration. The Trust has been offered up to £36.2m of central funding if it agrees to deliver the £0 breakeven “control total” set by NHSI. The latest report to the Board of Directors (April – May 2019) showed the Trust as being (£1.5m) worse than plan at this early stage of the financial year, partly as a result of under delivery against the annual CIP savings targets.</p> <p>The roll out of SLR and Patient Level Cost Benchmarking (Albatross) to identify further efficiency opportunities (due to be completed by April 2019) is partially complete.</p>	

<b>SR2/18</b>	<b>Cash flow affects day to day operations of Trust</b>
<b>Owner – CFO</b>	
<p><b>Update:</b></p> <ul style="list-style-type: none"> <li>• At the end of May, Trust cash balances were reported as £38.4m, which was £18.3m below plan. The month end cash balance for the end of June is likely to be lower still. This has led to an increase in the Current Score which is caused by the following: <ul style="list-style-type: none"> <li>○ Commissioners paying the Trust at 2018/19 rates until contracts are signed.</li> <li>○ Central funding for 2018/19 (£18.0m) has not been received.</li> <li>○ 2019/20 Quarter 1 central funding not being received.</li> <li>○ Trust is clearing unpaid invoices and paying suppliers faster than planned.</li> </ul> </li> <li>• Sales ledger and treasury management teams and processes are aligned.</li> <li>• Cash management measures are discussed in fortnightly cash meetings. Measures are already in place to meet requirements for this as and when required.</li> </ul>	

<b>SR3/18</b>	<b>Prolonged and/or substantial failure to meet operational performance targets.</b>
<b>Owner - COO</b>	
<p><b>Update:</b></p> <p>A&amp;E 4 Hour wait – Overall Trust performance improved by 1.0pp to 70.2%. System performance improved to 82.3%. Pressure on the Trust continues with an average daily attendance of 1,122 patients. Performance at QEHB improved significantly by 8.6pp compared to the previous month. Heartlands and Good Hope saw deterioration in performance of 2.8pp and 3.4pp, compared to April.</p> <p>Cancer 62 day – Performance for the Cancer 62 day GP referral target deteriorated by 1.5pp to 70.7% in April. The 62 day screening performance was above target at 90%. Performance for the 31 day first treatment target fell 0.8pp to 94.3%, whilst subsequent surgery deteriorated by 2.3pp to 93.8%.</p> <p>There is a focus on giving diagnosed patients dates for surgery with capacity being maximised through the use of WLIs, weekend working, recycled operating lists and the use of capacity flexibly across the Trust.</p> <p>Cancer Breast symptoms - The 2 week wait breast symptoms and suspected cancer targets were below target at 51.8% and 86.2%, respectively. Breast performance continues to be the key contributor to under delivery of the 2ww wait suspected cancer target, although there has been a 14.3pp performance improvement since March. A deterioration in performance for suspected skin cancer has also contributed to the current position. There has been a spiked increase in skin referral demand which has exceeded available capacity.</p> <p>Capacity continues to be added through the use of agency locums with existing capacity prioritised for the highest risk patients. Daily monitoring is in place to ensure all available capacity is utilised and clinics are also being overbooked to further accommodate the longest waiting patients.</p> <p>RTT Incomplete pathways – In April, overall performance for 18 week incomplete pathways remained relatively static at 86.4%. Twelve specialties were below target.</p> <p>RTT Waiting list size - The waiting list size grew by 1258 (1.5%) in April compared to the previous month. The March 2018 position will continue to be the baseline for the 2019/20 planning guidance requirement to maintain or reduce the RTT waiting list.</p> <p>Operations cancelled on day of surgery – The number of operations cancelled on the day of surgery was relatively static compared to March at 278. QEHB had four breaches of the 28 day guarantee, with a breach each in Liver Surgery, Ophthalmology, Burns and Plastics and Urology. The patients were rebooked and have now been treated.</p>	

SR4/18

**Increasing delays in the transfer of care from UHB sites in excess of agreed targets**

**Owner – DoP**

**Update:**

The availability of additional social care funding via the iBCF and joint working between social care, health commissioners and providers has supported an improvement in social care DTOC performance with the overall DTOC for the Trust in April close to the NHSE target of 3.5%.

Work continues on the BSOL STP Early Intervention work stream to deliver longer term sustainable benefits to outcomes for older people who require access to urgent treatment and care. This work involves all system partners and is supported by Newton-Europe. Between January and June 2019 the programme has focused on developing a number of pilot test beds in the South of the city looking at:

- Development of a more integrated urgent/emergency care service at the QEHB front door including colleagues from BCC and Birmingham Community Healthcare NHS Foundation Trust (BCHC).
- The piloting of a new intermediate care bedded facility at the Norman Power Centre. A first phase involving the transfer of Enhanced Assessment Bed (EAB) capacity currently used by UHB and BCHC out of the independent care home sector into the Norman Power Centre occurred in November 18. This facility is owned by BCC. The service is run by UHB and a design team will be established with Newton-Europe and our system partners to design an intermediate care bedded service and pathways.
- The development of a home based community team that has been piloted in Edgbaston. This will be primarily led by BCC and BCHC but the design team will incorporate UHB representatives to ensure their experience and knowledge of community based delivery is included.

Testing is now close to completion and partners are presently working through plans for rollout across the city commencing towards the end of Q2 2019.

In parallel existing specific Birmingham City Council (BCC) DTOC reduction initiatives will continue across the rest of Birmingham and are overseen at a system level by the A&E Delivery Board.

Whilst health delays have reduced in recent months they remain a significant and growing proportion of DTOCs. A weekly Systems Working Group has been established to review current processes and the CCG have recently appointed, on an interim basis a new Commissioning Support Unit to reduce delays relating to Continuing healthcare assessment, funding approvals and care home placements. Whilst the new CSU has delivered some benefit further improvements are required and these will be monitored by the working group. The working group is chaired by a UHB representative and this level of focus has already contributed to a reduction in NHS delays. The BSOL CCG is shortly to go out to procurement for a provider to manage the Continuing Healthcare process and they are expected to be in place by the end of 2019. The model proposed by the CCG would see CHC assessments wherever possible no longer taking place in either hospital or intermediate care bed settings. A significant number of delays relate to the time taken to complete this process in these settings so it is envisaged that this new approach will deliver a material reduction in health related delays.

<b>SR5/18</b>	<b>Unable to recruit, control and retain adequate staffing to meet needs of patients</b>
<b>Owner – CWIO</b>	
<p><b>Update:</b></p> <ul style="list-style-type: none"> <li>• Support for the Nurse Associates programme continues on track with proposals to expand the programme being presented to CEAG for approval.</li> <li>• Support for the realignment of management structures within clinical divisions is complete with the new structures operational from June 2019.</li> <li>• The Trust’s Appraisal process has been reviewed and updated.</li> <li>• Requirements of the national pay agreement continue to be implemented and communicated to staff where required. HR departments across the Trust have been aligned to ensure greater consistency and support to Divisional teams.</li> <li>• Discussions with IBM relating to a single ESR continue.</li> <li>• The internal audit report from KPMG relating to the management of the Tier 2 Visa system has provided significant assurance with minor improvement opportunities.</li> </ul>	

<b>SR6/18</b>	<b>Material breach of clinical and other legal standards leading to regulatory action</b>
<b>Owner - DCA</b>	
<p><b>Update:</b></p> <ul style="list-style-type: none"> <li>• The Trust is planning for the next CQC inspection which is anticipated in autumn 2019. In readiness for the inspection, a review of previous data requests is being undertaken to prepare areas not previously inspected.</li> <li>• The required improvements from the last CQC inspection are being implemented.</li> <li>• 25% of decision making staff (8d plus Consultant grades) have made a conflict of interest declaration in Q1. The Corporate Compliance team continue to support staff in completing these mandatory returns.</li> <li>• A review carried out by GGI relating to the Well Led Framework has commenced and is due to be completed by the end of August 2019.</li> <li>• Legacy contracts are being reviewed.</li> <li>• The Improvement Plan for the Data Security and Protection Toolkit is ongoing. Progress is monitored through the Information Governance Group and assurance provided to the Audit Committee.</li> <li>• The Health and Safety Group has reviewed the Competent Person role to provide guidance relating to Specialist requirements.</li> </ul>	

<b>SR7/18</b>	<b>Failure of IT systems to support clinical services and business</b>
<b>Owner - MD</b>	
<p><b>Update:</b></p> <ul style="list-style-type: none"> <li>• A paper regarding Data Centres was presented to CEAG for approval.</li> <li>• ICT are supporting the PAS project board and DHG in the ongoing transformation of services.</li> <li>• EPR rollout is being aligned to accelerate the delivery across Heartlands, Goodhope and Solihull sites. Paper to CEAG is due in August</li> <li>• ICT provide ongoing assurance regarding cyber security to Audit Committee.</li> <li>• ¼ report to CEAG on ICT programs, workforce, performance, capability and cyber position</li> <li>• Informatics ISO9001 accreditation action plan has been agreed. Work has begun on the implementation plan.</li> </ul>	

<b>SR8/18</b>	<b>Adverse impact of BREXIT on Trust's innovation agenda</b>
<b>Owner – CIO</b>	
<p><b>Update:</b></p> <ul style="list-style-type: none"> <li>• Access to research drugs is a major concern and logistical solutions for time limited drugs may be especially vulnerable.</li> <li>• Current staffing levels have seen no adverse effect at this time locally.</li> <li>• Regulations for the approval of new drugs and access to them is unclear, as is the future role of the MHRA.</li> <li>• Potential impact on quality control at borders and the ability to rely on the timely supply of drugs is unknown.</li> <li>• The supply of fluids in areas such as Renal Dialysis is of particular concern.</li> <li>• Funding agreements for research until the end of Horizon 2020 will be honoured in full, the situation beyond this time remains uncertain.</li> <li>• MHRA are in discussions with the European Drugs Authority (EDA) to look into a consistent approach in the event of a no-deal Brexit.</li> </ul>	

