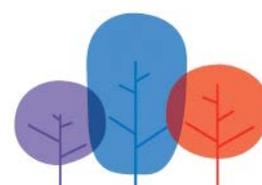


BIRMINGHAM WOMEN'S AND CHILDREN'S NHS FOUNDATION TRUST
Board of Directors' Meeting: Part II in Public
10.15, 6 November 2018, at ERC Seminar Room, Birmingham Women's Hospital
AGENDA

Ref	Item	Lead	Purpose	Report type
1	Chairman's Welcome and Introduction			
2	Apologies for absence			
3	Declarations of interest			
4	Minutes of the meeting held in public on 2 October 2018		Approval	Enc 01
5	Matters arising from the meeting held in public on 2 October 2018		Assurance/ information	
6	Integrated Performance Report <i>David Melbourne, Deputy Chief Executive</i>		Assurance	Enc 02
7	Board Assurance Framework Quarterly Review <i>Gwenny Scott, Company Secretary</i>		Assurance	Enc 03
8	Any other business			Verbal
9	Questions from members of the public present			
CLOSE BY 11.15				



BIRMINGHAM WOMEN'S AND CHILDREN'S NHS FOUNDATION TRUST			
Minutes of the Board of Directors' Meeting held in Public			
10.00 2 October 2018, at Education Resource Centre, Birmingham Women's Hospital			
Present	Bruce Keogh	BK	Chairman
	Matthew Boazman	MB	Chief Officer for Strategy and Innovation
	Alex Borg	ABo	Interim Chief Operating Officer
	Sara Brown	SB	Interim Chief Officer for Workforce Development
	Alan Edwards	AE	Deputy Chairman/ Non-Executive Director
	Sarah-Jane Marsh	SJM	Chief Executive Officer
	Michelle McLoughlin	MM	Chief Nursing Officer
	David Melbourne	DM	Deputy Chief Executive/Chief Finance Officer
	Sue Noyes	SN	Non-Executive Director
	Niti Pall	NP	Non-Executive Director
	Vij Randeniya	VR	Deputy Chairman/ Non-Executive Director
	Fiona Reynolds	FR	Chief Medical Officer
	David Richmond	DR	Non-Executive Director
	Judith Smith	JS	Non-Executive Director
Attending	Marie Crofts	MC	Director of Mental Health
	Marion Harris	MH	Deputy Chief Nurse
	Gweny Scott	GS	Company Secretary (minutes)
Ref	Item		
1	<p>Chairman's welcome and introduction</p> <p>BK welcomed all those present, attending and observing to the meeting. The Board thanked SB for her service as Interim Chief Officer for Workforce Development and her contribution to the Board meetings, noting that the substantive Officer was due to return later in the month.</p>		
2	<p>Apologies for Absence</p> <p>Michelle McLoughlin (MH and MC deputising), David Adams.</p>		
3	<p>Declarations of Interest</p> <p>There were no new declarations.</p>		
4	<p>Minutes of Board meeting held in public on 31 July 2018</p> <p>The minutes were approved as an accurate record of the meeting.</p>		
5	<p>Matters arising from Board meeting held in public on 31 July 2018</p> <p>None.</p>		
Performance: Quality, Workforce, Operations and Finance			
6	<p>Integrated Performance Report – Month Five</p> <p>The Board's discussions focused on the following key points:</p> <ul style="list-style-type: none"> • Overall operational performance was strong. However, in FTB the consistently high demand was impacting on waiting times, and in acute services elective inpatient activity was behind plan. • Financially, the Trust was £3.3m behind plan at month five and significantly away from the financial Control Total. One of the key drivers was the unfunded demand in FTB. • Staff sickness continued to rise and turnover had increased, which was having an impact on temporary staff usage. Appraisals were below target but mandatory training rates had improved. • There had been four Serious Incidents Requiring Investigation and work was in progress to address the 		

	incidence of E-Coli and extravasation injuries.
7	<p>Quality</p> <p>The minutes and Key Issues and Assurance Report from the July Quality Committee meeting were received and noted. A verbal update from the September meeting was provided and the following key points were discussed:</p> <ul style="list-style-type: none"> • A quarterly report on the Neonatal Improvement Project demonstrated pleasing improvements at BCH. However, following a neonatal death the Coroner had sent a Prevention of Future Deaths letter to the Trust and commissioners in relation to high neonatal occupancy at BWH. The Committee was concerned about the impact of the issue on quality and the pressure on the workforce. • The highest rated clinical risks all related to workforce challenges, including Obstetrics and Gynaecology, Radiology and FTB. • The Committee was encouraged by a proposal to improve the measurement and reporting of clinical outcomes across the Trust. • The new General Manager for Genetics impressed the Committee with a plan for improvement; however there were concerns regarding the resource to deliver at pace. • Assurance on FTB improvements was still rated red; however the situation was improving and staff should be complimented on the progress made. Remaining issues were workforce and demand for beds. The Committee supported the approach to commissioner negotiations in relation to the latter (see below) but sought assurance on the management of associated clinical risks. • The new senior nursing team in theatres provided a very encouraging report on improvements and the Committee agreed to reduce the frequency of oversight from monthly to quarterly.
8	<p>Finance and Resources</p> <p>Report from Finance and Resources Committee</p> <p>The minutes and Key Issues and Assurance Report from the meeting were received and noted. A verbal update from the September meeting was provided; key matters for the Committee were the financial position, staffing efficiencies and FTB.</p> <p>Resources Report</p> <p>The Board discussed the financial position, noting that the best case scenario would see the achievement of the control total but would require the following to occur:</p> <ul style="list-style-type: none"> • Sale of a piece of Trust-owned land with planning permission. • Improvement in productivity and efficiency to contracted levels for the remainder of the year. • Funding requested from commissioners for FTB. <p>The most likely scenario would meet the statutory break-even requirement but the FTB funding situation would also threaten this. The financial pressure of unfunded FTB demand was also having direct consequences elsewhere in the Trust and this was likely to grow. The worst case would be a £3m deficit.</p> <p>The Trust had informed commissioners that it could not continue to disadvantage the whole Trust by bearing both the financial and clinical risk of FTB, and in the absence of assurance that this would be addressed the Trust would need to consider its options, as if the Trust could not provide the service safely it should not do so at all. The Board supported this position.</p> <p>Action: Consider possible support from the Council of Governors and/or patient groups to the Trust's stance regarding FTB funding for inpatient beds.</p> <p>Report from Value Scrutiny Panel</p> <p>The Board received a verbal summary of the panel's discussions that morning, which were focused on productivity and workforce flexibility. The panel had been impressed by the data-drive approach to nursing</p>

