

**BIRMINGHAM WOMEN'S AND CHILDREN'S NHS FOUNDATION TRUST**  
**Board of Directors' Meeting: Part I in Public**  
**09.30, 28 February 2019, at ERC Seminar Room, Birmingham Women's Hospital**  
**AGENDA**

Ref	Item	Purpose	Report type
1	Chairman's Welcome and Introduction		
2	Apologies for absence		
3	Declarations of interest		
4	Minutes of Board meeting held in public on 30 January 2019	Approval	Enc 01
5	Matters arising from Board meeting held in public on 30 January 2019	Assurance	
6	Integrated Performance Report <i>David Melbourne, Chief Finance Officer</i>	Assurance	Enc 02
7	Board Assurance Framework <i>Gwenny Scott, Company Secretary</i>	Assurance	Enc 03
8	Any other business		Verbal
9	Questions from members of the public present		
<b>CLOSE BY 11.00</b>			



**BIRMINGHAM WOMEN'S AND CHILDREN'S NHS FOUNDATION TRUST**  
**Minutes of the Board of Directors' Meeting held in Public**  
**30 January 2018, at Education Centre, Birmingham Children's Hospital**

Ref	Item
<b>Present</b>	Bruce Keogh BK Chairman
	Matthew Boazman MB Chief Officer for Strategy and Innovation
	Alex Borg ABO Interim Chief Operating Officer
	Alan Edwards AE Deputy Chairman
	Sarah-Jane Marsh SJM Chief Executive Officer
	David Melbourne DM Deputy Chief Executive/Chief Finance Officer
	Theresa Nelson TN Chief Officer for Workforce Development
	Sue Noyes SN Non-Executive Director
	Niti Pall NP Non-Executive Director
	Vij Randeniya VR Deputy Chairman
	Fiona Reynolds FR Chief Medical Officer
	David Richmond DR Non-Executive Director
	Judith Smith JS Non-Executive Director
<b>Attending</b>	Fiona Alexander FA Director of Communications
	Caron Eyre CE Deputy Chief Nurse
	Gweny Scott GS Company Secretary (minutes)
1	<b>Chairman's welcome and introduction</b> BK welcomed all those present, attending and observing.
2	<b>Apologies for Absence</b> Michelle McLoughlin, Chief Nurse (CE deputising).
3	<b>Declarations of Interest</b> SJM's declaration of interests had been updated to include more detail about the specific business interests of her spouse.
4	<b>Minutes of Board meeting held in public on 20 December 2018</b> The minutes were approved as an accurate record of the meeting.
5	<b>Matters arising from Board meeting held in public on 20 December 2018</b> None.
6	<b>Ratification of any Decisions made in Private</b> It was noted that in private there had been discussions on the progress on the catering contract tender, the work with the Royal Orthopaedic Hospital to transfer children's services and, in December, a decision to create additional intensive care capacity with dedicated beds for cardiac surgery.
<b>Quality, Workforce, Operations and Finance</b>	
7	<b>Integrated Performance Report</b> The most salient issues under each performance quadrant were highlighted and the Board's discussions focused on the following key points: <ul style="list-style-type: none"> <li>• A significant increase in the maternity attrition rate (the number of deliveries compared with planned activity) in November and December was being reviewed to identify causes.</li> <li>• The 4-hour Emergency Department target was not met due to high demand and acuity, and the quarter three control target would not therefore be achieved. Additional facilities due to open in March would</li> </ul>