<b>SR10/18</b>	<b>Failure of commercial ventures</b>
<b>Owner – CWIO/DCA/CFO</b>	
<p><b>Update:</b></p> <p>The Specialist Hospital Facility continues to be the largest commercial venture for the Trust.</p> <ul style="list-style-type: none"> <li>• The Board of Directors accepted the outstanding uninsured risks and Financial Close was achieved in February 2019.</li> <li>• The outstanding matter relating to the rerouting of 2 data cables from the Wolfson Building is near completion. All preparatory work has been completed. KComm will now begin the critical pull through.</li> </ul>	



<b>SR12/18</b>	<b>Unable to maintain and improve the quality and quantity of physical environment to support required level of service</b>
<b>Owner – CTO</b>	
<p><b>Update:</b></p> <ul style="list-style-type: none"> <li>• ACAD full business case now submitted to DoH and NHSI to await decision regarding funding.</li> <li>• Phase 1 and 2(i) of HGS fire compartment project now complete. Implementation for remaining stages is being aligned with works for WIFI project.</li> <li>• QE Fire survey commissioned – to be complete by end Q2 18/19.</li> <li>• Planned preventative maintenance survey of QE Estates to be commissioned.</li> <li>• 6 Facet Survey to be undertaken by external consultants (ARCHUS).</li> <li>• Meetings with West Midlands Fire Brigade to discuss and resolve passive fire protection concerns in new build QE.</li> </ul>	

<b>SR13/18</b>	<b>Failure to realise the opportunities and benefits of merger</b>
<b>Owner – CWIO</b>	
<p><b>Update:</b></p> <ul style="list-style-type: none"> <li>• 43 Specialties have currently been identified for merging, of which 5 have now merged to a single management structure (Neurology, Plastics, Pathology, Pharmacy, and Nuclear Medicine).</li> <li>• A further total of 31 Specialties are in the pipeline.</li> <li>• The implementation of the new Divisional management structure will further facilitate the service integration of the Specialties.</li> </ul>	

<b>SR1/19</b>	<b>Prolonged and/or substantial failure to deliver standards of nursing care</b>
<b>Owner – CN</b>	
<p><b>Update:</b></p> <p><b><u>Governance Structures and Reporting</u></b></p> <p>Specialist Corporate Nursing teams are in place to ensure that standards are aligned, consistent support is provided to the clinical Divisions and an appropriate level of assurance can be provided to Care Quality Group. A Nursing Incident Quality Assurance Meeting chaired by the Deputy Chief Nurse is now in place to review all incidents that may result in severe (reportable) harm.</p> <p><b><u>Infection Prevention</u></b></p> <p>The Trust wide MRSA reduction plan is on trajectory. Any new MRSA cases are reviewed to ensure that root causes are identified and learning is considered for inclusion in the reduction plan. The C-Diff reduction plan is under review.</p>	

### **Falls**

The falls risk assessment procedure has been revised and the new procedure (for all patients on admission) will be introduced from July 2019.

### **Tissue Viability**

The MOVED repositioning strategy is being rolled out across the Trust and the redesign of the repositioning chart is on-going with PICS. Educational workshops have been arranged for July across all 4 hospital sites.

### **Safeguarding**

Safeguarding Training Needs Analysis reviewed in April 2019 to ensure that MCA education is provided to all clinical staff at induction. Additional time has been allocated to make this possible. JONAH amended to capture the need for consideration of mental capacity assessment and DOLS. An additional review of electronic templates for assessment on MSS for HGS sites whilst they await the roll out of PICs has been completed.

### **Nutrition and Hydration**

New guidelines for the insertion of NG tubes have been developed and are due to be released in August 2019. A review of all Nutrition and Hydration standards is underway.

### **End of Life Care**

End of Life Care standards are being reviewed to ensure that the Trust continues to offer the highest quality of care to patients and their families.

### **Patient Experience**

A review is underway to align complaints handling procedures. The review and alignment of volunteer management procedures is now complete.

### **Workforce**

A review of workforce models across all services together with a Quality Impact Assessment of recommendations now complete. Workforce summits are held with Divisional Management Teams to ensure they are supported in identifying gaps and agreeing mitigation plans.

Meetings have taken place with B&S STP to develop plan for recruitment of international nursing workforce.

The recruitment and training of Nurse Associates continues with a paper being presented to CEAG in July to propose an increase in numbers. A new educational program accredited by Birmingham City University and registered with NMC has been developed to support training of B4 nursing workforce.

### **Facilities – Catering**

Following the alert regarding sandwiches causing Listeria in some patients in hospital we have assured the Trust that UHBT in house and retail outlets have never used the company and we are using reputable suppliers.

<b>SR2/19</b>	<b>Ability to deliver high quality of care if withdrawal from the EU continues with no agreement in place</b>
<b>Owner – DCA</b>	
<p><b>Update:</b></p> <ul style="list-style-type: none"> <li>• Pending a BREXIT decision, all actions are ongoing.</li> <li>• Keith Willett at NHS England has written to NHS trusts to provide details of the National Supply Disruption Response (NSDR) - measures at national level to support the continuity of supply of medicines and medical products in the event of a no-deal EU exit. Stock levels at QEHB are being managed in line with the national guidance.</li> <li>• The timing of a no-deal situation may be exacerbated by winter pressures.</li> <li>• A plan is in place to review Trust suppliers.</li> <li>• The Department for Health and Social Care has written to all NHS trusts updating us on how we are to recover costs from overseas visitors, if the UK leaves the EU without a deal, or without agreements on healthcare in place.</li> </ul>	

## 5. Corporate Risk Register Report

- 5.1 The Corporate Risk Register contains all approved risks with a Current Score of 15 and above that have been identified in the operational (both clinical and non-clinical) areas of the Trust. The Board of Directors requires assurance that these risks are being managed according to their expectations. Assurance regarding the management of risks on the Corporate Risk Register is provided to the Board of Directors by a member of the Executive Team.
- 5.2 Assurance is provided according to the following:
- the number of red risks held by each member of the Executive Team.
  - the Current Score of each risk on the Corporate Risk Register according to the likelihood and consequence.
  - details of each risk held (Initial, Current and Target Score and months open as red) and assurance as to whether the risk is on track or not.
  - an explanation is provided for each red risk that is off track.
- 5.3 The report (Appendix B) shows that there are currently 22 open red risks, 2 of which are reported as “off track”.
- 5.4 Assurance regarding risks reported from the clinical specialties and divisions is provided by the Chief Operating Officer. In line with the Trust’s Risk Management Policy and Procedure, the governance facilitation teams have been working with all clinical areas to support the management of risk across the Trust and ensure practice in the new operational structures is aligned to the policy standards.

- 5.5 The governance facilitation teams are now supporting and advising the nominated risk leads to review all risks identified at specialty and divisional level, to ensure appropriate scrutiny is applied and assurance can be provided in the future.

## **6. Alignment of Strategic Risks to Trust Priorities**

- 6.1 To ensure that the Board of Directors is informed on the potential impact of strategic risks, a mapping exercise has been undertaken to link the impact of each risk to the Trust's 3 key priorities.
- 6.2 Appendix C to this report shows the mapping. As each risk may impact on more than one priority the mapping uses the main/primary impact.
- 6.3 The majority (8 of 13) of the risks relate to Priority 1: *Maintaining effective day-to-day operational and financial performance.*
- 6.4 The details will be shared with members of the Executive team to ensure that strategic risk reviews continue to address all priorities in equal measure.

## **7. Recommendations**

The Board of Directors is asked:

- To note and approve the updates to the BAF (Appendix A);
- To approve the increased Current Score for SR1/18 *Financial deficit in excess of planned levels;*
- To approve the increased Current Score for SR2/18 *Cash flow affects day to day operations of Trust levels;* and
- To review and approve the Corporate Risk Register Report (Appendix B).
- To note the Mapping of Strategic Risks to the Trust's Priorities (Appendix C).