	workforce planning at the Children's Hospital but concluded that further work was required in Women's services and FTB and also in relation to Allied Health Professionals and medical staff.
Governance, Committees and Executive Briefing	
9	<p>Emergency Planning and Resilience Response</p> <p>The Board approved the statutory self-assessment which demonstrated full compliance. The Board planned to hold a development session to provide assurance as to the Trust's readiness for the breadth of possible emergency events.</p>
10	<p>Freedom to Speak Up Guardian Quarterly Report</p> <p>14 concerns had been raised to the Staff Ambassador in the last quarter; the main theme was team culture. There were no significant patient safety concerns. The Board was assured by the proactive approach and the triangulation with other concerns.</p>
11	<p>Board Assurance Framework</p> <p>The item was noted; a quarterly review would be undertaken at the next meeting.</p>
12	<p>Use of Trust Seal</p> <p>The Board approved the use of the Trust seal as per the report.</p>
13	<p>Report from Audit Committee</p> <p>The September meeting had been postponed until October.</p>
14	<p>Report from Research and Service Innovation Committee</p> <p>The Board received a verbal report from the September meeting, which had focused in particular on:</p> <ul style="list-style-type: none"> • The Birmingham Health Partners priorities around pre-term birth and childhood obesity, both led by Trust clinicians. • Support and development of academic careers. • Fundraising links to the research strategy.
11	<p>Report from Trust Subsidiaries</p> <p>The Board received a summary of the activity of its three subsidiary companies. The Board was encouraged by the high levels of customer satisfaction reported in the outpatient pharmacy and the approach to staff engagement in the facilities management company.</p>
12	<p>Report from Capacity Transformation Programme Board</p> <p>The programme was making steady progress in most areas. Clinical Variation remained behind plan, though key priorities had been identified.</p>
13	<p>Chief Executive's Report</p> <p>SJM verbally reported on the following:</p> <ul style="list-style-type: none"> • BWC Fest had been well evaluated so far, particularly the Time to Shine and Work Alongside initiatives. Action: Consider further non-executive director involvement in repeat/similar initiatives. • Secretary of State visit on Saturday to the Neonatal Surgical Ward and Emergency Department. • The launch of the flu campaign. • The launch of the national staff survey. • Stars of the month.
Other	

14	Any other business None.
15	Questions from members of the public present None.
16	Patient Story <p>Jamie Huskisson told her story of her experience of the Trust's gynaecology service. The story demonstrated:</p> <ul style="list-style-type: none"> • The importance of seeking to understand concerns from the patient's perspective. • The value of a single, consistent coordinating consultant where multiple services are involved. • The need to develop an improved pathway of care for patients that require dual surgical input from the Women's Hospital and from University Hospitals Birmingham. <p>The Board was delighted that after a very difficult patient journey Jamie had received a positive outcome and experience and thanked her for her valuable story.</p> <p>Action: Consider potential improvements to this patient pathway to avoid unnecessary delays.</p>
Close	

ACTIONS/DECISION LOG			
ITEM	ACTION/DECISION	LEAD/DATE	STATUS
Resources Report	Action: Consider possible support from the Council of Governors and/or patient groups to the Trust's stance regarding FTB funding for inpatient beds.	DM, Nov 18	
CEO Report	Action: Consider further non-executive director involvement in repeat/similar initiatives to Work Alongside and Time to Shine.	SB, Nov 18	
Patient Story	Action: Consider potential improvements to this patient pathway to avoid unnecessary delays.	FR, AB	

Integrated Performance Report

September 2018, Month 6



By your side

Integrated Performance Report

September

Operations

- Activity:
- ↔ Emergency
 - ✗ Outpatient
 - ✗ Daycase
 - ✗ Inpatient
 - ✓ Births
- Performance:
- ✗ ED 4-hour
 - ✓ 18 weeks
 - ✓ Diagnostic waits
 - ✓ Cancer targets
 - ✗ Cancelled operations
 - ✗ FTB waits

Finance (£)

- ✗ Income in month
- ✗ Expenditure in month:
- ✗ CIP delivery
- ✗ Bank/agency
- ✗ Staff costs
- ✗ FTB
- ✗ Distance from break-even
- ✗ Distance from control total/surplus plan
- ✗ Forecast year end position

Quality

- ✓ Incidents
- ↔ SIRIs
- ✓ Never Events
- ✗ Infections
- ✗ Extravasation injuries
- ✗ Inquests

Workforce

- ✗ Sickness absence
- ✗ Turnover
- ✗ Appraisal rates
- ✗ Mandatory training compliance

Integrated Performance



Operational

The Trust continues to underachieve on the elective and outpatient follow up activity. Inpatient elective activity has been down on plan for each month to date in 2018/19 showing a shortfall of 11% in September. Orthopaedics and Plastics are showing the largest concerns.

Performance against most of the targets remains good and we have achieved 18 weeks, diagnostics, oncology two week wait and our use of clinics remains good. In the month of September the Trust did not achieve the ED 95% target after seeing some challenging and high attendance days, particularly on weekends. However we did meet the Q2 standard which we did not achieve last year. There was an increase in cancelled operations and the Trust has one breach of the 28 day cancelled operations target.

Demand on PICU is increasing as expected in the approach to winter and PICU continues with 29 beds open. The Trust is unlikely to open remaining two beds until January 2019. Access to the Trusts Mental Health service continues to be a challenge and patients are still waiting a long time to access our community teams.

Demand for the adult mental health beds remains high.

Maternity was busy with 662 deliveries but it was slightly quieter than planned for September. Genetics are working through a recovery plan to address sample backlogs and turnaround performance.

Workforce

The overall pay bill is not falling in line with the cost improvement programme Use of temporary staff has come down to 6.4% of pay bill in September but is still above the 5% target. MHS have seen a decrease this month. This has brought the pay run rate down marginally. With the exception of Mental Health Services, all areas are reporting workforce numbers in excess of agreed funding levels.

Although improved, turnover still remains high. Turnover in the Division of Surgery and Division of Women's is within the Trusts target. Sickness absence reporting continues to increase and is tracking above previous years' trends. Stress related absence is also tracking above previously and we have seen a spike in MSK related absence.

The Trusts compliance on mandatory training has shown some small improvements across the modules but generally remains far from our 95% target levels. Some modules are achieved at a good rate, including child protection, prevent and infection control. However compliance on fire safety and information governance continues to be very low. Performance on appraisals is poor.

Finance

September is usually a strong month for the Trust in terms of its financial performance. However, this has not been the case this year with another month of sub-par performance.

Our income performance has not been as strong as expected given the resources at our disposal.

Our expenditure remains higher than plan due in the main to three key areas:

- Efficiency plans, which are currently achieving 80% of what we had expected
- There remains an imbalance between our payroll costs and activity levels - our pay bill in September was £0.5m higher than our planned position – the equivalent of 195 posts
- FTB where we continue to see a high demand for over 18 inpatient beds and high staff costs. The former is a result of high demand – for example 62 beds compared to the 50 contracted during September; the latter is generally driven by high use of agency staff.

The result of these pressures is that we have an overspend of £0.7million by the end of September against a target of a £4.3million surplus - £5.0million from plan.

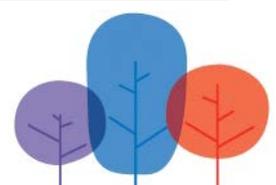
Quality

Recruitment and retention of staff and capacity/flow remain the most common theme in red risk register entries and also feature in FTB red risks

The number of reported SIRIS was high in September and there was an increase in the number of incidents reported. The incidents causing harm dropped to a six month low. Moderate harm extravasations continue to occur but will be reviewed for learning through the extravasation project that is ongoing. The risk around the trust-wide maintenance of medical devices has been upgraded to score 16 (4x4). To reduce risk of harm, maintenance resources are targeted at higher risk items and staff are advised not to use medical devices with maintenance stickers which are out of date.

The risk assessment (2371) around the administration of intrathecal chemotherapy via connections which are not compliant with international safety standards has been revised and agreed. Controls, which have been effective when previously used, have been put back in place. The issue has arisen from issues with the supply of chemotherapy with suitable shelf life to provide this service to our patients over the weekend.

