

**Appendix A Board Assurance Framework - Quarter 2 2018/19** \* 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 <i>Gaps in controls or assurance</i>	Timescale to complete action
SR1/18	<p><b>Financial deficit significantly 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 sustainability funding may lead to lower than planned income.</li> <li>*Requirement for additional financing may lead to increased costs.</li> <li>*Regulatory intervention may lead to constraints in decision making by Board</li> <li>*Adverse media coverage may lead 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 failure to meet CIP targets, increased procurement costs as a result of BREXIT, and contractual fines.</li> <li>*Lower than planned income due to such factors as the ability to meet operational targets, data quality issues and ability to take advantage of innovation opportunities.</li> </ul>	ECFO	20 (5x4)	9 (3x3)	6 (2x3)	<ul style="list-style-type: none"> <li>* Trust Annual Financial Plan</li> <li>* NHS Improvement Annual Plan Return, monthly reporting to NHS Improvement and Board including CIP delivery expenditure and income</li> <li>* Internal policies and procedures</li> <li>* SFIs / Standing Orders.</li> <li>* Scheme of Delegation</li> <li>* Trust financial system (SAGE - QEHB and ORACLE - HGS) reflects the approved SFIs and Scheme of Delegation.</li> <li>* New financial reporting (HGS)</li> <li>* Key senior appointments made to finance team</li> </ul>	<p>Trust Annual Financial Plan approved by Board in April 2018</p> <p>Internal: monthly financial reports to BoD, CEAG, CCQ meetings.</p> <p>Financial Improvement Group meetings with operational divisions (QEHB)</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: Annual Operational Plan documents submitted to NHS Improvement. External Audit reviews and Counter Fraud Service Assessment. External assessment of effectiveness of Counter Fraud Service assessed as adequate.</p>	<p>Support Internal Auditors with ongoing scrutiny and assurance</p> <p>Medical efficiency programme (focus on locums &amp; job planning)</p> <p>Workforce redesign</p> <p>Roll out of SLR and Patient Level Cost Benchmarking (Albatross) to identify further efficiency opportunities</p>	Ongoing
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>*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> </ul>	ECFO	15 (5x3)	9 (3x3)	6 (2x3)	<ul style="list-style-type: none"> <li>* Trust Annual Financial Plan fortnightly</li> <li>* Weekly cash meetings to manage cash flow and discuss cash management measures</li> <li>* Working capital loan agreed in principal</li> </ul>	<p>Trust Annual Financial Plan approved by Board in April 2018</p> <p>Cash positions reports to Board</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: Monthly financial return for cash balance and cash forecasts reported to NHSI</p>	<p>Over 90 Day debt recovery - recovery plans to be strengthened</p>	Ongoing
SR3/18	<p><b>Prolonged and/or substantial failure to meet operational performance targets.</b></p> <p>Failure to achieve operational performance targets for:</p> <ol style="list-style-type: none"> <li>1. 4 hour ED target</li> <li>2. Cancer 62 day</li> <li>3. RTT</li> <li>4. Cancellations due to capacity constraints on wards or transplants</li> </ol> <p>may impact on the following:</p> <ul style="list-style-type: none"> <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> <ul style="list-style-type: none"> <li>* Demand for acute, specialist and tertiary services exceeds the Trust's capacity.</li> <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> </ul>	COO (QEHB and HGS)	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>QEHB sub-groups</p> <ul style="list-style-type: none"> <li>- Seamless surgery</li> <li>- Outpatients steering group</li> <li>- Unscheduled care steering group (USC)</li> <li>- Cancer steering group (CSG)</li> <li>- Financial improvement group (FIG)</li> <li>- Tracking and assurance meetings for RTT and Cancer</li> <li>- Operational delivery groups (ODG)</li> </ul> <p>HGS sub-groups</p> <ul style="list-style-type: none"> <li>- Urgent Care</li> <li>- Length of Stay</li> <li>- Scheduled Care</li> <li>- DRM and CIP Steering Group</li> <li>- Tracking and assurance meetings for RTT and Cancer</li> </ul>	<p>Internal:</p> <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 Services Steering Group (breast and cancer) - QEHB</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>COOG ODG fortnightly meetings - QEHB</p> <p>External:</p> <p>NHSI/CCG and UHB joint assurance meeting (cancer)</p>	<p>Review of Divisional Assurance Processes</p> <p>Review to the Divisional Performance Management Framework</p> <p>Short, medium and long term plans to be presented to the Executive teams by Divisions.</p> <p>Review of financial improvement groups</p> <p>Continue to actively monitor the delivery of action plans</p>	Ongoing