Appendix A Board Assurance Framework - Quarter 1 2019/20 * Target scores are for consideration and approval by Board of Directors									
Ref	Risk Description <i>What might happen if the risk materialises.</i>	Current Context <i>What is the cause of the risk</i>	Risk Owner	Initial Risk (lxc) <i>Without Controls</i>	Current Risk (lxc) <i>With Controls</i>	Provisional Target Risk* (lxc)	Existing Controls <i>What is currently in place to mitigate the risk</i>	Assurance <i>Evidence that the controls are effectively implemented</i>	Action Required (with timescale to complete) <i>Gaps in controls or assurance</i>
SR1/18	<p><b>Financial deficit in excess of planned levels</b></p> <p>Any material financial deterioration against the Trust's financial plan may result in:</p> <ul style="list-style-type: none"> <li>* Reduced 'Use of Resources' score which forms part of the NHS regulators measurement of providers</li> <li>* Decrease in central sustainability funding thus reducing Trust cash balances</li> <li>* Requirement for additional financing may lead to increased costs</li> <li>* Regulatory intervention leading to constraints in decision making by Board</li> <li>* Adverse media coverage leading to reputational damage</li> </ul>	<p>The year on year impact of national tariff efficiency requirements, combined with changes to contract rules (marginal rates, fines, penalties) has increased the financial pressure on all NHS providers.</p> <p>This risk may occur as a result of:</p> <ul style="list-style-type: none"> <li>* Higher than planned expenditure due to factors such as +C3 failure to meet CIP targets, increased procurement costs as a result of BREXIT, or continued high use of agency staff.</li> <li>* Lower than planned income due to operational pressures or data quality issues.</li> </ul>	CFO	20 (5x4)	12 (4x3)	6 (2x3)	<p>Trust Annual Financial Plan.</p> <p>Monthly reporting to NHS Improvement and Board including CIP delivery expenditure and income</p> <p>Internal policies and procedures</p> <p>SFIs / Standing Orders</p> <p>Scheme of Delegation</p> <p>Trust financial system (SAGE - QEHB site and ORACLE - BHH, GHH and SHH sites) reflects the approved SFIs and Scheme of Delegation</p> <p>New financial reporting (BHH, GHH and SHH sites)</p> <p>Key senior appointments made to finance team</p>	<p>Trust Annual Financial Plan approved by Board in May 2019</p> <p>Internal:</p> <p>Monthly financial reports to BoD, CEAG, CCQ meetings</p> <p>Monthly financial meetings with operational divisions</p> <p>CIP Steering Group (monthly)</p> <p>Bi-monthly exec performance reviews</p> <p>Head of Internal Audit opinion</p> <p>External audit/going concern assessment</p> <p>External:</p> <p>Annual Operational Plan documents submitted to NHS Improvement</p> <p>External Audit reviews and Counter Fraud Service Assessment</p> <p>External assessment of effectiveness of Counter Fraud Service assessed as adequate</p>	<p>Support Internal Auditors with ongoing scrutiny and assurance - <b>Ongoing</b></p> <p>Medical efficiency programme (focus on locums &amp; job planning) - <b>Ongoing</b></p> <p>Roll out of SLR and Patient Level Cost Benchmarking (Albatross) to identify further efficiency opportunities - Apr 19 (partially complete)</p>
SR2/18	<p><b>Cash flow affects day to day operations of Trust</b></p> <p>If the Trust cannot maintain a sufficient cash balance this may result in:</p> <ul style="list-style-type: none"> <li>* Delayed payment of staff salaries resulting in increased staff turnover and decrease in morale</li> <li>* Requirement to source additional funding which may lead to increased costs and regulatory pressure</li> <li>* Delayed payment of invoices to suppliers may stress the supply chain and affect our ability to procure goods and services</li> <li>* Adverse media coverage may lead to reputational damage</li> </ul>	<p>This risk may occur as a result of:</p> <ul style="list-style-type: none"> <li>* Like most providers of acute hospital care, the Trust delivered a deficit in 2018/19. For 2019/20, the Trust is planning a £0 breakeven financial position, but this relies on central funding of £36.2m which is largely dependant on the Trust delivering its plan. Trust cash balances are assumed to reduce from £62.9million down to £54.1m in the 2019/20 plan.</li> <li>* Higher than planned expenditure due to factors such as failure to meet CIP targets, increased procurement costs as a result of BREXIT, and contractual fines.</li> <li>* Lower than planned income due to factors such as the ability to meet operational targets, late payment of invoices by 3rd party and other NHS providers, data quality issues and ability to take advantage of innovation opportunities.</li> <li>* Adverse financial performance, has a double impact on cash: Firstly higher unplanned expenditure results in less cash in the bank. Secondly, higher unplanned spend could mean the Trust does not achieve plan, therefore central money is withheld.</li> <li>* New NHS funding included in the 2019/20 tariffs and prices but cash will only flow once contracts have been signed with key commissioners.</li> </ul>	CFO	15 (5x3)	12 (4x3)	6 (2x3)	<p>Trust Annual Financial Plan fortnightly</p> <p>Fortnightly cash meetings to manage cash flow and discuss cash management measures</p> <p>Working capital loan agreed in principal</p> <p>Trust has agreed access to a working capital facility (borrowing/loan) as part of the merger discussions</p> <p>Sales ledger and treasury management team are aligned and working to consistent processes</p> <p>Good relationships with key commissioners who are responsible for the majority of Trust income</p>	<p>Approved (May 2019) Trust financial plan for 2019/20 at a level consistent with national assumptions thus securing additional central funding PSF, FRF, and MRET</p> <p>Cash positions reported to Board each month</p> <p>SFIs/Standing Orders</p> <p>Scheme of Delegation</p> <p>Monthly financial return for cash balance and cash forecasts reported to Board</p> <p>External:</p> <p>Monthly financial return for cash balance and cash forecasts reported to NHSI</p>	<p>Finalise 2019/20 contracts with commissioners (to unlock higher cash payments) - <b>Mid July 19</b></p> <p>Receieve 2018/19 central funding from NHSI (£18.0m) - <b>End July 19</b></p> <p>Receieve Q1 19/20 central funding from NHSI (£6.5m) - <b>End Aug 19</b></p> <p>Make income recovery (and debt reduction) a priority for Quarter 2 (July, August and September) - <b>End Sept 19</b></p>
SR3/18	<p><b>Failure to achieve operational performance targets for:</b></p> <ul style="list-style-type: none"> <li>* 4 hour ED target</li> <li>* Cancer 62 day</li> <li>* RTT</li> <li>* Cancellations due to capacity constraints on wards or transplants may impact on the following:</li> <li>* Financial delivery of CIP and use of resources, productivity and efficiency</li> <li>* Potential for unintended harm to patients due to longer waiting times which may result in increasing number and severity of incidents and claims</li> <li>* Patient experience may fall below the required standards which may lead to an increasing number of complaints</li> <li>* Reputational damage may arise as a result of adverse media coverage</li> <li>* Regulatory action may lead to loss of licence or service and constraints in Board decision making</li> <li>* Financial penalties and loss of income which may lead to unfunded expenditure for some indicators</li> <li>* Ability to deliver the Trust's Annual Plan</li> </ul>	<p>The main factors that effect the ability of the Trust to deliver operational performance targets are:</p> <p>Demand for acute, specialist and tertiary services exceeds the Trust's capacity.</p> <ul style="list-style-type: none"> <li>* Out of area referrals</li> <li>* High demand in ED</li> <li>* Other Tertiary growth</li> <li>* Timeliness of tertiary referrals (referrals received after breach)</li> <li>* Flexibility of staffing levels to meet increasing demand</li> <li>* Clinical equipment and Estate</li> <li>* Delayed transfers/ partner agencies</li> <li>* Potential for BREXIT to impact on patient pathways and quality e.g. availability of drugs, consumables, radiopharmaceuticals and medical equipment.</li> </ul>	COO	25 (5x5)	20 (5x4)	9 (3x3)	<p>Divisional Performance Management Framework which includes quarterly performance reviews.</p> <p>Chief Operating Officer's group (COOG) and sub groups to track, monitor and improve performance across the Trust as follows:</p> <p>Scheduled Care</p> <p>Cancer</p> <p>Urgent Care</p> <p>Financial improvement groups</p> <p>Controlled documents addressing:</p> <ul style="list-style-type: none"> <li>* ED Standards/Bed Capacity</li> <li>* Cancer Tracking</li> <li>* RTT Management inc diagnostics</li> </ul>	<p>Performance against national targets and waiting list size - performance reports to COOG, CEAG and BoD</p> <p>18 Week RTT Assurance Group meets to assess whether targets are being achieved as well as reviewing and updating action plan</p> <p>Cancer Waiting List Assurance Group meets weekly and reviews the data to assess capacity, performance, waiting time targets, and review action plans which reports to the Cancer Steering Group and COOG.</p> <p>CCQ papers and minutes</p> <p>Monitoring figures for capacity via bed meetings and dashboards. Short, medium and long term plans.</p> <p>Weekly monitoring of the annual plan targets (activity, capacity and demand) through ODG.</p> <p>Specific remedial recovery plans and Task and Finish Groups</p> <p>External:</p> <p>NHSI/CCG/ and UHB assurance meeting (cancer)</p>	<p>Speciality performance risk to be monitored and staats updated via divisional risk registers - <b>July 19</b></p> <p>Continue to actively monitor the delivery of action plans - <b>Ongoing</b></p>