Report to Board of Directors			
Agenda item:	7	Enclosure Number:	3
Date	6 November 2018		
Title	Board Assurance Framework Quarterly Review		
Author /Presenter	Gwenny Scott, Company Secretary		
Purpose of Report		Tick all that apply ✓	
To provide assurance	✓	To obtain approval	✓
Regulatory requirement		To highlight an emerging risk or issue	
To canvas opinion		For information	
To provide advice		To highlight patient or staff experience	
Summary of Report		<i>Include key points and additional information as necessary regarding purpose of report</i>	
Format and approach			
<p>The Board Assurance Framework (BAF) is an essential tool for the Board in providing a focus on the most significant risks to its strategic objectives. It is also a crucial element of the wider Board governance structure and system of internal control. The content of the BAF is driven by the work of the Board and its Committees and is a key driver of the content of the meeting agendas, which are themselves influenced by the Trust's operational risk registers.</p> <p>The format of the BAF is designed to provide a simple overview of each risk, enabling the Board to effectively perform its role in setting its appetite and tolerance for risk and assessing the effectiveness of controls. The key elements of each risk described in the BAF are:</p> <ul style="list-style-type: none"> Why is this a risk (the cause)? What will happen if the risk is not controlled (the consequence)? How are we controlling it (controls)? What are we not doing to control it/what are the weaknesses in our controls (gaps in control)? What are we doing to gain better control of the risk (the actions)? How do we know the risk is being controlled (positive assurance)? What tells us that the risk is not being adequately controlled (negative assurance)? How do we anticipate the risk will reduce over time (target risk scores)? <p>Risks scores are based on the matrix below. When a risk is mitigated to a score below 8 it is archived; where an archived risk remains live it continues to be reference in the summary.</p>			



Risk Matrix

		Consequence					
		Negligible	Minor	Moderate	Major	Catastrophic	
likelihood	Almost Certain	5	5	10	15	20	25
	Very likely	4	4	8	12	16	20
	Reasonable	3	3	6	9	12	15
	Unlikely	2	2	4	6	8	10
	Rare	1	1	2	3	4	5

The Risk Profile provides the Board with a view of the overall degree of risk within which the Board is operating; an increasing number of risks in the red section of the matrix indicates an increasingly risky environment.

The BAF is presented to the Committees and to the Board each month and is subject to a detailed quarterly review.

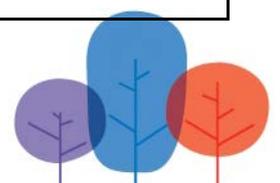
Quarterly Review

Key points:

1. New risk: SR14 *Inability to deliver the requirements of the Genetics contract following contract award*; currently scored 16.
2. New risk: SR15 *The transfer of services from the Royal Orthopaedic Hospital will restrict the Trust's ability to deliver its strategy and achieve its goals*; currently scored 16.
3. Updated risk: SR11 *Failure to detect and contain risks to cyber security and protect its critical data sets*; currently scored 16.
4. Highest scored risks:
 - a. SR5 *Failure to deliver financial and performance efficiency targets* (4x5=20).
 - b. SR9 *Failure to successfully deliver the Forward Thinking Birmingham model and the planned benefits* (5x4=20).
5. The FTB risk will be updated next month once the new Director of Mental Health has had an opportunity to undertake an initial assessment.
6. SR12 *Failure to maximise the benefits of the integration of Birmingham Women's and Birmingham Children's hospitals* will be updated following a review by the Board at the full November meeting.
7. The Risk Profile demonstrates that the Trust is operating in an increasingly risky environment, with a growing number of high-scored risks.

The three Board Committees reviewed the BAF in October and made the following recommendations:

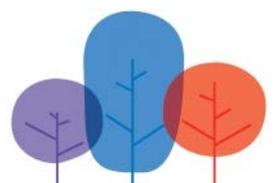
- Consider increasing the risk score of SR6 *Failure to develop and maintain our estate to ensure it is safe, suitable and meets the growing demand for our services*.



- Add a risk related to exit from the EU.
- Integrate SR13 Waterfall House within SR7 Capacity and flow.

Recommendation

The Board is asked to discuss the risks and agree the recommended and any additional changes.



October 2018

BOARD ASSURANCE FRAMEWORK SUMMARY

REF	STRATEGIC RISK	DATE OF ENTRY	LAST UPDATE	LEAD	TARGET RISK SCORE	PREVIOUS RISK SCORE	CURRENT RISK SCORE
SR1	Failure to improve quality and safety issues identified by external reviews.	June 17	Sept 18	CNO/CMO	1x4=4	3x4=12	2x4=8
SR2	Failure to adequately address issues identified through patient feedback	June 17	Sept 18	CNO/CMO	2X3=6	3X4=12	3X3=9
SR3	Inability to recruit and retain the right staff with the right skills	June 17	Oct 18	COWD	3X4=12	4x4=16	4x4=16
SR5	Failure to deliver financial and performance efficiency targets	June 17	Oct 18	DCEO	2x4=8	4X5=20	4X5=20
SR6	Failure to develop and maintain our estate to ensure it is safe, suitable and meets the growing demand for our services.	June 17	Oct 18	DCEO	2x4=8	4x3=12	4x3=12
SR7	Failure to manage capacity and patient flow through our services.	June 17	Oct 18	DCEO/COO	2x4=8	4x4=16	4x4=16
SR9	Failure to successfully deliver the Forward Thinking Birmingham model and the planned benefits.	June 17	Oct 18	CNO	3X4=12	5X4=20	5X4=20
SR10	Failure to embrace innovation and service transformation and to deliver our ambitions for research development	June 17	June 18	COSI	2x3=6	4X3=12	4X3=12
SR11	Failure to detect and contain risks to cyber security and protect its critical data sets	June 17	Oct 18	DCEO	4X4=16	4X4=16	4X4=16
SR12	Failure to maximise the benefits of the integration of Birmingham Women's and Birmingham Children's hospitals	June 17	Oct 18	DCEO	2X2=4	4X4=16	3X4=12
SR13	Failure to meet the objectives of the Waterfall House development	June 17	Sept 18	DCEO/COO	2X2=4	3X4=12	2X4=8
SR14	Risks to meeting the requirements of the Genomics contract due to contractual arrangements and proposed financial model being inadequate to meet service requirements and prices submitted by consortium	Sept 18	Sept 18	COSI	3x4=12	4x4=16	4x4=16
SR15	The transfer of services from the Royal Orthopaedic Hospital will restrict the Trust's ability to deliver its strategy and achieve its goals.	Sept 18	Sept 18	COO	3x4=12	4x4=16	4x4=16

October 2018

Archived Risks (live risks mitigated to a score below 8)

REF	STRATEGIC RISK	DATE OF ENTRY	DATE ARCHIVED	LEAD	TARGET RISK SCORE	PREVIOUS RISK SCORE	CURRENT RISK SCORE
SR8	Failure to successfully work with our external partners in the development of the STP and Accountable Care Organisations	June 17	July 18	COSI	1x3=3	3x3=9	2x3=6

Board Risk Profile

		October 2018 BAF Risk Scores				
		Consequence				
		1	2	3	4	5
Likelihood	5				1	
	4			2	5↑	1
	3			1	1	
	2			1	2	
	1					

		September 2018 BAF Risk Scores				
		Consequence				
		1	2	3	4	5
Likelihood	5				1	
	4			2	4↑	1
	3			1	1↓	
	2			1	2↑	
	1					