	<p>increase physical capacity.</p> <ul style="list-style-type: none"> <li>• There had been a substantial, short-term increase in diagnostic referrals due to some issues at two referring hospitals.</li> <li>• Cancelled operations were below target but three patients were not given their surgery within 28 days of their cancellation date.</li> <li>• FTB demand continued to increase; discussions were being held with commissioners.</li> <li>• Financially, income was lower than planned, CIP remained behind target and FTB cost pressures continued. Non-pay cost pressures had also emerged in response to suppliers encouraging stockpiling in advance of the EU exit.</li> <li>• The Trust could now only achieve the control total if all the divisional forecasts were met and if all the remaining financial flexibility were utilised (leaving nothing for next year). Finance and Resources Committee would consider the implications of this approach in February.</li> <li>• Staff sickness remained above target and training and appraisals were below target, with the main concerns in corporate and women's services.</li> <li>• The increase in reports of moderate harm incidents continued; scoping indicated a link to a change in coding with the new DATIX system but this was being analysed further.</li> </ul>
8	<p><b>Quality</b></p> <p>The Board received the minutes and reports from the November and December meetings, and a verbal report from January. The key points discussed were:</p> <ul style="list-style-type: none"> <li>• Unacceptably long waiting times in antenatal clinics continued, despite previous assurance regarding progress against improvement plans. The Board supported the increased executive scrutiny via the performance framework and agreed to review its own response where improvement projects were not demonstrating pace of change.</li> <li>• An update on improvements in Clinical Genetics provided assurance on progress and management grip; however, a safeguarding risk had recently emerged regarding the patient administration system to which the Committee sought urgent resolution.</li> <li>• In FTB the key concern was the waiting list, whereas progress had been made on recruitment and there was a growing sense of general assurance based on the self-assessments.</li> <li>• A theatre safety update had provided further assurance regarding significant progress through new management and governance approaches.</li> <li>• The Standardised Paediatric Mortality Index had increased; the Committee was seeking assurance as to whether this was a data issue or a genuine concern. The Board agreed that data should always be accepted at face value until shown otherwise and that every child death must be investigated and learned from.</li> <li>• An incident had emerged regarding a backlog of clinic letters to GPs held up in an externally hosted hub, resulting in a risk that treatment changes had not been enacted. In mitigation, all patients or tertiary centres had been sent copies separately. In addition to the planned steps to address the issue the Board encouraged communication with each patient as well as each GP and asked that a very robust investigation and the identification of additional controls took place.</li> </ul> <p><b>Action:</b> To consider further actions to those already agreed by the Quality Committee.</p>
9	<p><b>Finance and Resources</b></p> <p>The Board received the minutes and reports from the November and December meetings and a verbal report from January. Key points discussed (not covered above) were:</p> <ul style="list-style-type: none"> <li>• The 62-day cancer wait target was now being met.</li> <li>• The Committee also remained concerned about FTB waiting times.</li> <li>• A report from the Internal Auditor on workforce savings and productivity was rated partial assurance and raised concerns about the ability to meet a further ambitious target next year.</li> </ul>

	<ul style="list-style-type: none"> <li>The Committee was assured that the financial control total could be met if significant progress was made by the divisions.</li> </ul> <p>DM updated the Board on the control total recently proposed for 2019/20. The total of £2.33m, and the ability to generate £7m additional payments was viewed as fair but challenging. Clarity regarding the tariff was required.</p>
<b>Governance</b>	
10	<p><b>Board Assurance Framework</b></p> <p>The Board noted and endorsed the minor changes recommended by the Committees and approved the draft risk summary relating to the EU exit.</p>
11	<p><b>Audit and Value Committee</b></p> <p>The Board received the minutes from the November meeting and a verbal report from January. The Board discussed the following key matters:</p> <ul style="list-style-type: none"> <li>The Board endorsed the recommendation that it should directly monitor progress in implementing high priority recommendations from the internal audit on workforce savings and productivity.</li> <li>An internal audit on FTB temporary staffing highlighted concerns around establishment controls but recognised recent improvements, including a temporary staffing board.</li> <li>Core internal audits provided significant assurance on key financial controls and payroll.</li> <li>The Value Scrutiny Panel had focused on the Trust's quality improvement methodology; the Board agreed to focus on this at its next development day.</li> </ul>
12	<p><b>Report from Transformation Board</b></p> <p>The Board noted the report.</p>
<b>Executive Briefing</b>	
13	<p><b>Chief Executive's Report</b></p> <p>SJM verbally reported on:</p> <ul style="list-style-type: none"> <li>MM's recent award of a CBE and subsequent retirement announcement, and the plan to interview candidates for a Chief Nursing and Midwifery Officer in April. The Deputy Chief Nurse for Operations would fill the role in an acting capacity until it was filled substantively.</li> <li>The Director of Mental Health had been promoted to a more senior role within another trust; AB had been appointed to the post, to take affect once the new Chief Operating Officer was in position.</li> <li>Stars of the month:             <ul style="list-style-type: none"> <li>BW staff nominated: Paul Nash, Senior Chaplain.</li> <li>BW patient nominated: Paul Scott, Estates.</li> <li>BC staff nominated: Microbiology Team.</li> <li>BC patient nominated: Bethany Chevill, Epilepsy Nurse Specialist.</li> </ul> </li> </ul>
<b>Other</b>	
14	<p><b>Any other business</b></p> <p>None.</p>
15	<p><b>Questions from Members of the Public Present</b></p> <p>None.</p>
16	<p><b>Patient Story</b></p> <p>Members of the BCH Transplant Games Team presented their story alongside the LiverTeam. The families described the positive impact of the games on the wellbeing and confidence of the patients, families and</p>

