

Appendix A Board Assurance Framework - Quarter 2 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>Financial deficit in excess of planned levels</p> <p>Any material financial deterioration against the Trust's financial plan may result in:</p> <ul style="list-style-type: none"> * Reduced 'Use of Resources' score which forms part of the NHS regulators measurement of providers * Decrease in central sustainability funding thus reducing Trust cash balances * Requirement for additional financing may lead to increased costs * Regulatory intervention leading to constraints in decision making by Board * Adverse media coverage leading to reputational damage 	<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"> * 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. * Lower than planned income due to operational pressures or data quality issues. 	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>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 - Ongoing</p> <p>Medical efficiency programme (focus on locums & job planning) - Ongoing</p> <p>Roll out of a range of other initiatives to identify further efficiency opportunities - Ongoing</p>
SR2/18	<p>Cash flow affects day to day operations of Trust</p> <p>If the Trust cannot maintain a sufficient cash balance this may result in:</p> <ul style="list-style-type: none"> * Delayed payment of staff salaries resulting in increased staff turnover and decrease in morale * Requirement to source additional funding which may lead to increased costs and regulatory pressure * Delayed payment of invoices to suppliers may stress the supply chain and affect our ability to procure goods and services * Adverse media coverage may lead to reputational damage 	<p>This risk may occur as a result of:</p> <ul style="list-style-type: none"> * 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. * 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. * 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. * 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. * New NHS funding included in the 2019/20 tariffs and prices but cash will only flow once contracts have been signed with key commissioners. 	CFO	15 (5x3)	12 (4x3)	6 (2x3)	<p>Trust Annual Financial Plan.</p> <p>Fortnightly cash meetings to manage cash flow and discuss cash management measures</p> <p>Working capital loan agreed in principal 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>Internal:</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>Received 2018/19 central funding from NHSI (£18.0m)</p> <p>Finalise 2019/20 contracts with commissioners (to unlock cash payments)</p> <p>Receive Q1 19/20 central funding from NHSI (£6.5m)</p>	<p>Receive Quarter 2 Central Funding - Q3 19/20</p> <p>Receive Quarter 3 Central Funding - Q4 19/20</p> <p>Settle 2018/19 healthcare income over performance with commissioners - Q3 19/20</p> <p>Make income recovery (and debt reduction) a priority - during 2019/20</p> <p>Discussions started about future repayment or roll over of existing working capital loans - Q3 19/20</p>
SR3/18	<p>Prolonged and/or substantial failure to meet operational performance targets</p> <p>Failure to achieve operational performance targets for:</p> <ul style="list-style-type: none"> * 4 hour ED target * Cancer 62 day * RTT * Diagnostics <p>may impact on the following:</p> <ul style="list-style-type: none"> * Financial delivery of CIP and use of resources, productivity and efficiency * Potential for unintended harm to patients due to longer waiting times which may result in increasing number and severity of incidents and claims * Patient experience may fall below the required standards which may lead to an increasing number of complaints * Reputational damage may arise as a result of adverse media coverage * Regulatory action may lead to loss of licence or service and constraints in Board decision making * Financial penalties and loss of income which may lead to unfunded expenditure for some indicators * Ability to deliver the Trust's Annual Plan 	<p>The main factors that effect the ability of the Trust to deliver operational performance targets are:</p> <ul style="list-style-type: none"> * Demand for acute, specialist and tertiary services exceeds the Trust's capacity. * Out of area referrals * High demand in ED * Other Tertiary growth * Timeliness of tertiary referrals (referrals received after breach) * Flexibility of staffing levels to meet increasing demand * Clinical equipment and Estate * Delayed transfers/ partner agencies * Potential for BREXIT to impact on patient pathways and quality e.g. availability of drugs, consumables, radiopharmaceuticals and medical equipment. * Reduced uptake of additional sessions by Consultants due to pension and tax issues 	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> <ul style="list-style-type: none"> - Scheduled Care - Cancer - Urgent Care - Financial improvement groups <p>Controlled documents addressing:</p> <ul style="list-style-type: none"> * ED Standards/Bed Capacity * Cancer Tracking * RTT Management inc diagnostics 	<p>Internal:</p> <p>Performance against national targets and waiting list size - performance reports to COOG, CEAG and BoD.</p> <p>The Access and RTT Working Group meets to assess whether targets are being achieved as well as reviewing and updating action plans. Specialty specific action plans developed for high priority/risk services. Escalation processes run in parallel to Divisional/specialty waiting list meetings to ensure long waits are addressed.