BOARD ASSURANCE FRAMEWORK RISK SUMMARY

last update 14.09.2018

REF.	STRATEGIC RISK	GOAL/ENABLER	CAUSES	CONSEQUENCES	LEAD COMMITTEE	LEAD(S)	Risk Score												
SR1	Failure to improve quality and safety issues identified by external reviews.	Best place to work and be cared for.	A range of quality issues have been highlighted since 2016 by CQC and other external reviewers.	Negative impact on quality of services regulatory status and reputation.	Quality Committee	MM; FR	2x4=8												
CONTROLS/MITIGATIONS				GAPS IN CONTROL															
<ul style="list-style-type: none"> Refreshed external reviews assurance process. Revised leadership and governance structures in FTB FTB Oversight Group All areas overseen by Quality Committee New Integrated Assurance Report Action plan for Pharmacy overseen by CSQAC Pharmacy department reporting as a distinct service to CSQAC Project management in place 				<ul style="list-style-type: none"> FTB still rated 'red' for assurance overall Antenatal and still rated 'amber'. 															
ACTIONS PLANNED																			
Action			Lead	Due date	Update														
Deliver FTB Intervention Plan and CQC action plan			MM	Monthly	Monthly reports demonstrating progress.														
Deliver Antenatal Scanning Pathway improvement plan			AB	Quarterly	Quarterly reports demonstrating progress; further update planned Nov 18.														
Deliver Neonatal Care Improvement Project (BC)			MM	Quarterly	Last quarterly report in September provided assurance regarding BC.														
Deliver abortion care improvement project			MM	Complete	Quality Committee rated the service 'amber' October 2018 due to pressures on the pathway caused by external referral process.														
Deliver Pharmacy Improvement Plan			FR	Quarterly	Last report Aug 18														
TARGET RISK SCORE			RISK HISTORY		POSITIVE ASSURANCES		NEGATIVE ASSURANCES												
<table border="1"> <thead> <tr> <th>3 months</th> <th>6 months</th> <th>12 months+</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td style="background-color: yellow;">1x4=4</td> </tr> </tbody> </table>			3 months	6 months	12 months+			1x4=4	<table border="1"> <thead> <tr> <th>Jun 17</th> <th>3x4=1 2</th> </tr> </thead> <tbody> <tr> <td>Jul 18</td> <td style="background-color: yellow;">2x4=8</td> </tr> <tr> <td></td> <td></td> </tr> </tbody> </table>		Jun 17	3x4=1 2	Jul 18	2x4=8			<ul style="list-style-type: none"> Reports to Quality Committee show good progress on CQC FTB Requirement Notices and a self-assessment of Requires Improvement. Improvement in assurance on abortion care, neonatal and antenatal at Quality Committee FTB assurance update to Board June 18. 		<ul style="list-style-type: none"> FTB still rated 'red'. Internal audit on neonatal surgery – partial assurance (July 17) Pharmacy remains a concern
3 months	6 months	12 months+																	
		1x4=4																	
Jun 17	3x4=1 2																		
Jul 18	2x4=8																		
							PLANNED ASSURANCE Internal audits on: <ul style="list-style-type: none"> Antenatal Neonatal Pharmacy/Meds Management Neonatal assurance report to QC Sept 18 Next monthly FTB assurance report to QC – Sep 18												

		<ul style="list-style-type: none">Internal Audit Abortion care July 18		
SUMMARY UPDATE				

BOARD ASSURANCE FRAMEWORK RISK SUMMARY

last update 14.09.18

REF.	STRATEGIC RISK	GOAL/ENABLER	CAUSES	CONSEQUENCES	LEAD COMMITTEE	LEAD(S)	Risk Score												
SR2	Failure to adequately address issues identified through patient feedback	Best place to be cared for.	Analysis of the range of feedback received from our patients and their families identifies areas that require improvement	Low patient satisfaction, poor quality service, negative impact on regulatory ratings, reputational damage	Quality Committee	MM	3x3=9												
CONTROLS/MITIGATIONS				GAPS IN CONTROL															
<ul style="list-style-type: none"> • Patient Experience projects established to address some of the key themes: play; partner care (BWH); Antenatal clinics; cancelled operations/prolonged fasting; Food; compassionate care; breastfeeding support; noise at night; induction and caesarean delays. • Analysis and response by Patient Experience team. • Proactive engagement with patient groups. • Wide range of methods for patients to provide feedback. 				No specific project to address patient feedback about waiting too long across Trust services, though capacity transformation plan is relevant.															
ACTIONS PLANNED																			
Action				Lead	Due date	Update													
Re-tender for catering contract				MM	Oct 18	Specification to be approved by Boards of Subsidiary and Trust													
Deliver antenatal improvement plan				AB	Quarterly	Amber assurance in June 18													
Deliver Neonatal Improvement Plan (includes breastfeeding support)				MM	Quarterly	Update due Sep 18													
BCH playground refurbishment				GSe															
Deliver maternity patient experience action plan.				MM	Quarterly	Reports to Patient Experience Committee													
TARGET RISK SCORE		RISK HISTORY		POSITIVE ASSURANCES		NEGATIVE ASSURANCES	PLANNED ASSURANCE												
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3 months	6 months	12 months+																	
		2x3 = 6																	
06/17	4x3=12																		
06/18	3x3=9																		

BOARD ASSURANCE FRAMEWORK RISK SUMMARY

last update 12.10.18

REF.	STRATEGIC RISK	GOAL/ENABLER	CAUSES	CONSEQUENCES	LEAD COMMITTEE	LEAD(S)	Risk Score
SR3	Inability to recruit and retain the right staff with the right skills	Best place to work/ sustainable workforce	National policy impact on supply chain; cultural, generational and reputational factors; lengthy recruitment processes; flexible working; financial challenges; resources and infrastructure; inclusion (WRES outcomes)	Impact on capacity and ability to deliver quality services; impact on staff morale; inability to deliver transformation; fewer quality applications; higher temporary spend; complaints; higher absence	Quality Committee & Finance & Resources Committee	TN (SB)	4x4=16
CONTROLS/MITIGATIONS				GAPS IN CONTROL			
<ul style="list-style-type: none"> Recruitment and retention work programme Working with HRD's across STP to look at system wide strategies Diversity lead and changes to recruitment to aid improved inclusion Workforce development plan focused on priority areas: leadership, supply and retention Re-structured workforce team focused on workforce planning, design and OD (prevention) as well as case work team to improve flow and management Contribution to HEE workforce strategy, and wider NHS strategic groups on workforce supply/talent Involvement in regional and national policy development. Use of international workforce supply routes and alternative workforce models Strong relationships with local universities Staff engagement and health and wellbeing programmes Robust and supportive appraisal programme Workforce efficiency programme, including quality impact assessment 				<ul style="list-style-type: none"> No system to monitor use and quality of appraisal process Inconsistent application of local induction and probation processes Lack of strong people management in some areas Not all areas have robust, detailed workforce plans Divisional leadership capacity and capability to focus on workforce redesign and people strategies, to deliver efficiency and improve experience Workforce team workloads impacting on ability to support all areas/meet service needs Lack of clear and consistent data set, and information for leaders on engagement levels, diversity, wellbeing etc. System wide solutions slow, no dedicated resource to scope and develop the workstreams 			
ACTIONS PLANNED							
Action	Lead	Due date	Update				
Identify and analyse workforce gaps in all professions, services and pathways, commencing with higher risk areas	SB	19/20	FTB, maternity, neonates, PICU fully supported and plans developed with service. Focused work in Radiology commencing				
Development of a staff attraction/marketing package	SB	19/20	In development, working with key services and wider STP on BSol as a place to work strategy				
Develop programmes in partnership with universities to encourage students to work for the Trust and to develop joint posts.	SB	19/20	Discussions ongoing with universities, and via LWAB sub groups				
Review leadership development programmes to focus on staff retention.	SB	Ongoing	Programmes reviewed on a regular basis and reframed/redeveloped to meet needs				