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Ref	Risk Description <i>What might happen if the risk materialises.</i>	Current Context <i>What is the cause of the risk</i>	Risk Owner	Initial Risk (Ixc) <i>Without Controls</i>	Current Risk (Ixc) <i>With Controls</i>	Provisional Target Risk* (Ixc)	Existing Controls <i>What is currently in place to mitigate the risk</i>	Assurance <i>Evidence that the controls are effectively implemented</i>	Action Required (with timescale to complete) <i>Gaps in controls or assurance</i>
SR4/18	<p><b>Increasing delays in transfer of care from UHB sites in excess of agreed targets</b></p> <p>Delays in the transfer of care for patients may result in the following impact and consequence:</p> <ul style="list-style-type: none"> <li>* Pressure on patient flow which impacts on quality of care and patient experience.</li> <li>* Requirement to increase capacity on an ad hoc basis may lead to increased cost</li> <li>* Adverse media coverage may lead to reputational damage</li> <li>* Longer waiting times may lead to missed operational targets</li> <li>* Capacity to admit new patients may lead to patient safety issues</li> <li>* Missed operational targets may lead to loss of income and financial penalties</li> </ul>	<p>Delayed transfer of care may be caused by:</p> <ul style="list-style-type: none"> <li>* Patient and relative choice</li> <li>* Capacity in nursing and residential accommodation</li> <li>* Delays in availability of care packages</li> <li>*Awaiting completion of internal and external assessments</li> <li>* Awaiting the provision of care by other NHS providers</li> <li>* Awaiting Mental Health ongoing care.</li> </ul>	DOP	25 (5x5)	16 (4x4)	9 (3x3)	<ul style="list-style-type: none"> <li>* Internal Monitoring and Management of patients referred for social care intervention and CHC nursing assessments via hospital discharge hubs overseen by senior managers from the council and Trust including daily board rounds.</li> <li>* Provision of the step down capacity through Supported Integrated Discharge (SID), Recovery at Home (R@H) and from Homewood ward at Good Hope Hospital from Dec 18.</li> <li>* Establishment of home therapy step down service (pilot) with BCHC for QE patients from Sept 18.</li> <li>*Regular meetings with senior managers from South Staffordshire and Solihull focusing on DTOC action plans and performance.</li> <li>* Weekly system meeting established focusing on CHC performance chaired by UHB management representative.</li> <li>* BHH, GHH, &amp; SHH operational representatives are member of Solihull Together work programmewith SMBC and BSOL CCG on system working to reduce DTOC. Supported by the Deputy Director of Partnerships.</li> <li>* Weekly escalation meetings in place with Director of Partnerships and the Director of Corporate Affairs to try to resolve complex cases with long length of stay, examples include patients without recourse to public funds. * DTOC performance on BSOL A&amp;E Delivery Board agenda which is chaired by the UHB Chief Executive.</li> <li>*Chief Executive Officer corresponds frequently with NHSE/NHS/CQC.</li> <li>* Conference calls with partners escalating delays and quality concerns for resolution by partners</li> <li>* As part of the BSOL STP work the Early Intervention workstream has commenced the system transformation work for older people. .</li> </ul>	<p><b>Internal:</b></p> <ul style="list-style-type: none"> <li>* QE electronic tracking system with daily board round records for each patient and agreed actions.</li> <li>* Daily board round evidence from BHH, GHH and SHH sites.</li> <li>* Weekly DTOC reports for all sites.</li> <li>* Project team minutes/action plans - Homewood and QEHB Home therapy pilot</li> <li>* Papers and minutes of the QEHB, and HH/ GHH/SH Urgent Care Groups</li> <li>* Bod performance papers and minutes</li> <li>* BSOL Early Intervention Steering Group minutes</li> <li>* Birmingham Older Peoples Project Board minutes</li> <li>* Feedback from Executive meetings with Government leads to establish influence over policy and strategy</li> </ul> <p><b>External:</b></p> <ul style="list-style-type: none"> <li>* BSOL A&amp;E Delivery Board papers and minutes.</li> <li>* BSOL Birmingham Ageing Well &amp; Later life Board papers and minutes.</li> <li>* Newton system diagnostic analysis and findings November 2017.</li> <li>* STP Board papers and minutes February 2018.</li> <li>* Solihull Together minutes</li> </ul> <p>The workstream comprises all system partners, is chaired by the UHB Director of Partnerships and reports into the BSOL STP Ageing Well and Later Life portfolio</p>	<p>Senior Trust managers involved in STP system project teams looking at development of early intervention services and improving fast track and continuing healthcare processes - <b>Q3/Q4 19/20</b></p>
SR5/18	<p><b>Unable to recruit, control and retain adequate staffing to meet needs of patients</b></p> <p>If the Trust cannot recruit, control and retain adequate staffing then this may lead to:</p> <ul style="list-style-type: none"> <li>* Impact on quality and patient experience which may lead to formal complaints and CQC intervention</li> <li>* Unintended harm to patients which may result in increasing number and severity of incidents and claims</li> <li>* Inability to meet financial targets which may lead to unfunded expenditure</li> <li>* Adverse media coverage and reputational damage</li> <li>* Adverse effect on staff morale leading to increase in absence and retention difficulties</li> <li>*Spending above planned levels that may lead to pressure on control total</li> <li>* Ability to meet legislative requirements relating to staffing may lead to financial penalties</li> </ul>	<p>Inability to meet the Trust's staffing model may be caused by:</p> <ul style="list-style-type: none"> <li>* Ability to recruit sufficient numbers and skill mix of staff. This is made worse by national shortages, the effect of BREXIT uncertainty on EU staff and adverse media coverage which may make the Trust seem a less attractive employer</li> <li>* Compliance with policy and procedures that enforce standards of employment and required ways of working</li> <li>* Retention of staff who are in post</li> </ul>	CWIO	20 (5x4)	16 (4x4)	12 (3x4)	<ul style="list-style-type: none"> <li>*Recruitment plans for clinical professions.</li> <li>*Workforce policies and procedures</li> <li>*Retention Strategy</li> <li>*Leadership and management education programme established for middle and senior managers</li> <li>*Mentorship and Coaching freely available through leadership portal on the website.</li> <li>*Top Leaders programme available through NHS Academy with sponsorship for additional bespoke programmes identified.</li> <li>*Daily and weekly review of staffing levels and skill mix</li> <li>*Use of bank and agency with robust monitoring system and Exec sign off</li> <li>*Health and Well Being Initiative</li> <li>*Agenda for Change 3 year pay deal (18/19 onwards)</li> <li>*Harmonisation of bank rates</li> <li>*Enhanced use of social media for recruitment</li> <li>*International Fellows Programme</li> <li>*Cross-site working harmonisation</li> </ul>	<p>The Trust's Strategic Workforce Group meets bi-monthly to receive reports from steering groups representing all professions. SWG then provide updates to Trust Board and CEAG</p> <p>The Medical Workforce Group chaired by CWIO, receives assurance from professional groups relating to medical staffing</p> <p>An Annual Workforce report is submitted to Trust Board that details performanceand updates on HR management</p> <p>The Trust's Retention Group, chaired by Director of Nursing, reviews and develops plans to retain staff</p> <p>The annual NHS Staff survey, and the Staff Friends and Family survey, provide a valuable feedback loop to the Trust to inform local improvements in staff experience and well-being</p> <p>Training records allow for monitoring of training status of staff</p> <p>Internal Audit Tier 2 Visa Report (May 2019) reported to Audit Committee. The report provides significant assurance with minor improvements opportunities</p> <p>2019/20 Workforce planning return submitted to NHS/HEE</p>	<p>Continue support of Nursing Associates Programme - <b>Ongoing</b></p> <p>Ongoing communications regarding the recruitment and retention package including the Agenda for Change pay deal enhancements - <b>Ongoing</b></p> <p>Review and Implementation of single ESR system - <b>Q4 19/20</b></p> <p>Review of recruitment management systems - <b>Q2 19/20</b></p> <p>Implementation of Action Plan following KPMG audit relating to Tier 2 Visa system -<b>Q2 19/20</b></p>