</p> <p>Tumour specific Cancer Patient Tracking Meetings (PTLs) meet weekly for all major tumour types to assess capacity, identify delay issues and themes and forecast current and future performance and risks. Delays and required actions are escalated twice weekly to operational teams and feed into monthly reporting to support internal divisional assurance meetings.</p> <p>Cancer Improvement Group meets monthly to review high-level performance issues and risks and to oversee trust-wide recovery and improvement.</p> <p>Divisional internal assurance meetings take place 1-2 times per month and are supported by Cancer Services both through the provision of performance information and by reinforcing the confirm and challenge arrangements around specialty-level recovery plans.</p> <p>CCQ papers and minutes</p> <p>Monitoring figures for ED performance and capacity via bed meetings and dashboards. Short, medium and long term plans.</p> <p>Specific remedial recovery plans and Task and Finish Groups. RCAs undertaken into zero tolerance events to identify further issues for resolution.</p> <p>COOG</p> <p>External:</p> <p>NHSI/CCG/ and UHB assurance meetings</p>	<p>Continue to actively monitor the delivery of recovery action plans - Ongoing</p> <p>Specific specialties subject to targeted support in further developing and delivering improvement action plans - Ongoing</p> <p>Review of Access Policy and SOPs to align to single operating model following changes to Divisional Management structure - Ongoing</p> <p>Informatics support to align and amend reporting arrangements from the multiple systems - Ongoing</p>

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SR4/18	<p>Increasing delays in transfer of care from UHB sites in excess of agreed targets</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"> * Pressure on patient flow which impacts on quality of care and patient experience. * Requirement to increase capacity on an ad hoc basis may lead to increased cost * Adverse media coverage may lead to reputational damage * Longer waiting times may lead to missed operational targets * Capacity to admit new patients may lead to patient safety issues * Missed operational targets may lead to loss of income and financial penalties 	<p>Delayed transfer of care may be caused by:</p> <ul style="list-style-type: none"> * Patient and relative choice * Capacity in nursing and residential accommodation * Delays in availability of care packages * Awaiting completion of internal and external assessments * Awaiting the provision of care by other NHS providers * Awaiting Mental Health ongoing care. 	DOP	25 (5x5)	16 (4x4)	9 (3x3)	<ul style="list-style-type: none"> * 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. * 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. * Establishment of home therapy step down service (pilot) with BCHC for QE patients from Sept 18. * Regular meetings with senior managers from South Staffordshire and Solihull focusing on DTOC action plans and performance. * Weekly system meeting established focusing on CHC performance chaired by UHB management representative. * BHH, GHH, & 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. * 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&E Delivery Board agenda which is chaired by the UHB Chief Executive . * Chief Executive Officer corresponds frequently with NHSE/NHSI/CQC. * Conference calls with partners escalating delays and quality concerns for resolution by partners * As part of the BSOL STP work the Early Intervention workstream has commenced the system transformation work for older people. 	<p>Internal:</p> <ul style="list-style-type: none"> * QE electronic tracking system with daily board round records for each patient and agreed actions. * Daily board round evidence from BHH, GHH and SHH sites. * Weekly DTOC reports for all sites. * Project team minutes/action plans - Homewood and QEHB Home therapy pilot * Papers and minutes of the QEHB, and HH/ GHH/SH Urgent Care Groups * BoD performance papers and minutes * BSOL Early Intervention Steering Group minutes * Birmingham Older Peoples Project Board minutes * Feedback from Executive meetings with Government leads to establish influence over policy and strategy <p>External:</p> <ul style="list-style-type: none"> * BSOL A&E Delivery Board papers and minutes. * BSOL Birmingham Ageing Well & Later life Board papers and minutes. * Newton system diagnostic analysis and findings November 2017. * STP Board papers and minutes February 2018. * Solihull Together minutes <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>	Senior Trust managers involved in STP system project teams looking at development of early intervention services and improving fast track and continuing healthcare processes - Q3/Q4 19/20
SR5/18	<p>Unable to recruit, control and retain adequate staffing to meet needs of patients</p> <p>If the Trust cannot recruit, control and retain adequate staffing then this may lead to:</p> <ul style="list-style-type: none"> * 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>Inability to meet the Trust's staffing model may be caused by:</p> <ul style="list-style-type: none"> * 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 	CWIO	20 (5x4)	16 (4x4)	12 (3x4)	<ul style="list-style-type: none"> * Recruitment plans for clinical professions. * Workforce policies and procedures * Retention Strategy * Leadership and management education programme established for middle and senior managers * 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 * Agenda for Change 3 year pay deal (18/19 onwards) * Harmonisation of bank rates * Enhanced use of social media for recruitment * International Fellows Programme * Cross-site working harmonisation 	<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 performance and 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 NHSI/HEE</p>	<p>Continue support of Nursing Associates Programme - Ongoing</p> <p>Ongoing communications regarding the recruitment and retention package including the Agenda for Change pay deal enhancements - Ongoing</p> <p>Paper to be presented to CEAG regarding the implementation of a single ESR system - Q3 19/20</p> <p>Decision and potential commission of new recruitment management system - Ongoing</p>