BOARD ASSURANCE FRAMEWORK RISK SUMMARY

last update 12.10.18

Review shift patterns and job planning	SB	19/20	This is being looked at in priority areas and will be systematically reviewed over time
Review better usage of CPD funding and apprenticeship levy	SB	Ongoing	Reporting on utilisation of funding is being further developed. Education Partnership Forum enables wider discussion of funding utilisation and targeting
Scope and develop systems that will enable improved data and information for day to day and future planning of workforce	SB	19/20	Discussions commenced through Workforce Committee to scope opportunities for improving systems for leave planning and enable a better overview of workforce availability
Discuss Workforce redesign and efficiency strategies early to ensure built into future business and financial planning	SB	November 2018	Planned for Workforce Committee review
Develop the engagement package further following feedback from #BWCFest in September	SB	December 2018	Revised approach to staff engagement, focusing on senior leadership visibility, workalongsides, time to shine and reverse mentoring, following success of approach
Ensure National Staff Survey results are reviewed and communicated in a more timely way to further aid engagement	SB	January 2019	
Employed a Diversity lead to support Trust in improving inclusion and WRES outcomes	SB	Sept 2019	Clear plan developed on approaches and work programme in place, engagement with wider system Commencing production of quarterly data on inclusion for divisions
Focus on 'winter-proofing' to improve sickness absence	SB	Jan 2019	Part of NHSi improving absence project Focus on improving knowledge and skills of managers in prevention and management of absence Targeted focus in areas of concern and audit HWB plan with improvement targets in place

TARGET RISK SCORE			RISK HISTORY	POSITIVE ASSURANCES	NEGATIVE ASSURANCES	PLANNED ASSURANCE
3 months	6 months	24 months+	06/17 4x4=16	<ul style="list-style-type: none"> Mental health recruitment/retention report to QC provided partial assurance regarding the plan. Update on F2SU 	<ul style="list-style-type: none"> Turnover above target (June 18) National Staff survey results 2017. Temporary staffing above target WTE tracker shows numbers are increasing. Significant recruitment and retention issues in some areas. 	Internal Audits on: <ul style="list-style-type: none"> Job planning Workforce savings and productivity
		3x4=12				

SUMMARY UPDATE
 Actions updated on 12th October 2018 to reflect all workstreams and strategies in play.
 Risk score not revised at this stage as risk remains high.

BOARD ASSURANCE FRAMEWORK RISK SUMMARY

12.10.18

REF.	STRATEGIC RISK	GOAL/ENABLER	CAUSES	CONSEQUENCES	LEAD COMMITTEE	LEAD(S)	Risk Score
SR5	Failure to deliver financial and performance efficiency targets	Use of resources	<ul style="list-style-type: none"> Control total forces higher efficiency requirement. Non-recurrent savings made in 2017/18 to fill gaps as initial plans not delivered. Staff engagement in the agenda. 	Higher targets for the following year, creating an increased risk of an impact on patient services; loss of PSF income, impact on regulatory ratings and reputation; possible regulatory intervention leading to increased risk of impact on staff; inability to achieve strategic objectives, particularly investment plans.	Finance and Resources Committee	DM	4X5=20
CONTROLS/MITIGATIONS				GAPS IN CONTROL			
<ul style="list-style-type: none"> Monthly meetings of CIP Recovery Group Regular CIP reports through performance framework Capacity Transformation Board Oversight PMO approach to Cost Improvement Programme Workforce targets issued to each group. Vacancy control panel in place. Quality Impact assessment completed for the schemes. 				<ul style="list-style-type: none"> Ownership of the issues across the organisation. Willingness to take the necessary action. FTB – unclear operational plan to deliver within resources available. 			
ACTIONS PLANNED							
Action	Lead	Due date	Update				
Workforce plans submitted by clinical groups	AB/SB	31 May	Workforce plans returned showed that continued to be a shortfall.				
Options presented to FRC for consideration to secure workforce reductions.	DM	24 May	Agreed with further vacancy controls put in place.				
FTB investment plan held until clear costed CIP programme developed	TA	Jun 18	Failed to deliver against targets.				
Review of impact of national pay award and national funding to assess impact.	DM/SB	Jul 18	Completed – small impact				
Quarterly review of position and actions against NHSI <i>Grip & Control</i> checklist.	DM/PF	Jul, Oct 18, Jan 19	Completed - July				
Further control on appointments of staff	DM/SB	Sept 18	Impact largely on corporate teams.				
Forward look process put in place to track effective use of available capacity	DM/AB	Sept 18					
Plans being developed to sell car park on Whittall Street	DM	Sept 18	GVA appointed				

TARGET RISK SCORE			RISK HISTORY	POSITIVE ASSURANCES	NEGATIVE ASSURANCES	PLANNED ASSURANCE
3 months	6 months	12 months+	06/17 4x4=16 01/18 4x5=20	Achieved financial targets 17/18	<ul style="list-style-type: none"> 17/18 financial targets only achieved through technical accounting methods and final negotiations with commissioners. At May 18 highlights risk of missing Q1 control total. Q2 control total missed. 	Internal Audits: <ul style="list-style-type: none"> Key financial controls Payroll FTB Business Planning Workforce savings and productivity
		2X4=8				
SUMMARY UPDATE						
<p>The Trust only met its financial control total in 2017/18 by one off technical adjustments including the utilisation of flexibility. Regular review of the programme of work developed as part of the efficiency strategy continues on a monthly basis and controls – especially around the appointment of staff is in place. At month two, delivery against CIP schemes was a contributory factor, currently at 82% of the target and has remained at that level.</p> <p>Within the actions considered in June are further options to support delivery of the pay-bill reductions required to meet the financial targets resulting from the financial control total established by NHSI.</p> <p>There will be continued scrutiny at the Trust Quarterly Performance Reviews, Performance Group, CIP Delivery Group and FRC.</p>						

REF.	STRATEGIC RISK	GOAL/ENABLER	CAUSES	CONSEQUENCES	LEAD COMMITTEE	LEAD(S)	Risk Score
SR6	Failure to develop and maintain our estate to ensure it is safe, suitable and meets the growing demand for our services.	New buildings	Our current estate has significant limitations in terms of capacity, development potential and adequacy and has nearly reached its maximum development potential at Steelhouse Lane.	Impact on ability to meet medium and longer-term objectives; impact on ability to manage capacity and patient flow; potential impact on safety if ageing estate cannot be adequately maintained.	Finance & Resources Committee	DM	4x3=12
CONTROLS/MITIGATIONS				GAPS IN CONTROL			
<ul style="list-style-type: none"> Risk-based capital planning Planned preventative maintenance programme Estate management now undertaken by Trust subsidiary, enabling a greater focus at Board level Purchase of dental hospital to maximise value and potential of site. Process for refresh of estates strategy agreed. 				<ul style="list-style-type: none"> Reconciliation of capacity requirements with safety requirements; e.g theatres maintenance. 			
ACTIONS PLANNED							
Action			Lead	Due date	Update		
Use of vacated space at Steelhouse Lane to maximise capacity.			DM	Phase 1 Jan 19	Business case August 2018		
Investment in Edgbaston estate as per the Business Case for the integration.			DM	May 18 – June 19	Contractor appointed, electrical infrastructure scheme in progress, second gynaecology theatre and Norton Court in preparation phase.		
Waterfall House opening.			DM	July 2018	Progressing to plan		
Develop protocol to balance PPM needs with operational requirements.			DM	Sept 18	In Progress		
Acute site development plan for Birmingham to be developed.			DM	Dec 18	<ul style="list-style-type: none"> In progress – discussions with UHB /ROH how best to progress this work. Process for agreeing the acute development plan for STP developed for discussion at Birmingham Hospitals Alliance. 		
TARGET RISK SCORE		RISK HISTORY		POSITIVE ASSURANCES	NEGATIVE ASSURANCES	PLANNED ASSURANCE	
3 months	6 months	12 months+	06/18	<ul style="list-style-type: none"> Six facet survey of all estate 	<ul style="list-style-type: none"> PLACE review 	<ul style="list-style-type: none"> Annual internal review linked to capital programme Six facet survey of all estate 	