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)	20 (5x4)	9 (3x3)	<ul style="list-style-type: none"> <li>*Alternative sources at HGS to prevent delays to discharge and systems in place to ensure this capacity is effectively managed i.e. Supported Integrated Discharge (SID), Recovery at Home (R@H) et al.</li> <li>*Conference calls with partners escalating delays and quality concerns for resolution by partners.</li> <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. Daily board rounds.</li> <li>*Weekly escalation meetings in place with Director of Partnerships and the Director of Corporate Affairs to try to resolve complex cases.</li> <li>*Monthly hub meetings in place for senior managers to review performance and monitor internal action plan.</li> <li>*Senior Trust managers involved in STP system project teams looking at development of early intervention services and improving fast track and continuing healthcare processes.</li> <li>*DTCOC performance on BSOL A&amp;E Delivery Board agenda which is chaired by the Chief Executive.</li> <li>*Chief Executive Officer corresponds frequently with NHS Improvement/Monitor/CQC.</li> </ul>	<p>Birmingham wide daily capacity reports. Minutes of (Birmingham &amp; Solihull) BSOL A&amp;E Delivery Board, and the Early Intervention Social Care &amp; Health Integration Meeting.</p> <p>Internal: Discharge Hub established. At QE electronic tracking system with daily board round records for each patient and agreed actions.</p> <p>Relevant Executive &amp; Operational Groups RRR Project agendas/minutes, Papers and minutes of the QE Unscheduled care group.</p> <p>BoD performance papers and minutes</p> <p>External: BSOL A&amp;E Delivery Board papers and minutes. BSOL Birmingham Ageing Well Board papers and minutes. Newton system diagnostic analysis and findings November 2017. STP Board papers and minutes February 2018.</p> <p>Internal: Feedback from Executive meetings with Government leads to establish influence over policy and strategy.</p>		

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SR5/18	<p><b>Unable to meet the requirements of the Trust's staffing model</b></p> <p>If the Trust cannot recruit, control and retain adequate staffing then this may lead to:                      *Impact on quality and patient experience which may lead to formal complaints and CQC intervention.                      *Unintended harm to patients which may result in increasing number and severity of incidents and claims.                      *Inability to meet financial targets which may lead to unfunded expenditure.                      *Adverse media coverage and reputational damage.                      *Adverse effect on staff morale leading to increase in absence and retention difficulties.                      *Spending above planned levels that may lead to pressure on control total.                      *Ability to meet legislative requirements relating to staffing may lead to financial penalties.</p>	<p>Inability to meet the Trust's staffing model may be caused by:                      *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.                      *Compliance with policy and procedures that enforce standards of employment and required ways of working.                      *Retention of staff who are in post.</p>	EDWI	20 (5x4)	16 (4x4)	12 (3x4)	<p>*Recruitment plans for clinical professions. 2018/19 Workforce planning return submitted to NHSI / HEE.                      *Workforce policies and procedures                      *Retention Strategy                      *Leadership and management education programme established for middle and senior managers.                      *Talent Management champions trained and established with Talent Management embedded into revised appraisal policy (HGS)                      *Mentorship and Coaching freely available through leadership portal on the website.                      *Top Leaders programme available through NHS Academy with sponsorship for additional bespoke programmes identified.                      *Daily and weekly review of staffing levels and skill mix                      *Use of bank and agency with robust monitoring system and Exec sign off                      * Health and Well Being Initiative (QEHB)                      * Agenda for Change enhancements                      * Harmonisation of bank rates                      * enhanced use of social media for recruitment                      * International Fellows Programme                      * Cross-site working harmonisation</p>	<p>The Strategic Workforce group meets bi-monthly and provides updates to Trust Board and CEAG                      Medical workforce group chaired by Deputy CEO                      Reports to Board of Directors                      KPI evidence reports                      Staff survey                      Training records and ESR.                      Monthly Senior Team meetings with Divisions                      Monthly Junior Doctor Steering Group                      Audit Committee reports confirm the reliability of financial records and compliance with Trust policies and regulation                      Junior Doctor Taskforce Group (QEHB)                      Cross- Site Working Group                      Medical Agency Task &amp; Finish Group</p>	<p>Implement the revised Talent Management process                      Implement Health and Well Being Initiative at HGS                      Exploiting the overall package including 18/19 wage increase to be incorporated as part of recruitment and retention communications                      Strategic Workforce Task and Finish Group for all Divisions to identify key groups for retention across the Trust                      Review of recruitment process to reduce delays                      Alignment of HR Workforce to ensure greater consistency and support to Divisional teams                      Review of HR and Education IT platforms across the Trust                      Complete the Allocate rollout</p>	<p>Q3 2018/19                      Q4 2018/19                      Q3-4 2018/19                      2019/20</p>