SR6/18	<p>Material breach of clinical and other legal standards leading to regulatory action</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"> * 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>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)	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 & Performance Team Performance Monitoring Arrangements</p> <p>The Clinical Compliance Framework has been implemented within specialities 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"> * 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>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>Internal: Board Meeting Minutes Annual Governance Declaration</p> <p>Internal: Quarterly Board Meeting Minutes Quarterly divisional performance meetings Contract review meetings Internal Audit</p> <p>Internal: 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>Internal: 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>External: QSIS self-declaration</p> <p>Internal: 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 - Q4 19/20</p> <p>Implement actions from CQC review - Ongoing</p> <p>Trust's compliance framework to be reviewed against the CQC report findings to ensure that it is robust - Q3 19/20</p> <p>Review of Statutory Compliance - Q3 19/20</p> <p>Good Governance Institute report to Trust Board relating to Well Led Framework - Nov 2019</p> <p>Internal Audit of Health and Safety Procedures within Estates - Q3 19/20</p>

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SR7/18	<p>Failure of IT systems to support clinical services and business functions</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"> * Service disruption which impacts on safety, quality and patient experience. * 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>Issues that may have an impact on the ability of IT systems to support the Trust include:</p> <ul style="list-style-type: none"> * Appropriate skills and number of IT staff * Cyber security attacks * Quality of IT infrastructure * Failure of 3rd party providers * Malicious intent/staff actions 	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) - Ongoing</p> <p>Review of processes and rolling modernisation of technical security control - Ongoing</p> <p>Consolidation of policies and procedures - Dec 19</p> <p>Install EPR at Heartlands, Good Hope and Solihull sites - Dec 20</p> <p>Network, wireless and telephone capital milestones work programme continues and is on plan - May 20</p> <p>Align technical controls to meet policy requirement - Ongoing</p> <p>Analysis of information flows commenced including review for Brexit - Ongoing</p> <p>Delivery of Informatics implementation plan for ISO9001 - Ongoing</p> <p>Development of systems to support new model of care delivery - Ongoing</p> <p>Review and improvement of change controls for local and third party systems - Mar 20</p>
SR8/18	<p>Adverse impact of BREXIT on Trust's innovation agenda</p> <p>If the Trust is unable to maintain progress then this may cause:</p> <ul style="list-style-type: none"> * 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>The main cause of this risk is the uncertainty related to the future of funding and innovation frameworks as a result of BREXIT.</p>	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 - Ongoing</p> <p>Lobbying of decision makers through Birmingham Health Partners - Ongoing</p>
SR10/18	<p>Failure of commercial ventures</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"> * 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 	<p>The viability and sustainability of commercial ventures may be affected by:</p> <ul style="list-style-type: none"> * Partner behaviours and culture * Adequate management and oversight of ventures * Market uncertainty (especially around BREXIT) * Increased competition * 3rd party claims 	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>	<p>SLA's between the Trust and HCA service providers to be implemented for the Specialist Hospital Facility - Dec 2019</p>
SR12/18	<p>Unable to maintain and improve quality and quantity of physical environment to support the required level of service</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"> * 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 	<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"> * 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. 	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 & 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 & Assurance Framework</p> <p>Monthly Directorate Statutory Compliance Group Assurance Meeting</p> <p>Internal Audit Programmes</p> <p>External Accreditation to ISO9001 & 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 - Ongoing</p> <p>Estate Strategy for all Trust sites to be approved - Q4 19/20</p> <p>Realignment of significant investment in Estate development to meet Clinical Needs and proposed development - ACAD and 2yr plans submitted - Ongoing</p> <p>Six Facet Property Condition Survey for QEHB - Ongoing</p> <p>Evaluation of technical recommendations to inform plans for remedial works and PFP improvements - Ongoing</p> <p>To provide assurance regarding statutory and regulatory compliance at the QE Heritage Estate an independent survey is being commissioned - Q4 19/20</p>