SUMMARY UPDATE

With the approval of major capital schemes requiring any form of significant external funding now shifted to STP level the need to tie the long term estates strategy to the acute sector clinical strategy across Birmingham & Solihull is clear. In the meantime the medium term development plan on Steelhouse Lane and Edgbaston sites remain on track. At Steelhouse Lane this centres on the development of the vacant space generated by the opening of Waterfall House; at Edgbaston the plan agreed on merger is being implemented, with Genetics services vacating Norton Court. Plans are in place to improve the community based estate for our FTB services and the inpatient mental health services will be reviewed as part of the Tier four tender exercise during 2018.

In the meantime investment in the back-log maintenance across the estate continues – a refreshed six facet survey is being commissioned to direct investment.

REF.	STRATEGIC RISK	GOAL/ENABLER	CAUSES	CONSEQUENCES	LEAD COMMITTEE	LEAD(S)	Risk Score
SR7	Failure to manage capacity and patient flow through our services.	The best place to be cared for.	Significant increases in demand across many of the Trust services require innovative and potentially high-risk solutions to grow capacity and/or manage flow.	Impact on quality of services; impact on patient experience with longer waits/referral elsewhere; regulatory scrutiny resulting from failure to achieve national performance targets; reputation; impact on CQC 'responsive' rating; impact on staff resilience and retention.	Finance and Resources Committee	AB/DM	4X4=16
CONTROLS/MITIGATIONS				GAPS IN CONTROL			
<ul style="list-style-type: none"> Capacity Transformation Board oversees delivery of Programme Strategic Projects Group oversees major capital schemes. 							
ACTIONS PLANNED							
Action			Lead	Due date	Update		
Agreed programme of 'flow' work through the capacity transformation work focussing on: <ul style="list-style-type: none"> Improving surgical flow efficiencies Increasing the roll out of 23 hour/ day surgery Improving discharge processes for short stay patients Reducing short-term length of stay for medical patients Reducing short term length of stay for surgical patients 			SC	Jun 18	Project mandates completed. Reviews of projects on rolling basis surgical flow efficiencies not performing against the agreed trajectories.		
Detailed Project Initiation documents (PIDs) completed that show the detailed quantifiable benefits of each.			SC	Jul 18	Completed		
Estate at BCH being profiled to allow zoning of patient groups to facilitate the flow projects and further improvement in capacity to allow better management of theatres.			DM	Sept 18	Fourth theatre planned for Parsons block requires business case (to demonstrate affordability and value for money) as does the other planned changes around ward 7 and C side of PICU.		
Site development plan is being developed for BWH to ensure that theatres and flow through gynaecology etc. meets requirements over the foreseeable future.			GSe	Sept 18	Business case required to show how a second theatre might be utilised and affordability.		
Service improvement process agreed and rolled out across the organisation. Metrics agreed include focus on discharge planning.			AB	From Oct 18			
Forward look process developed from corporate to service level focus on activity flow.			AB/DM	From Sept 18			

TARGET RISK SCORE			RISK HISTORY	POSITIVE ASSURANCES	NEGATIVE ASSURANCES	PLANNED ASSURANCE
3 months	6 months	12 months+	06/18	<ul style="list-style-type: none"> Capacity Transformation Board assurance reviews. Chief Officer weekly review. 	<ul style="list-style-type: none"> Level of elective activity delivery 	
		2X4=8	4x4=16			
SUMMARY UPDATE						
<p>Programme is now developed but with variable levels of delivery for example 23-hour project is providing capacity but not necessarily then being utilised to best effect. Surgical efficiencies behind trajectory as per October. Additional processes developed around the quicker roll-out of service improvement methodology and development of forward look in terms of activity delivery.</p>						

REF.	STRATEGIC RISK	GOAL/ENABLER	CAUSES	CONSEQUENCES	LEAD COMMITTEE	LEAD(S)	Risk Score
SR9	Failure to successfully deliver the Forward Thinking Birmingham model and the planned benefits.	Best place to work and be cared for.	Demand for services is far greater than has been commissioned, impacting patient experience and the financial position; the cost of delivering the services is greater than budgeted for; significant long waits have been transferred into the service; some of the estate is poor, impacting on the delivery of the required model and the provision of a quality service; challenging delivery of recruitment plan.	Regulatory impact. Financial pressure for the Trust; the model may require revision to fit within budget; full benefits of model not realised; impact on local and national targets; impact on patient experience; inability to recruit and retain staff; reputation.	Quality Committee and Finance & Resources Committee	MM	5X4=20
CONTROLS/MITIGATIONS				GAPS IN CONTROL			
<ul style="list-style-type: none"> FTB Oversight Group overseeing intervention plan delivery Monthly review by Quality Committee Self-assessment against CQC framework led by the Director of Quality Assurance Director of Performance weekly review of waiting list position with the FTB team. Support of Director for Quality Assurance New Director of Mental Health in post from 1 October 2018 				<ul style="list-style-type: none"> Service level leadership. 			
ACTIONS PLANNED							
Action	Lead	Due date	Update				
Intervention plan reviewed monthly through performance management mechanisms	MM	Monthly	CQC inspections took place in July and September 2017, resulting in criticism of services; action now subsumed in wider intervention plan (below)				
Deliver action plan for waiting lists	MM	July 2018	Harm review being undertaken on long waiters.				
Resolution of additional inpatient costs issue with commissioners.	DM	Nov 2018	Discussions are in progress				
Deliver Finance plan	MC	Monthly	Reviewed by FRC.				
Commissioner-led Community Capacity Review	MM	Complete	Additional investment in 16+ beds and in community solutions. The latter has not as yet provided evidence of any impact.				
TARGET RISK SCORE		RISK HISTORY		POSITIVE ASSURANCES		NEGATIVE ASSURANCES	PLANNED ASSURANCE
3 months	6 months	12 months+	06/17	4x4=16	<ul style="list-style-type: none"> Current self-assessed CQC rating of Requires Improvement. FTB assurance review to Board June 18 	<ul style="list-style-type: none"> Current CQC rating of Inadequate. Not all CQC Requirement Notices complete. Internal Audit – FTB Business Planning. 	‘Fresh Eyes’ review by new Director of Mental Health to FRC Nov 18
		3X4=12	11/17	5x4=20			

SUMMARY UPDATE

Whilst there have been improvements in the service – self assessment is Requires Improvement – the service is still graded as high risk given areas such as staff vacancies, waiting list management and funding for the service.