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Ref	Risk Description <i>What might happen if the risk materialises.</i>	Current Context <i>What is the cause of the risk</i>	Risk Owner	Initial Risk (lxc) <i>Without Controls</i>	Current Risk (lxc) <i>With Controls</i>	Provisional Target Risk* (lxc)	Existing Controls <i>What is currently in place to mitigate the risk</i>	Assurance <i>Evidence that the controls are effectively implemented</i>	Action Required (with timescale to complete) <i>Gaps in controls or assurance</i>
SR6/18	<p><b>Material breach of clinical and other legal standards leading to regulatory action</b></p> <p>Where a regulator takes action against the Trust this may lead to any of the following:</p> <ul style="list-style-type: none"> <li>* Licence conditions which introduce constraints in decision making by Board</li> <li>* Financial penalties incurred may lead to unfunded expenditure.</li> <li>* Adverse media coverage may lead to reputational damage.</li> <li>* Mandatory improvements may lead to unfunded expenditure.</li> </ul>	Regulatory action may take place following a failure to adhere to statutory and regulatory requirements, national guidelines and audits and (inter-)national standards and accreditations (e.g. CQC, clinical audits, MHRA, HSE, UKAS, etc.) and threat to UHB sustainability and licence conditions.	DCA	16 (4x4)	8 (2x4)	4 (1x4)	<p>Governance Declaration - The Board of Directors receives a draft annual report outlining the Trust's proposed annual governance declaration in March every year. This declaration is then signed off in the following May and submitted to NHS Improvement to ensure the Trust maintains compliance with its obligations.</p> <p>Strategy &amp; Performance Team Performance Monitoring Arrangements</p> <p>The Clinical Compliance Framework has been implemented within specialties as a way to provide assurance that areas are meeting the CQC's Key Lines of Enquiry (KLOE's). This includes specialty self-assessment.</p> <p>Controlled documents and processes in place to:</p> <ul style="list-style-type: none"> <li>* Manage national and local audits to ensure evidence shows compliance with that process.</li> <li>* Manage incidents and identify trends.</li> <li>* Manage new and existing NICE guidance to ensure there is evidence to show compliance and where we are not able to adhere to the guidance e.g. we do not provide the service, the Medical Director's approval has been obtained.</li> <li>* Manage NCEPOD studies and identify actions, in conjunction with the clinical teams in response to the outcome of the relevant study.</li> <li>* Manage oversight of any external visits</li> <li>* Manage the QGIS specialised services peer review programme</li> </ul> <p>The Corporate Compliance Framework's purpose is to assure that required actions are being carried out by those who have that responsibility, and to alert/escalate appropriately when they are not. The Corporate Compliance Framework allows the Trust to understand its Corporate Compliance position regarding legislation and regulatory requirements. It will also include actions from regulatory inspections.</p> <p>Annual health and safety inspections at local level</p> <p>Data Security and Protection Toolkit (previously known as the Information Governance Toolkit)</p> <p>Unannounced Board of Directors visits are arranged on a monthly basis and are led by either the Executive Medical Director or the Executive Chief Nurse.</p> <p>Lead and monitoring groups set up for each of the CQC 'Must Do' Actions overseen by the Director of Corporate Affairs. □</p>	<p><b>Internal:</b> Board Meeting Minutes Annual Governance Declaration</p> <p><b>Internal:</b> Quarterly Board Meeting Minutes Quarterly divisional performance meetings Contract review meetings Internal Audit</p> <p><b>Internal:</b> Presentation at BOD seminar in May 2016 Quarterly compliance reports to BoD and Audit Committee CQC external report published 13th February 2019 DCA Group minutes Compliance Framework reports to DCQG meetings every quarter</p> <p><b>Internal:</b> Quarterly compliance reports to BoD DCA Governance Group minutes National Audit presentation to CQMG Clinical Quality Monitoring Group (CQMG) Divisional Management Teams Health and Safety Executive Committee minutes HSE investigation outcome into the Trust's management of Occupational Dermatitis Information Governance Group minutes Policy Review Group minutes DCQG quarterly compliance reports</p> <p><b>External:</b> QGIS self-declaration</p> <p><b>Internal:</b> Exception reports for non-compliant actions reported to Director of Corporate Affairs' Governance Group Progress on completion of actions reported in quarterly Compliance report</p> <p>Leads submit progress reports on actions and provide evidence on compliance with each action. Progress against actions reviewed regularly in conjunction with CQC relationship managers.</p>	<p>Implement actions from Improvement Plan for Data Security and Protection Toolkit - <b>Q4 19/20</b></p> <p>Implement actions from CQC review - <b>Ongoing</b></p> <p>Trust's compliance framework to be reviewed against the CQC report findings to ensure that it is a robust - <b>Q2 19/20</b></p> <p>Review of Statutory Compliance - <b>Q3 19/20</b></p> <p>Good Governance Institute review of Trust's inspection relating to Well Led Framework - <b>Aug 2019</b></p> <p>Review of data request from previous CQC inspections - <b>Q2 19/20</b></p>
SR7/18	<p><b>Failure of IT systems to support clinical services and business functions</b></p> <p>If the Trust's IT systems do not support the Trust adequately then this may lead to:</p> <ul style="list-style-type: none"> <li>* Service disruption which impacts on safety, quality and patient experience.</li> <li>* Adverse media coverage and reputational damage.</li> <li>* Adverse effect on staff morale leading to increase in absence and retention difficulties.</li> <li>* Loss of personal data that may lead to regulator intervention and fines</li> <li>* Decrease in data quality which may impact on income or ability to meet reporting requirements and may increase pressure on clinical staff</li> </ul>	<p>Issues that may have an impact on the ability of IT systems to support the Trust include:</p> <ul style="list-style-type: none"> <li>* Appropriate skills and number of IT staff</li> <li>* Cyber security attacks</li> <li>* Quality of IT infrastructure</li> <li>* Failure of 3rd party providers</li> <li>* Malicious intent/staff actions</li> </ul>	MD	25 (5x5)	12 (3x4)	4 (2x2)	<p>Full Business continuity plans</p> <p>Emergency Preparedness Policy and Procedure</p> <p>Service management processes in place</p> <p>Security standards and policies implemented</p> <p>Regular data backups and checks that the back-ups have integrity</p> <p>ISO 9001/ISO 27001 certified</p> <p>Recovery Plans/Contingency Plans for critical systems</p> <p>Workforce Plan</p> <p>Quality Management System</p> <p>Telephone system replacement solution</p> <p>Data Centre which is fit for purpose and has sufficient capacity</p> <p>A Health Informatics/Business Intelligence function is established</p>	<p>Emergency Preparedness Steering Group minutes</p> <p>Reports from table top exercises.</p> <p>Documented and approved service management processes</p> <p>Architectural reviews of all system and infrastructure designs to ensure they meet compliance with industry standards. ISO 9001/ISO 27001 last LRQA Audit was 13th April 2018 - certificate maintained</p> <p>Bi-monthly updates to IG Group</p> <p>Validation of table top exercises by an external auditor. ISO 9000 (BHH, GHH and SHH sites)</p> <p>Monthly updates to Digital Healthcare Group</p> <p>Change Advisory Group (weekly)</p> <p>Escalation of any unscheduled downtime to the Executive led RCA Forum during weekly RCA meetings to review Priority 1 RCAs</p> <p>ISAG (monthly)</p> <p>Cyber reports to Audit Committee (quarterly)</p> <p>Monthly updates to Emergency Planning Group (for BCP)</p> <p>Information asset owners to provide assurance with respect to BCPs</p> <p>Major Incident/Mass Casualty Plan</p>	<p>Ongoing review of workforce requirements and plans to inform QMS Manual (ISO9001:2015 7.2) - <b>Ongoing</b></p> <p>Review of processes and rolling modernisation of technical security control - <b>Ongoing</b></p> <p>Consolidation of policies and procedures - <b>Oct 19</b></p> <p>Install EPR at Heartlands, Good Hope and Solihull sites - <b>Dec 20</b></p> <p>Network, wireless and telephone capital milestones work programme continues and is on plan - <b>Mar 20</b></p> <p>Align technical controls to meet policy requirement - <b>Ongoing</b></p> <p>Analysis of information flows commenced including review for Brexit - <b>Ongoing</b></p> <p>Delivery of Informatics implementation plan for ISO9001 - <b>Ongoing</b></p> <p>Business Case paper to CEAG with options for secondary Data Centre - <b>July 19</b></p> <p>Development of systems to support new model of care delivery - <b>Ongoing</b></p> <p>Review and improvement of change controls for local and third party systems - <b>Mar 20</b></p>