SR6/18	<p><b>Regulatory Action</b></p> <p>Where a regulator takes action against the Trust this may lead to any of the following:                      *Licence conditions which introduce constraints in decision making by Board.                      *Financial penalties incurred may lead to unfunded expenditure.                      *Adverse media coverage may lead to reputational damage.                      *Mandatory improvements may lead to unfunded expenditure.</p>	<p>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.</p>	DCA	16 (4x4)	12 (3x4)	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. The annual Board paper is included as part of the Annual Business Cycle to ensure that the declaration is submitted in line with NHS Improvement's deadlines.</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>The Risk and Compliance Team continue to work with department leads to see how the organisation can collect data in the format required for the CQC's annual provider information request.</p> <p>The Clinical Risk and Compliance Unit has processes in place to:                      - manage national and local audits to ensure evidence shows compliance with that process.                      - manage incidents and identify trends.                      - 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.                      - manage NCEPOD studies and identify actions, in conjunction with the clinical teams in response to the outcome of the relevant study.                      - Manage oversight of any external visits                      - Manage the QSIS specialised services peer review programme</p> <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 will allow 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><b>Internal:</b> Board Meeting Minutes.                      Annual Governance Declaration  <b>Internal:</b> Quarterly Board Meeting Minutes.                      Quarterly divisional performance meetings                      Contract review meetings                      Internal Audit                      Internal: Presentation at BOD seminar in May 2016                      Quarterly compliance reports to BoD and Audit Committee.                      CQC external report                      DCA Group minutes                      Compliance Framework reports to DCQG meetings every quarter  <b>Internal:</b> Quarterly compliance reports to BoD                      DCA Governance Group minutes                      National Audit presentation to COMG                      Clinical Quality Monitoring Group (CQM)                      Divisional Management Teams                      Health and Safety Executive Committee minutes                      Information Governance Group minutes                      Policy Review Group minutes                      DCQG quarterly compliance reports  <b>External:</b> QSIS self-declaration</p>	<p>CQC temporary Steering Group to meet fortnightly                      Well-Led workstream to be assessed against CQC framework                      Use of resource review to be undertaken with Finance</p>	<p>Ongoing                      Ongoing                      Ongoing</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 fail then this may lead to:                      *Service disruption which impacts on safety, quality and patient experience.                      *Cyber security attacks                      *Quality of IT infrastructure.                      *IT strategy not aligned to Trust objectives.                      *Failure of 3rd party providers.                      *Failure to sustain funding at an adequate level.                      *Malicious intent/staff actions.                      *Adverse media coverage and reputational damage.                      *Adverse effect on staff morale leading to increase in absence and retention difficulties.                      *Loss of personal data that may lead to regulator intervention and fines                      *Decrease in data quality which may impact on income or ability to meet reporting requirements and may increase pressure on clinical staff.</p>	<p>Issues that may have an impact on IT systems include:                      *Appropriate skills and number of IT staff.                      *Cyber security attacks                      *Quality of IT infrastructure.                      *IT strategy not aligned to Trust objectives.                      *Failure of 3rd party providers.                      *Failure to sustain funding at an adequate level.                      *Malicious intent/staff actions.</p>	CE	25 (5x5)	6 (3x2)	4 (2x2)	<p>* Full Business continuity plans                      * Emergency Preparedness Policy and procedure                      * Service management processes in place.                      * Security standards and policies implemented.                      * Regular data backups and checks that the back-ups have integrity.                      * ISO 9001/ISO 27001 certified.                      * Recover Plans/Contingency Plans for critical systems                      * Workforce Plan                      * Quality Management System</p> <p>Telephone system replacement solution</p> <p>Data Centre 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                      * Reports from table top exercises.                      * Documented and approved service management processes.                      * 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                      * Bi-monthly updates to IG group                      * Validation of table top exercises by an external auditor. ISO 9000 (HGS)                      * Monthly updates to joint Digital Healthcare Group                      * Change Advisory Group (weekly) (in the narrative we call this                      * Weekly RCA meetings to review Priority 1 RCAs                      * ISAG (monthly)                      * Cyber reports to Audit Committee (quarterly)                      * Monthly updates to Board of Directors via Medical Director                      * Monthly updates to Emergency Planning Group (for BCP)                      * Information asset owners to provide assurance with respect to BCPs                      * Major Incident/Mass Casualty Plan</p>	<p>The maturity of our systems and capabilities of our people is constantly improving but we need further development to create a truly robust environment.                      Ongoing review of workforce recruitment and retention to inform QMS Manual (ISO9001:2015 7.2)                      Review of processes and rolling modernisation of technical security control                      Consolidation of policies and procedures                      Install PICS at HGS sites                      Additional Progress at HGS                      Network, wireless and telephone capital milestones work programme continues and is on plan                      IT to undertake gap analysis and develop necessary remediation plan including potential investment via business case.                      IT align technical controls to meet policy                      Informatics scoping work to be undertaken to develop appropriate investment case                      Analysis of information flows commenced                      ISO Audit and strategy to be developed to set out actions required for non-conformances.                      Business Case paper with options for secondary Data Centre</p>	<p>2020                      Dec 2019                      Dec 2018                      Dec 2018/Jan 2019</p>
SR8/18	<p><b>Adverse impact on Trust innovation agenda.</b></p> <p>If the Trust is unable to maintain progress then this may cause:                      *Increase in procurement costs leading to unfunded expenditure                      *Limited access to European research networks                      *Inconsistent supply of products leading to adverse impact on quality of service                      *Delays in new products being developed and coming to market                      *Access to markets for new and current products                      *Ability to attract appropriate research staff                      *Migration system inhibit the free movement of scientists, researchers and scientific technicians                      *UK trials are no longer able to recruit European patients which would lessen the benefits for patients</p>	<p>The main cause of this risk is the uncertainty related to the future of funding and innovation frameworks as a result of BREXIT.</p>	EDWI	16 (4x4)	12 (4x3)	8 (4x2)	<p>*Membership of overseas research networks                      *Exploration of non-EU trials work                      *Strategic alliance through Birmingham Health Partners (BHP) who continue to lobby regarding Brexit uncertainty                      * Working with Pharma companies to provide a premium service                      * Clarification of 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                      BHP Executive Board meet bi-monthly                      BHP Research updates to UHB Board 6 monthly                      Strategic Research Executive Group update the Board</p>	<p>Ongoing monitoring                      Continue lobbying</p>	

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SR9/18	<b>In-patient infections significantly in excess of agreed national levels</b>  The Trust cannot exceed national levels in-patients infection which may lead to the safety of patient experience being compromised. This could further lead to  *formal complaints/concerns made against the Trust.  *decrease in patient flow and increase capacity and the Trust's ability to meet national targets.  *Regulatory intervention may lead adverse media coverage may lead to reputational damage.  *Financial penalties incurred may lead to unfunded expenditure.	Factors that may affect our ability to controls infections are:  *Increase in prevalence in community  *Drug company's changing medication products  *Lack of compliance with policy  *New/resistant strains may arise  * Requirement for staff flu vaccination	ECN	25 (5x5)	6 (3x2)	4 (2x2)	*Infection Prevention and Control Policy *Health and Safety Policy * Procedure for Isolation * Pre Employment Checklist * Monitoring and surveillance undertaken * An MRSA action plan has been implemented has been put in place monitored by the IPC Group. * Cleanliness audit * Hand hygiene audit * Flu vaccination programme	<b>Internal</b> Audit and surveillance reported to Operational IPC Group  Monthly MRSA action plan reporting to IPC Steering Group  Monthly IPC Steering Group report provided to Board.  Monthly Patient Care Quality Group report includes Infection Control updates, progress on actions and audit outcomes  <b>External</b> Reporting to NHSI, CCG, and CQC Reporting on flu vaccination update		