SR13/18	<p>Failure to realise opportunities and benefits of merger</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"> * Service disruption and inefficiencies which impact on safety, quality and patient experience * Adverse effect on staff morale leading to increase in absence and retention difficulties * Increasing costs and unplanned spending * Adverse media coverage and reputational damage. 	<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"> * Lack of clinical engagement * Cultural differences * Communication around the integration process * Failure to learn lessons from previous integration * Completion of successful integration 	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>	<p>Implementation of integration plan - Ongoing</p>

Appendix A Board Assurance Framework - Quarter 2 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>
SR1/19	<p>Prolonged and/or substantial failure to deliver standards of nursing care</p> <p>As a result of inconsistencies in care relating to:</p> <ul style="list-style-type: none"> * Falls prevention and management * Tissue viability prevention and care * Infection prevention and control * Safeguarding vulnerable patients * Nutrition and Hydration management * End of Life Care <p>there may be a prolonged or substantial failure to achieve care standards that could result in:</p> <ul style="list-style-type: none"> * Harm to patients * An increasing level of remedial treatment and care * Increased length of stay * Additional complications that may delay transfer of care * In severe or ongoing cases a regulator may intervene which may lead to constraints in decision making by Board * Adverse media coverage may lead to reputational damage. 	<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"> * Clarity of standards and frameworks especially where practice may be different across sites * Incomplete training and competencies * Inconsistencies in governance arrangements * Inability to recruit and retain the right numbers and skill mix of nursing staff * Individual substandard practice of registered health professionals 	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"> -Safeguarding Vulnerable Patients -Falls Prevention and Management -Infection Prevention and Control -Tissue Viability -Nutrition and Hydration -Patient Experience -End of Life Care <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>Group to review Clinical Dashboard Indicators chaired by Deputy Chief Nurse and Director of Quality</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 - Nov 19</p> <p>Review and update of standards relating to Nutrition and Hydration Management - Q3 19/20</p> <p>Review of the safeguarding procedures across sites and implementation of a single safeguarding children procedure - Q3 19/20</p> <p>Review the safeguarding children information available on the Trust intranet across all sites - Q3 19/20</p> <p>Additional Needs icon to be developed and added to PICS - Q3 19/20</p> <p>Development of dashboard for assessment areas - Q4 19/20</p> <p>Implementation of new Mouth Care Matters program - Q3 19/20</p> <p>Review and update of Falls Reduction Strategy - Q3 19/20</p> <p>Develop new training and competency assessments for all staff in relation to Tissue Viability prevention and management - Mar 20</p> <p>Launch of education programme relating to Managing Behaviours that Challenge - Oct 19</p> <p>Review implementation of Learning Disability Strategy at Divisional level - Oct 19</p> <p>Approve and Publish new End of Life Care Strategy - Dec 19</p> <p>Implementation of End of Life Care quality standards - Q3/Q4 19/20</p> <p>Publish Nursing Workforce Strategy - Dec 19</p> <p>Establish School of Nursing - Q3/Q4 19/20</p> <p>Development of international nurse recruitment model with Birmingham and Solihull STP - Ongoing</p> <p>Implementation of actions from CQC Inspection - Ongoing</p>
SR2/19	<p>Ability to deliver high quality of care if withdrawal from the EU continues with no agreement in place</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"> *Timeliness of diagnostics and therapeutic interventions due to availability of medicines, devices and clinical consumables (SR3/18) *Effectiveness of alternatives to diagnostics and therapeutic interventions *Patient experience may be affected as a result of our ability to source a consistent supply of non-clinical goods and services (eg foodstuffs). *Delays in the administration and treatment of patients returning from overseas *Effective use of transplanted organs and tissue due to delays in harvesting and retrieval *Increased costs as a result of inconsistencies in supply of products (SR1/18, SR2/18) *Uncertainty regarding immigration status of EU staff may lead to retention issues (SR5/18) *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) 	<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"> *Interruptions in the supply of non-clinical consumables, goods and services *Increased demand for reciprocal healthcare *Uncertainty regarding data sharing, processing and access *Lack of clarity regarding immigration status of EU workforce *Reduced funding and access to research and clinical trials *Interruptions in the supply of medicines and vaccines *Interruptions in the supply of medical devices and clinical consumables 	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 - Ongoing</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 - Ongoing</p> <p>Review of alternative suppliers of clinical and non-clinical consumables - Ongoing</p> <p>Plan to deal with patients who present for re-supply of prescription medicines - Ongoing</p> <p>Support to EU staff and payment of settlement fees as required - Ongoing</p>