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SR8/18	<p><b>Adverse impact of BREXIT on Trust's innovation agenda</b></p> <p>If the Trust is unable to maintain progress then this may cause:</p> <ul style="list-style-type: none"> <li>* Increase in procurement costs leading to unfunded expenditure</li> <li>* Limited access to European research networks</li> <li>* Inconsistent supply of products leading to adverse impact on quality of service</li> <li>* Delays in new products being developed and coming to market</li> <li>* Access to markets for new and current products</li> <li>* Ability to attract appropriate research staff</li> <li>* Migration system inhibit the free movement of scientists, researchers and scientific technicians</li> <li>* UK trials are no longer able to recruit European patients which would lessen the benefits for patients</li> </ul>	The main cause of this risk is the uncertainty related to the future of funding and innovation frameworks as a result of BREXIT.	CWIO	16 (4x4)	12 (4x3)	8 (4x2)	<p>Membership of overseas research networks</p> <p>Exploration of non-EU trials work</p> <p>Strategic alliance through Birmingham Health Partners (BHP) who continue to lobby regarding Brexit uncertainty</p> <p>Working with Pharma companies to provide a premium service</p> <p>Tier 2 visa regime for doctors, nursing and high-tech staff</p>	<p>UHB Chair and CEO are members of the BHP Board and meet quarterly</p> <p>BHP Executive Board meet bi-monthly</p> <p>BHP Research updates to UHB Board 6 monthly</p> <p>Strategic Research Executive Group update the Board</p>	<p>Monitoring of current landscape and developments - <b>Ongoing</b></p> <p>Lobbying of decision makers through Birmingham Health Partners - <b>Ongoing</b></p>
SR10/18	<p><b>Failure of commercial ventures</b></p> <p>The Trust is a partner in various commercial ventures, both in the UK and abroad. Should any of these ventures fail the Trust may suffer:</p> <ul style="list-style-type: none"> <li>* Adverse media coverage and reputational damage</li> <li>* Claims, financial losses and unfunded expenditure</li> <li>* Regulatory action and constraints in decision making by Board</li> <li>* Adverse effect on staff morale leading to increase in absence and retention difficulties</li> </ul>	<p>The viability and sustainability of commercial ventures may be affected by:</p> <ul style="list-style-type: none"> <li>* Partner behaviours and culture</li> <li>* Adequate management and oversight of ventures</li> <li>* Market uncertainty (especially around BREXIT)</li> <li>* Increased competition</li> <li>* 3rd party claims</li> </ul>	CWIO DCA CFO	20 (4x5)	6 (2x3)	6 (2x3)	<p>Principles for investment include appropriate due diligence and a risk assessment upon entering into each venture</p> <p>New contracts are routinely reviewed</p> <p>Regular meetings held with HCA, construction and developers</p> <p>SLA's with HCA</p>	<p>Corporate Affairs oversight on legal documentation</p> <p>Quarterly Project Directors Report to Board of Directors</p> <p>The Director of Strategic Operations provides updates to the Investment Committee every 6 months on the progress of existing projects as well as any identified future opportunities</p> <p>The Commercial Director provides a quarterly update report to the Investment Committee on all existing projects</p>	SLA's between the Trust and HCA service providers to be implemented for the Specialist Hospital Facility - <b>Dec 2019</b>
SR12/18	<p><b>Unable to maintain and improve quality and quantity of physical environment to support the required level of service</b></p> <p>The current estate for the Trust may not be able to provide sufficient quality and capacity to support the services required, this could lead to:</p> <ul style="list-style-type: none"> <li>* Service disruption which impacts on quality and patient experience</li> <li>* Longer waiting times and missed operational targets</li> <li>* Adverse media coverage and reputational damage</li> <li>* Adverse effect on staff morale leading to increase in absence and retention difficulties</li> <li>* Opportunities to improve service and business not fully realised leading to increased cost and loss of income</li> </ul>	<p>The estate requires continual maintenance to meet the current service requirements and improvement to meet future need and realise opportunities. This may be difficult to achieve because of:</p> <ul style="list-style-type: none"> <li>* The poor quality of the current estate in some areas of the Trust</li> <li>* Ability to meet requirements of maintenance program</li> <li>* Funding for new capital projects</li> <li>* Alignment of Estates strategy to meet future requirements.</li> </ul>	CTO	25 (5x5)	16 (4x4)	9 (3x3)	<p>Scheduled Divisional reporting and monitoring</p> <p>Proactive risk management system to continuously measure and monitor risk and prioritise investment and allocation of resource</p> <p>Comprehensive Planned Preventative Maintenance Programme that ensures the Estate, Plant, Infrastructure and Equipment is safe, compliant and utilised to its maximum capacity and full lifecycle</p> <p>Reactive Maintenance SLA to ensure the Estates, Plant, Infrastructure &amp; Equipment are returned to use in a timely manner</p> <p>Priority risk based annual Capital Bids to improve the Estate and upgrade Plant, Infrastructure Equipment etc.</p> <p>Estates strategy and workforce model</p> <p>Customer satisfaction survey</p> <p>UHB Senior Fire Officer appointed</p> <p>Governance structure and processes established to monitor passive fire protection (PFP) plans at QEHB. Implementation is led by the Technical and Operational Group</p>	<p>COOG monthly</p> <p>PFP Steering Group develop and monitor plans to be implemented by Technical and Operational Group.</p> <p>Estates Department Performance &amp; Assurance Framework</p> <p>Monthly Directorate Statutory Compliance Group Assurance Meeting</p> <p>Internal Audit Programmes</p> <p>External Accreditation to ISO9001 &amp; ISO14001 standards</p> <p>Six Facet Property Condition Survey (BHH, GHH and SHH sites)</p> <p>Funding agreed for current preparation work undertaken to date to develop ACAD building and associated utility infrastructure.</p> <p>ACAD Full Business Case submitted to DoH and NHSI</p>	<p>Determine which clinical services are to be provided from which site to balance use of the existing Estate - <b>Ongoing</b></p> <p>Estate Strategy for all Trust sites to be approved - <b>Q2 19/20</b></p> <p>Realignment of significant investment in Estate development to meet Clinical Needs and proposed development - ACAD and 2yr plans submitted - <b>Ongoing</b></p> <p>Full ACAD Business Case submitted to DoH and NHSI - awaiting approval - <b>Ongoing</b></p> <p>Six Facet Property Condition Survey for QEHB - <b>Q4 19/20</b></p> <p>Evaluation of technical recommendations to inform plans for remedial works and PFP improvements - <b>Q2 19/20</b></p> <p>To provide assurance regarding statutory and regulatory compliance at the QE Heritage Estate an independent survey is being commissioned - <b>Q2 19/20</b></p>
SR13/18	<p><b>Failure to realise opportunities and benefits of merger</b></p> <p>If the Trust does not realise the benefits of the merger that took place in April 2018 this may lead to:</p> <ul style="list-style-type: none"> <li>* Service disruption and inefficiencies which impact on safety, quality and patient experience</li> <li>* Adverse effect on staff morale leading to increase in absence and retention difficulties</li> <li>* Increasing costs and unplanned spending</li> <li>* Adverse media coverage and reputational damage.</li> </ul>	<p>Issues that may have an impact on the Trust's ability to realise the benefits from merger include:</p> <ul style="list-style-type: none"> <li>* Lack of clinical engagement</li> <li>* Cultural differences</li> <li>* Communication around the integration process</li> <li>* Failure to learn lessons from previous integration</li> <li>* Completion of successful integration</li> </ul>	CWIO	20 (5x4)	16 (4x4)	8 (2x4)	<p>Strategic Operations Steering Group (SOSG)</p> <p>Technical Integration Group (TIG)</p> <p>Agreed integration plans and schedule</p> <p>Agreed integration process</p> <p>Senior leads identified for more complex integration areas</p>	<p>Monitored through SOSG meeting</p> <p>SOSG reports to BoD</p>	Implementation of integration plan - <b>Ongoing</b>