SR10/18	<b>Failure of commercial ventures</b>  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. *Adverse media coverage and reputational damage. *Claims, financial losses and unfunded expenditure. *Regulatory action and constraints in decision making by Board. *Adverse effect on staff morale leading to increase in absence and retention difficulties.	The viability and sustainability of commercial ventures may be affected by: *Partner behaviours and culture. *Adequate management and oversight of ventures. *Market uncertainty (especially around BREXIT) *Increased competition *3rd party claims.	EDSO/DCA/ECFO	20 (4x5)	6 (2x3)	6 (2x3)	Principles for investment include appropriate due diligence and a risk assessment upon entering into each venture.  New contracts are routinely reviewed	Investment Committee papers. The group meets every two months.  Corporate Affairs  Quarterly Project Directors Report to Board of Directors	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.  The Director of Strategic Operations will meet with the Shelford Group to discuss placement of international fellows	Ongoing
SR11/18	<b>Merger has adverse effect on Trust</b>  Now that transaction to merge QE and HEFT into a new organisation has taken place the realignment of services may have an impact on the following:  *Service disruption which impacts on quality and patient experience.  *Adverse media coverage and reputational damage.  *Adverse effect on staff morale leading to increase in absence and retention difficulties.  *Opportunities to improve service and business not fully realised leading to increased cost and loss of income.	There is a challenge in managing substantial change and achieving a cohesive culture which recognises the best of predecessor organisations while aligning services to realise the opportunities. This may be caused by: *Unknown issues coming to light.  *Differences in culture creating barriers.  *Effectiveness of communications.  *Capacity and capability to manage substantial change.	EDSO/DCA	20 (4x5)	9 (3x3)	6 (2x3)	Trust Integration Plan - next stage  Due diligence completed as a part of the transaction  Clinical and Corporate Compliance Frameworks  Communications plan as a part of Trust Integration Plan	Monitored through SOSG  Reported to board and regulators  Project Closure Report submitted to BoD July 2018  SOSG update reports to BoD		
SR12/18	<b>Unable to maintain and improve quality and quantity of physical environment to support the required level of service</b>  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:  *Service disruption which impacts on quality and patient experience.  *Longer waiting times and missed operational targets.  *Adverse media coverage and reputational damage.  *Adverse effect on staff morale leading to increase in absence and retention difficulties.  *Opportunities to improve service and business not fully realised leading to increased cost and loss of income.	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:  *The poor quality of the current estate in some areas of the Trust.  *Ability to meet requirements of maintenance program.  *Funding for new capital projects.  *Alignment of Estates strategy to meet future requirements.	EDSO	25 (5x5)	16 (4x4)	9 (3x3)	Scheduled Divisional reporting and monitoring  Proactive risk management system to continuously measure and monitor risk and prioritise investment and allocation of resource.  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.  Reactive Maintenance SLA to ensure the Estates, Plant, Infrastructure & Equipment are returned to use in a timely manner.  Priority risk based annual Capital Bids to improve the Estate and upgrade Plant, Infrastructure Equipment etc.  Estates strategy and workforce model  Customer satisfaction survey	COOG x 2 monthly  Estates Department Performance & Assurance Framework  Monthly Directorate Statutory Compliance Group Assurance Meeting  Internal Audit Programmes  External Accreditation to ISO9001 & ISO14001 standards  Six Facet Property Condition Survey (HGS)  Funding agreed for current preparation work undertaken to date to develop ACAD building and associated utility infrastructure.  ACAD outline Business Case	Determine which clinical services are to be provided from which site to balance use of the existing Estate  Estate Strategy to be aligned across the enlarged Trust  Realignment of significant investment in Estate development to meet Clinical Needs and proposed development  Full Business Case to be submitted for ACAD  Six Facet Property Condition Survey for QEHB	TBC  Q3 2018/19  Q3 2018/19  Q3 2018/19  Q4 2019/20