A full review of this risk will be undertaken by the new Director of Mental Health.

REF.	STRATEGIC RISK	GOAL/ENABLER	CAUSES	CONSEQUENCES	LEAD COMMITTEE	LEAD(S)	Risk Score
SR10	Failure to embrace innovation and service transformation and to deliver our ambitions for research development	Where research and innovation thrives	<ul style="list-style-type: none"> Lack of Research and Development Strategy Lack of robust R&D governance arrangements Relatively low academic capacity across Trust Small number of research active specialities (especially at BC) Limited volume of commercial research studies. 	<ul style="list-style-type: none"> Inability to maximise opportunities to achieve the best possible clinical outcomes. Reputation impact Inability to maximise financial contribution. 	Research 8 Service Innovation Committee	MB	4X3=12
CONTROLS/MITIGATIONS				GAPS IN CONTROL			
<ul style="list-style-type: none"> Research and Development Strategy approved Research and Service Innovation Committee (RSIC) established Agreement reached that women and children will be a theme within the new Applied Research Collaboration (formerly CLARHC) Women and children agreed as a theme within the Birmingham Health Partners' Strategy 				<ul style="list-style-type: none"> Lack of aseptic services limits the ability to set up new clinical trials in a timely fashion for cancer studies, which has a clinical, reputational and financial impact. 			
ACTIONS PLANNED							
Action			Lead	Due date	Update		
Implement Research Strategy			MB				
Develop and implement Research Implementation Plan			MB	June 2018	Due to be submitted to RSIC June 18		
Develop and implement research fundraising plan			MB	Sept 18	BCH Charity approved 'ask' in principle – due to submit detailed plan to Board of Trustees Sept 18		
Implement Clinical Trials Scholarship Programme			MB	Sept 18	Programme agreed with University of Birmingham; five jointly supported roles to commence in September 2018.		
Win the tender for genomics laboratory services			MB	Oct 18	Bid submitted – outcome awaited.		
Establish a long-term solution for aseptic services			JA		Task and Finish Group established to oversee an independent review of the model which is due for completion in July 18.		

BOARD ASSURANCE FRAMEWORK RISK SUMMARY

25.06.2018

TARGET RISK SCORE			RISK HISTORY		POSITIVE ASSURANCES	NEGATIVE ASSURANCES	PLANNED ASSURANCE
3 months	6 months	12 months+	06/17	4x3=12	•	Internal Audit on research governance and research finance – partial	
		2X3=6					

REF.	STRATEGIC RISK	GOAL/ENABLER	CAUSES	CONSEQUENCES	LEAD COMMITTEE	LEAD(S)	Risk Score
SR11	Failure to detect and contain risks to cyber security and protect its critical data sets	Digital revolution	The increasing move from paper-based to technology systems to store data and patient information has increased the risk of external cyber threats.	Data security breaches; breach of information governance standards; loss or corruption of critical data; impact on delivery of patient services; direct impact on patient safety.	Quality Committee	DM (SA)	4X4=16
CONTROLS/MITIGATIONS					GAPS IN CONTROL		
<ul style="list-style-type: none"> • Password length extended to 12 Characters • Firewalls Upgraded to latest software revision • Improved monthly PC security only patch deployment across all of the Trust PC estate • Started monthly patch routine on non-service affecting server infrastructure • Additional Anti-malware products purchased and deployed across the PC estate • Key members of the ICT team have undergone additional specialist training. 					<ul style="list-style-type: none"> • Specialist expertise in identification and management of information security risks. • The full extent of the risk is unknown. • Completion of all cyber maturity recommendations. 		
ACTIONS PLANNED							
Action	Lead	Due date	Update				
Implement Cyber Maturity Assessment Action Plan – technical actions	SA	Unknown	Significant progress made. Further progress is limited by resource limitations.				
Implement Cyber Maturity Assessment recommendations – governance	SA	Unknown	A governance route is in place via the IT Strategy Group to FRC and via the Information Governance Committee to the Quality Committee.				
Establish specialist information risk management with appropriate leadership.	SA	Not set	No progress has been made; no such expertise has been identified – this appears to be a consistent position across the NHS.				
TARGET RISK SCORE			RISK HISTORY	POSITIVE ASSURANCES	NEGATIVE ASSURANCES	PLANNED ASSURANCE	
3 months	6 months	12 months+	06/17	4X4=16	The majority of technical recommendations from Cyber Maturity Assessment have been implemented.	Cyber Maturity Assessment by Internal Auditor and LCFS – Trust scored lower than peer group (Feb 18)	NHS England assurance framework in development.
		4x4=16					
SUMMARY UPDATE							
General update and an adjustment to the long-term target risk score. The risk is not expected to reduce in the foreseeable future within the context of NHS Digital’s expectations.							

REF.	STRATEGIC RISK	GOAL/ENABLER	CAUSES	CONSEQUENCES	LEAD COMMITTEE	LEAD(S)	Risk Score
SR12	Failure to maximise the benefits of the Trust integration	All	The business case for the integration set out a range of strategic, clinical, commercial, workforce and financial benefits, which are now embedded in the Trust's strategies, plans and ambitions.	<ul style="list-style-type: none"> Fail to deliver neonatal strategy Workforce – staff lose confidence Fail to meet financial targets 	Direct to Board	DM (SA)	3X4=12
CONTROLS/MITIGATIONS				GAPS IN CONTROL			
<ul style="list-style-type: none"> Due-diligence pre-integration. 				<ul style="list-style-type: none"> Emerging risks not identified as part of due diligence 			
ACTIONS PLANNED							
Action			Lead	Due date	Update		
Deal with emerging issues through the new performance framework.			DM/ SA	Ongoing	In Progress		
Work with NHSI on merger assessment framework			SA	Oct 2018	Completed will be incorporated into the benefits document to Board.		
Further benefits document to Board			SA	Nov 2018	Initial document already presented to Board.		
Investment of loan funding into capital infrastructure at BW site			DM	April 2019	Site development plan for the BW site in progress and work on-going on electrical infrastructure, gynaecology theatre, delivery suite, single IT system and Norton Court		
TARGET RISK SCORE			RISK HISTORY	POSITIVE ASSURANCES		NEGATIVE ASSURANCES	PLANNED ASSURANCE
3 months	6 months	12 months+	06/17	<ul style="list-style-type: none"> Benefits report to Board Improvements in neonatal services at BCH. 		<ul style="list-style-type: none"> Staff engagement scores Staff survey results 	<ul style="list-style-type: none"> Benefits review report to Board 28 November 2018
		2X2=4					
SUMMARY UPDATE							
A benefits review is due to be submitted to the Board in November. The risk will be reviewed at that time.							

REF.	STRATEGIC RISK	GOAL/ENABLER	CAUSES	CONSEQUENCES	LEAD COMMITTEE	LEAD(S)	Risk Score
SR13	Failure to meet the objectives of the Waterfall House development	New Buildings	The business case for the development included a range of objectives to ensure the benefits are realised.	<ul style="list-style-type: none"> Failure to meet financial targets Failure to meet the benefits of an ambulatory care model Failure to improve the experience for patients and families as set out in the business case Significant reputational impact 	Finance & Resources Committee	DM/AB	2x4=8
CONTROLS/MITIGATIONS				GAPS IN CONTROL			
<ul style="list-style-type: none"> Dedicated Project Manager Mobilisation group reporting to Next Generation Board. Oversight by Next Generation Board Oversight by FRC 							
ACTIONS PLANNED							
Action			Lead	Due date	Update		
Recovery of VAT on the building currently with HMRC			DM	September 2018	In Progress		
TARGET RISK SCORE		RISK HISTORY	POSITIVE ASSURANCES		NEGATIVE ASSURANCES	PLANNED ASSURANCE	
3 months	6 months	12 months+	<ul style="list-style-type: none"> Building handed over with all necessary commissioning checks Building now fully operational; no significant issues Six week review undertaken of estates and operational issues. 		Trust's elective activity has not increased as forecast following opening.		
		2X2=4	06/17	2x5=10			
			04/18	4x4=16			
			07/18	3x4=12			
			09/18	2x4=8			
SUMMARY UPDATE							
Waterfall House fully opened on 1 August 2018. Further review of this risk is in progress.							