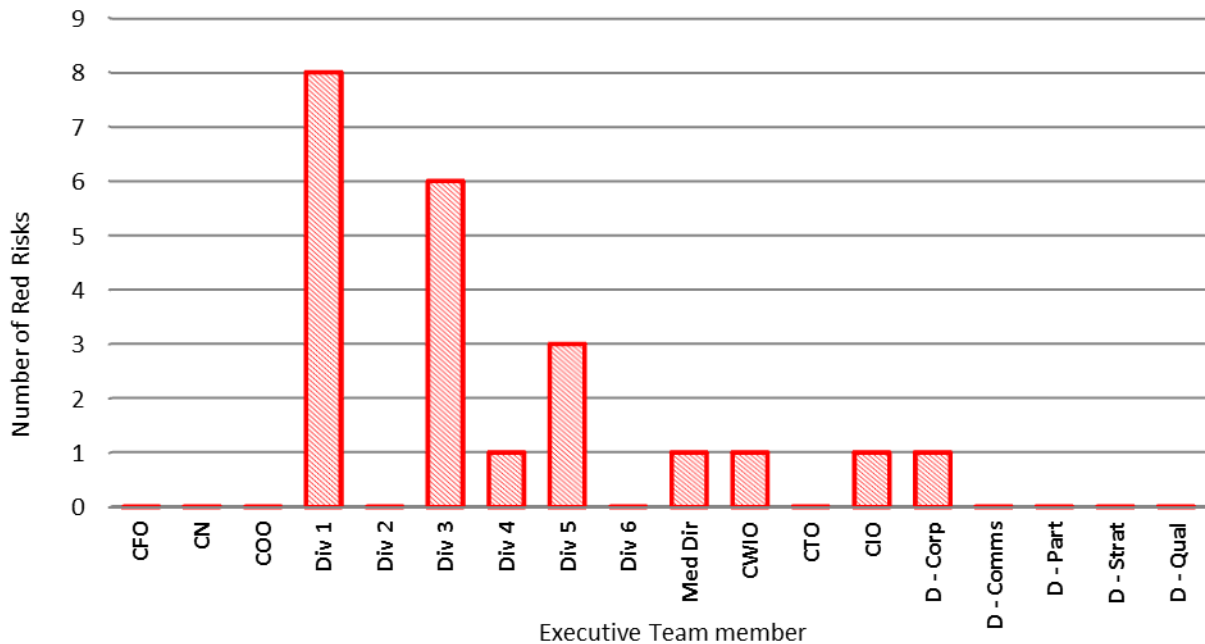
Appendix A Board Assurance Framework - Quarter 1 2019/20 * Target scores are for consideration and approval by Board of Directors									
Ref	Risk Description <i>What might happen if the risk materialises.</i>	Current Context <i>What is the cause of the risk</i>	Risk Owner	Initial Risk (Ixc) <i>Without Controls</i>	Current Risk (Ixc) <i>With Controls</i>	Provisional Target Risk* (Ixc)	Existing Controls <i>What is currently in place to mitigate the risk</i>	Assurance <i>Evidence that the controls are effectively implemented</i>	Action Required (with timescale to complete) <i>Gaps in controls or assurance</i>
SR1/19	<p><b>Prolonged and/or substantial failure to deliver standards of nursing care</b></p> <p>As a result of inconsistencies in care relating to:</p> <ul style="list-style-type: none"> <li>* Falls prevention and management</li> <li>* Tissue viability prevention and care</li> <li>* Infection prevention and control</li> <li>* Safeguarding vulnerable patients</li> <li>* Nutrition and Hydration management</li> <li>* End of Life Care</li> </ul> <p>there may be a prolonged or substantial failure to achieve care standards that could result in:</p> <ul style="list-style-type: none"> <li>* Harm to patients</li> <li>* An increasing level of remedial treatment and care</li> <li>* Increased length of stay</li> <li>* Additional complications that may delay transfer of care</li> <li>* In severe or ongoing cases a regulator may intervene which may lead to constraints in decision making by Board</li> <li>* Adverse media coverage may lead to reputational damage.</li> </ul>	<p>Standards of nursing care are specified in Board agreed frameworks that dictate the required levels of intervention and practice to deliver the best possible outcomes for patients.</p> <p>The Trust may not meet these standards due to:</p> <ul style="list-style-type: none"> <li>* Clarity of standards and frameworks especially where practice may be different across sites</li> <li>* Incomplete training and competencies</li> <li>* Inconsistencies in governance arrangements</li> <li>* Inability to recruit and retain the right numbers and skill mix of nursing staff</li> <li>* Individual standard practice of registered health professionals</li> </ul>	CN	20 (5x4)	12 (3x4)	6 (2x3)	<p>Internal policies and procedures detail the required standards and practice for nursing care in each specialist area</p> <p>Specialist Corporate Nursing Teams that support ongoing monitoring, scrutiny and improvement of standards of care</p> <p>Corporate Induction and ongoing mandatory training for all staff outlines required standards of practice and care</p> <p>Ward level quality dashboards that provide real time data in relation to standards of care</p> <p>Nursing metrics that routinely monitor standards of care</p> <p>Reporting and Management of Incidents via Datix provides a route for all staff to raise concerns and report issues.</p>	<p>Care Quality Group, chaired by the Chief Nurse, receives monthly assurance reports from steering groups responsible for the following areas:</p> <ul style="list-style-type: none"> <li>-Safeguarding Vulnerable Patients</li> <li>-Falls Prevention and Management</li> <li>-Infection Prevention and Control</li> <li>-Tissue Viability</li> <li>-Nutrition and Hydration</li> <li>-Patient Experience</li> <li>-End of Life Care</li> </ul> <p>The specialist steering groups monitor compliance and performance with standards, ensure issues/incidents are recognised, acted upon, reported and lessons are learnt and shared.</p> <p>Chief Nurse Workforce Group reports to Trust's Strategic Workforce Group regarding workforce plans and progress</p> <p>Nursing Incident Quality Assurance and Management Group (NIQAM) review all incidents that may result in severe (reportable) harm, quality assuring investigation reports, identifying and sharing lessons, escalation if required, ensuring the contractual requirements in relation to reports to the Commissioners are met.</p> <p>External - Monthly nursing workforce report to NHSI regarding care hours per patient per day for inpatient wards.</p> <p>Safe staffing report submitted annually to Public Board meeting</p>	<p>Roll out of aligned guidelines relating to insertion of Naso-gastric tubes - <b>Aug 19</b></p> <p>Review and update of standards relating to Nutrition and Hydration Management - <b>Q3 19/20</b></p> <p>New Safeguarding Strategy has been developed to be agreed at Safeguarding Board- <b>Q2 19/20</b></p> <p>Review and agree draft of Domestic Abuse Procedure - <b>Q2 19/20</b></p> <p>Review of the safeguarding procedures across sites and implement a single safeguarding children procedure - <b>Q2 19/20</b></p> <p>Review the safeguarding children information available on the Trust intranet across all sites - <b>Q2 19/20</b></p> <p>Cross site audit to identify and understand the variation in the DOLS submission rates - <b>Jul 19</b></p> <p>Additional Needs icon to be developed and added to PICS - <b>Q2 19/20</b></p> <p>Development of dashboard for assessment areas - <b>Q4 19/20</b></p> <p>Review and update C-Diff reduction plan - <b>Sept 19</b></p> <p>Implementation of new Mouth Care Matters program - <b>Q3 19/20</b></p> <p>Review and update of Falls Reduction Strategy - <b>Q3 19/20</b></p> <p>Develop new training and competency assessments for all staff in relation to Tissue Viability prevention and management - <b>Mar 20</b></p> <p>New group chaired by Deputy Chief Nurse and Director of Quality to review Clinical Dashboard Indicators - <b>Aug 19</b></p> <p>Increase nursing metric size on BHH, SHH and GHH - <b>Q2 19/20</b></p> <p>Develop aligned procedural documents for complaints handling - <b>Aug 19</b></p> <p>Review and update of End of Life Care Strategy - <b>Sept 19</b></p> <p>Review and update Learning Disability Strategy - <b>Sept 19</b></p> <p>Publish Nursing Workforce Strategy - <b>Sept 19</b></p> <p>Recruit cohort of Assistant Theatre Practitioners to begin apprenticeship program at Birmingham City University - <b>Sept 19</b></p> <p>Establish School of Nursing - <b>Q3/Q4 19/20</b></p> <p>Recruitment of 2nd year nurses - <b>Ongoing</b></p> <p>Development of international nurse recruitment model with Birmingham and Solihull STP - <b>Ongoing</b></p> <p>Implementation of actions from CQC Inspection - <b>Ongoing</b></p>
SR2/19	<p><b>Ability to deliver high quality of care if withdrawal from the EU continues with no agreement in place</b></p> <p>The UK's exit from the EU with no withdrawal agreement in place may impact on our ability to maintain standards regarding:</p> <ul style="list-style-type: none"> <li>*Timeliness of diagnostics and therapeutic interventions due to availability of medicines, devices and clinical consumables (SR3/18)</li> <li>*Effectiveness of alternatives to diagnostics and therapeutic interventions</li> <li>*Patient experience may be affected as a result of our ability to source a consistent supply of non-clinical goods and services (eg foodstuffs).</li> <li>*Delays in the administration and treatment of patients returning from overseas</li> <li>*Effective use of transplanted organs and tissue due to delays in harvesting and retrieval</li> <li>*Increased costs as a result of inconsistencies in supply of products (SR1/18, SR2/18)</li> <li>*Uncertainty regarding immigration status of EU staff may lead to retention issues (SR5/18)</li> <li>*Delayed or prohibited access to new drugs and treatments based on the inclusion in research and trials and the availability of EU funding and (SR8/18)</li> </ul>	<p>The UK was due to leave the EU in March 2019. Negotiations are continuing to ensure the terms of departure are managed through mutual agreement. The leaving date has now been extended to 31st October 2019. If no withdrawal agreement is in place by the leaving date then this may cause:</p> <ul style="list-style-type: none"> <li>*Interruptions in the supply of non-clinical consumables, goods and services</li> <li>*Increased demand for reciprocal healthcare</li> <li>*Uncertainty regarding data sharing, processing and access</li> <li>*Lack of clarity regarding immigration status of EU workforce</li> <li>*Reduced funding and access to research and clinical trials</li> <li>*Interruptions in the supply of medicines and vaccines</li> <li>*Interruptions in the supply of medical devices and clinical consumables</li> </ul>	DCA	25 (5x5)	12 (4x3)	8 (4x2)	<p>*Implementation of national guidance regarding resilience arrangements</p> <p>*Named risk lead for each area of principle risk</p> <p>*Individual risk assessments and action plans for areas of principle risk</p> <p>*Trust EU Exit Short Life Working Group</p> <p>*Scrutiny of supplier plans</p> <p>*Maintenance of stock levels within guidance limits</p> <p>*Discussions at local Health Resilience Board</p>	<p>Scheduled reports to Board of Directors</p> <p>Ongoing discussions with commissioners and regulators</p> <p>Business continuity group meetings</p>	<p>Scrutiny and monitoring of continuity arrangements - <b>Ongoing</b></p> <p>EU Exit Short Life Working Group to establish a process to assess and respond to requests from within NHS for supplies of consumables - <b>Ongoing</b></p> <p>Review of alternative suppliers of clinical and non-clinical consumables - <b>Ongoing</b></p> <p>Plan to deal with patients who present for re-supply of prescription medicines - <b>Ongoing</b></p> <p>Support to EU staff and payment of settlement fees as required - <b>Ongoing</b></p>

## Appendix B - Corporate Risk Register – July 2019

Assurance regarding the management of risks on the Corporate Risk Register is provided to the Board of Directors by a member of the Executive Team.

### 1. Current red risks held by each member of the Executive Team

The chart below shows the number of risks with a current score of 15 and above (red) held by the Clinical Divisions and each member of the Executive Team



### 2. Current red risks by grade

The table below shows the number and current score of the red risks held by the Executive Team.

Current Score 25	<ul style="list-style-type: none"> <li>• There are 0 risks with a current score of 25</li> </ul>
Current Score 20	<ul style="list-style-type: none"> <li>• There are 3 risks with a current score of 20</li> <li>• 1 of these risks is 4x5</li> <li>• 2 of these risks are 5x4</li> </ul>
Current Score 16	<ul style="list-style-type: none"> <li>• There are 11 risks with a current score of 16</li> <li>• All of these risks are 4x4</li> </ul>
Current Score 15	<ul style="list-style-type: none"> <li>• There are 8 risks with a current score of 15</li> <li>• All of these risks are 5x3</li> </ul>

### 3. Current red risk listing

#### Key to Risk Status

Risk is on track to meet target score in the agreed time frame. ■

Risk is on track but requires additional action to meet the target score in the agreed time frame. ■

Risk is off track and will not meet the target score in the agreed time frame. ■

The table below shows the detail of all red risks recorded for each Specialty in the Clinical Divisions for which the Chief Operating Officer provides assurance.

Division/ Specialty	Risk Title	Initial score (LxC)	Current score (LxC)	Target score (LxC)	First Approved as Red Risk	Risk Status
Div 1 Imaging	Age profile of imaging equipment - lack of investment - BHH, GHH, SHH. (4059)	15 (5x3)	15 (5x3)	4 (2x2)	Sep-17	
Div 1 Imaging	Diagnostic Imaging reporting delays impacting patient pathways and treatment time targets – QE. (2741)	20 (5x4)	15 (5x3)	4 (1x4)	Mar-19	
Div 1 Imaging	Reduced capacity within Imaging due to tax changes resulting in Consultant Radiologists reducing PA's/WLI Activity – QE. (2745)	15 (5x3)	15 (5x3)	5 (5x1)	Mar-19	
Div 1 Pharmacy	Sheldon Block Satellite pharmacy. Environment has insufficient storage for drugs which can lead to dispensing errors – GHH. (4006)	15 (5x3)	15 (5x3)	4 (2x2)	Jul-17	
Div 1 Labs	Risk to patient safety due to delayed diagnostic laboratory results, specifically relating to the 4 hour standard target – QE. (2292)	16 (4x4)	16 (4x4)	4 (1x4)	Mar-19	
Div 1 Labs	Sustainability of the current cytopathology service and planning for implementation of primary HPV testing – BHH. (4075)	12 (4X3)	20 (5x4)	4 (2X2)	Mar-19	
Div 1 Anaesthetics	Risk of reduced capacity within Anaesthetics due to tax changes resulting in Consultant Anaesthetists reducing PA's/WLI Activity – QE. (2855)	15 (5x3)	15 (5x3)	5 (5x1)	Jan-19	