BOARD ASSURANCE FRAMEWORK RISK SUMMARY

Added Sept 18

REF.	STRATEGIC RISK	GOAL/ENABLER	CAUSES	CONSEQUENCES	LEAD COMMITTEE	LEAD(S)	Risk Score														
SR14	Risks to meeting the requirements of the Genomics contract due to contractual arrangements and proposed financial model being inadequate to meet service requirements and prices submitted by consortium	Where research and innovation thrives, creating a global impact.	The bidding consortium led by the Trust has been awarded preferred bidder status; however there remains a lack of certainty regarding pricing, transitional funding and activity; in addition, despite significant delays in the tender process, a go-live date of 1 October still in place.	<ul style="list-style-type: none"> Significant potential financial risk. Inability to deliver within required timescales (contractual and reputational impact) Inability to recruit additional capacity to support delivery Significant impact on capacity of key senior individuals 	Finance & Resources Committee	MB	4x4=16														
CONTROLS/MITIGATIONS				GAPS IN CONTROL																	
<ul style="list-style-type: none"> Some financial flexibility built into the bid. Prioritisation of workload of key individuals Plan in place that enables delivery if transitional funding is agreed 				<ul style="list-style-type: none"> Transitional funding not yet agreed. Lack of clarity or information on activity, pricing or contractual arrangements. 																	
ACTIONS PLANNED																					
Action	Lead	Due date	Update																		
Negotiation discussions with NHS England	MB	17/09/18	Finance and Contracting Sub-Group met on 17/9. Discussions majored on deliverables from 1/10/18 including contractual arrangements. Solution will be of benefit to BWC in 18/19. Additional funding from NHSE identified. Allocations to GLHs agreed with balance retained for one-off requirement.																		
TARGET RISK SCORE			RISK HISTORY		POSITIVE ASSURANCES		NEGATIVE ASSURANCES		PLANNED ASSURANCE												
<table border="1"> <thead> <tr> <th>1 month</th> <th>6 months</th> <th>12 months+</th> </tr> </thead> <tbody> <tr> <td style="background-color: orange;">3x4</td> <td style="background-color: orange;">3x3</td> <td style="background-color: yellow;">2x3</td> </tr> </tbody> </table>			1 month	6 months	12 months+	3x4	3x3	2x3	<table border="1"> <thead> <tr> <th>date</th> <th>score</th> </tr> </thead> <tbody> <tr> <td>14.9.18</td> <td style="background-color: red;">4x4=16</td> </tr> <tr> <td> </td> <td> </td> </tr> </tbody> </table>		date	score	14.9.18	4x4=16			<ul style="list-style-type: none"> There is a consensus view amongst all bidders – the Trust is not in an isolated position. Additional monies being made available in 18/19 and 19/20 to facilitate mobilisation. NHSE is appearing to take a pragmatic approach to implementation in 18/19 		<ul style="list-style-type: none"> To date NHSE have not deviated from position on timescales. Initial proposals appear to high risk Overall national cost across 7 bidders significantly outweighs available finance Recruitment for additional capacity cannot commence until transitional funding agreed Absence of capital monies. 		<ul style="list-style-type: none"> Outcome of discussions with NHSE week commencing 17 September. Further data collection from NHSE during September
1 month	6 months	12 months+																			
3x4	3x3	2x3																			
date	score																				
14.9.18	4x4=16																				

BOARD ASSURANCE FRAMEWORK RISK SUMMARY

added September 2018

REF.	STRATEGIC RISK	GOAL/ENABLER	CAUSES	CONSEQUENCES	LEAD COMMITTEE	LEAD(S)	Risk Score
SR15	The transfer of services from the Royal Orthopaedic Hospital will restrict the Trust's ability to deliver its strategy and achieve its goals.	The best place to be cared for/ global impact/ effective use of resources.	Provision of the transferring services was not within the Trust's strategy or plans.	<ul style="list-style-type: none"> • Lost opportunity to use vacated space for alternative purposes, including potential growth of existing services or adoption of external services. • Reduction in capacity to deliver existing services. • Increased pressure on ability to meet national operational targets. • Regulatory impact. • Financial impact of inability to expand and potential orthopaedic tariff changes. • Reduced quality of service to patients. 	Direct to Board until transfer, then to Quality Committee.	AB	4x4=16
CONTROLS/MITIGATIONS				GAPS IN CONTROL			
<ul style="list-style-type: none"> • Capacity identified for the majority of theatre sessions required. • Capacity identified for the majority of inpatient beds required. • Implementation of plans to refurbish Theatre 8 and Ward 15 is in progress. 				<ul style="list-style-type: none"> • Lack of assurance around orthopaedic waiting list data or management. • Lack of control of outpatient element of 18 week pathway delivered by ROH, potentially impacting ability to meet the standard. • Uncertainty regarding ability to recruit sufficient theatre staff • Finalised plan to accommodate all transferring activity and the displaced activity of existing specialities. • Revised winter plan. • Lack of capacity to accept remaining elements of the pathway currently retained by ROH (outpatients, diagnostics and rehabilitation) in the event that ROH cease to provide these. 			
ACTIONS PLANNED							
Action				Lead	Due date	Update	
Reorganisation of theatres/revise theatre schedules to accommodate all theatre needs.				AB	30 Sep 18		
Agree clinical pathways with all clinical leads.				AB	31 Oct 18		
Develop a plan with each speciality to reduce length of stay to reduce the pressure on bed usage.				SR	1 Feb 19		
Finalise Standard Operating Procedures for wards.					1 Feb 19		
SLA with ROH for retained elements of the pathway to enable contractual management of any delivery/performance issues.				AB	31 Dec 18		

BOARD ASSURANCE FRAMEWORK RISK SUMMARY

added September 2018

West Midlands Review of Trauma and Orthopaedics.			MB	1 June 19								
Identify opportunities to improve efficiency of transferred activity.			AB	1 Feb 18								
TARGET RISK SCORE			RISK HISTORY	POSITIVE ASSURANCES	NEGATIVE ASSURANCES	PLANNED ASSURANCE						
2 months	6 months	18 months+	<table border="1"> <thead> <tr> <th>date</th> <th>score</th> </tr> </thead> <tbody> <tr> <td>Sep 18</td> <td>4x4=16</td> </tr> <tr> <td></td> <td></td> </tr> </tbody> </table>	date	score	Sep 18	4x4=16			<ul style="list-style-type: none"> Project Plan is meeting timescales. 		<ul style="list-style-type: none"> Performance targets are met No increase in incidents casing harm for the orthopaedic patient cohort. No increase in post-operative infection rates for the patient cohort.
date	score											
Sep 18	4x4=16											
3x4=12	3x4=12	2x4=8										