Div 1 Theatres	Theatres in the Heritage building are at the end of their life cycle; if these fail, no capacity on the main site to transfer the services – QE. (2856)	20 (4x5)	20 (4x5)	4 (2x2)	Jan-19	
Div 3 A&E	ED Overcrowding: Impact of extended stay in ED to patients and staff - GHH, BHH. (3174)	15 (5x3)	16 (4x4)	9 (3x3)	Jan-14	
Div 3 A&E	Insufficient number and skill mix of junior and middle grade staff: Impact upon quality and safety of care - BHH, GHH, SHH. (3039)	12 (4x3)	20 (5x4)	3 (1x3)	Nov-17	
Div 3 A&E	Failure to Provide Management/support for mental health patients in the Emergency Department - BHH, GHH, SHH. (3214)	16 (4x4)	15 (5x3)	4 (2x2)	Oct-18	
Div 3 A&E	Failure to meet 4 hr target resulting in long patient waits in ED – QE. (3119)	16 (4x4)	16 (4x4)	4 (1x4)	Mar-19	
<b>Update on risk that is off track</b>	The excessive waiting times for bed allocation risk requires further work to get on track. To this end, a top 5 Immediate Action Plan is being implemented. Furthermore a new overarching improvement plan is being developed incorporating following action areas: System-wide, Emergency Department Process, Capacity Management / Specialities, Effective Relationships & Workforce.					
Div 3 A&E	AMU triage area: overcrowding leading to potential increase in mortality/morbidity – GHH. (4020)	16 (4x4)	16 (4x4)	4 (2x2)	Nov-17	
Div 3 Community	Funding for non-effective hours in Adult Community Nursing leading to compromised patient and staff safety – SHH. (4290)	15 (5x3)	15 (5x3)	3 (1x3)	Jan-19	

Div 4 Ophthalmology	Long waiting time for ophthalmology outpatient follow up appointments which could lead to loss or deteriorating vision – QE. (3120)	20 (5x4)	16 (4x4)	4 (1x4)	Mar-19	
<b>Update on risk that is off track</b>	<p>The Long waiting times for ophthalmology risk will not be resolved until the backlog of long waiting patients has significantly reduced. This requires additional estates and workforce capacity to meet the demand. The divisional action plan is summarised below with updates in italics:</p> <ol style="list-style-type: none"> <li>1. Develop a joint QE, HGS sites &amp; BMEC service strategy and integrate the management teams (QE &amp; HGS sites initially) July 19 <i>QE and HGS now integrated and work is ongoing for BMEC-continuing discussions.</i></li> <li>2. Maximise opportunity to utilise other providers (e.g. HealthHarmonie Community Provider, 18 Weeks Support Insourcing Provider, Aspen Midland Eye Community Private Provider) May 19 <i>With HealthHarmonie and 18 weeks support we are sending cases out to clear back log.</i></li> <li>3. Increase working hours (evenings and weekends) within the currently physical space August 19 <i>Consultation process for evening and 6 day working; writing a business case for HGS sites.</i></li> <li>4. Develop further extended roles for non-medical grades (e.g. nurses, othoptists and optometrists) April 19 <i>HGS sites is complete and they are increasing injection clinics. Optometrists also looking to provide a scope service.</i></li> <li>5. Support the development of technological solutions to meeting demand (e.g. virtual clinics, artificial technology) September 19 <i>Ongoing</i></li> <li>6. Escalate through contracts the need for specialist commissioning for tertiary services such as Neuro-Ophthalmology, Uveitus and complex surgery. April 19 <i>Complete and commissioners fully aware. However, still trying to set up meeting with NHS England.</i></li> <li>7. Establish community clinics at Sparkbrook, Washwood Health and/or another suitable location Business case June 19 <i>Still on-going- looking at alternative options.</i></li> </ol>					
Div 5 T&O	Timely review of patients through skill mix and number of new junior doctors – BHH. (3312)	20 (5x4)	16 (4x4)	4 (1x4)	Oct-18	
Div 5 T&O	Timely care of patients due to numbers of Nurses across the specialty – BHH. (3565)	20 (5x4)	16 (4x4)	4 (1x4)	Oct-17	
Div 5 Breast Surgery	Delayed diagnosis of breast cancer due inability to offer 2ww OP appointment due to lack of radiology support - BHH, GHH, SHH. (4300)	20 (5x4)	16 (4x4)	4 (1x4)	Feb-19	

The table below shows the detail of all red risks recorded for each member of the Executive Team in their Corporate Area of responsibility

CTO Estates	Suitability of the Estate to enable the delivery of Clinical Services – BHH. (3131)	20 (5x4)	16 (4x4)	8 (2x4)	Apr-18	
CIO Education	Failure to meet public sector apprenticeship target and utilise total levy funding. (3196)	20 (5x4)	15 (5x3)	3 (1x3)	Dec-18	
DCA Info Gov	Non-compliance with GDPR and DPA 2018. (2671)	20 (5x4)	16 (4x4)	4 (2x2)	Nov-18	
MD ICT	Ability to provide a secure and stable ICT infrastructure that supports delivery of high quality care and business functions. (3113)	20 (4x5)	16 (4x4)	3 (1x3)	Jun-19	

## Approval and Assessment of Red Operational Risks

The Risk Report provides assurance to the Board of Directors in regards to the management of red operational risks in the Trust. To ensure the quality and consistency of this assurance each red risk needs:

- Confirmation that the risk has been approved according to the Risk Management Policy; and
- Confirmation as to the status of the risk.

### Approving Red Risks

Red risks can be approved by a Director (where the risk is owned by a department under their remit) or by a Divisional Management Team (where the risk is owned by a clinical specialty under their remit). The details of the approval (date and who approved the risk as red) must be recorded.

### Assessing the Status of Red Operational Risks

There are 3 statuses for a Red Operational Risks when reported to the Board of Directors, they are:

<p><b>1. The risk is On Track to meet the Target Score within the agreed time frame.</b></p> <p>A risk may be assessed as On Track (green) where the actions listed can clearly and reasonably reconcile the Current Score of the risk to the Target Score.</p> <p>Each of the actions listed should have a reasonable prospect of being completed by the agreed Target Date. The appropriate Target Date for each action will be confirmed at the time that the risk is approved as a Red Risk.</p>	
<p><b>0</b></p> <p><b>2. The risk is On Track but requires additional action to meet the Target Score within the agreed time frame.</b></p> <p>A risk may be assessed as On Track (amber) where the actions listed cannot clearly and reasonably reconcile the Current Score of the risk to the Target Score, but where actions can be amended or new actions can be introduced by the Risk Owner to address this.</p> <p>Each of the actions listed should have a reasonable prospect of being completed by the agreed Target Date.</p>	
<p><b>3. The risk is Off Track and will not meet the Target Score within the agreed time frame.</b></p> <p>A risk may be assessed as Off Track (red) where the actions listed cannot clearly and reasonably reconcile the Current Score of the risk to the Target Score, and where no other actions can be introduced by the Risk Owner to address this.</p>	



## **Appendix C: Mapping Strategic Risks to the Trust's Priorities**

To ensure that the Board of Directors is informed on the potential consequence of strategic risks, a mapping exercise has been undertaken to identify the level of strategic risk which may be linked to the achievement of the Trust's priorities. As each risk may impact on more than one priority the mapping is based on the main/primary consequence.

Ref	Risk	Owner	Initial (LxC)	Current (LxC)	Target* (LxC)
<b>Priority 1: Maintaining effective day-to-day operational and financial performance</b>					
SR1/18	Financial deficit in excess of planned levels	CFO	20 (5x4)	<b>12</b> <b>(4x3)</b>	6 (2x3)
SR2/18	Cash flow affects day to day operations of Trust	CFO	15 (5x3)	<b>12</b> <b>(4x3)</b>	6 (2x3)
SR3/18	Prolonged and/or substantial failure to meet operational performance targets.	COO	25 (5x5)	<b>20</b> <b>(5x4)</b>	9 (3x3)
SR4/18	Increasing delays in transfer of care from UHB sites in excess of agreed targets	DoP	25 (5x5)	<b>16</b> <b>(4x4)</b>	9 (3x3)
SR5/18	Unable to recruit, control and retain adequate staffing to meet the needs of patients	CWIO	20 (5x4)	<b>16</b> <b>(4x4)</b>	12 (3x4)
SR6/18	Material breach of clinical and other legal standards leading to regulatory action	DCA	16 (4x4)	<b>8</b> <b>(2x4)</b>	4 (1x4)
SR7/18	Failure of IT systems to support clinical service and business functions	MD	25 (5x5)	<b>12</b> <b>(3x4)</b>	4 (2x2)
SR1/19	Prolonged and/or substantial failure to deliver standards of nursing care	CN	20 (5x4)	<b>12</b> <b>(3x4)</b>	6 (3x2)
SR2/19	Ability to deliver high quality of care if withdrawal from the EU continues with no agreement in place	DCA	25 (5x5)	<b>12</b> <b>(4x3)</b>	8 (4x2)
<b>Priority 2: Integrating our clinical services and corporate functions</b>					
SR13/18	Failure to realise the opportunities and benefits of merger	CWIO	20 (5x4)	<b>16</b> <b>(4x4)</b>	8 (2x4)
<b>Priority 3: Transforming our healthcare services to be more efficient and responsive using technology</b>					
SR8/18	Adverse impact of BREXIT on Trust innovation agenda	CIO	16 (4x4)	<b>12</b> <b>(4x3)</b>	8 (4x2)
SR10/18	Failure of commercial ventures	CWIO DCA CFO	20 (4x5)	<b>6</b> <b>(2x3)</b>	6 (2x3)
SR12/18	Unable to maintain and improve quality and quantity of physical environment to support the required level of service	CTO	25 (5x5)	<b>16</b> <b>(4x4)</b>	9 (3x3)