siblings involved, including a likely positive impact on long-term adherence to treatment.
<b>Close</b>

<b>ACTIONS/DECISION LOG</b>			
<b>ITEM</b>	<b>ACTION/DECISION</b>	<b>LEAD/DATE</b>	<b>STATUS</b>
Quality Report	GP letters backlog: Consider further actions to those already agreed by Quality Committee.	FR, Feb 19	Complete
Audit Committee	Board to monitor the high-priority recommendations from the Internal Audit on workforce productivity and savings: <ul style="list-style-type: none"> <li>• Planning process</li> <li>• Accountability and engagement</li> </ul>	TN, from Feb 19	
	Next Board development day to focus on quality improvement methodology.	TN, DM, 27 Feb 19	Complete

# Integrated Performance Report

Month 10, January 2019



By your side

# Integrated Performance

## Operations

- Activity vs.
- ✓ Emergency Inpatient
  - ✗ ED
  - ✓ Outpatient
  - ✗ All elective/day case
  - ✓ Births
- Performance:
- ✗ ED Performance
  - ✓ 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

## Workforce

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

## Quality

- ✓ Incidents
- SIRIs
- ✓ Never Events
- Extravasation injuries
- Patient feedback:
- ✓ Children's
- ✓ Women's
- ✓ Mental Health

Integrated Performance

## Operational

The Trust had more elective and emergency activity than January 2018, although overall elective activity was below our contracted plan level. All outpatient activity was up on plan, especially in Gynaecology and some of the larger Children's site surgical specialities.

In January the Trust did not achieve the ED four hour wait target and continued to see high level of demand. The number of operations cancelled on the day increased and there were two patients cancelled last month were not rebooked within 28 days. We met all our oncology standards .

Demand on PICU came down and the unity now has 30 beds open. Access to the Trusts Mental Health service continues to be a challenge and the number of patients waiting to be seen continues to increase. Demand for the adult mental health beds has gone back up to over the contracted level after low levels at the start of January.

In Maternity there were 682 deliveries which is less than planned for January and busier than December. The attrition rate in the service was -5.8% which has reduced slightly. Genetics continue to work through a recovery plan to address sample backlogs and turnaround performance and expect performance to drop further before showing sustainable improvements.

## Workforce

Worked WTE remains in line with the prior month, largely driven by an increase in maternity levels which has been offset by reduced worked WTE. Overall, WTE remain in excess of the levels it can afford with pay costs up on prior period by 0.7%.

Temporary spend at 6.4% is marginally reduced, largely attributable to Medicine & Surgery reduced bank and locum costs vs prior period. Average spend is up compared to prior period.

Sickness absence overall has reduced in month but remains above the Trust target at 4.44% for December 2018 (4.66% adjusted figure for November 2018). This month has seen improvements in all areas sickness rates with the exception of Medicine which has seen an increase.

The 12 month turnover % for the Trust has increased for the 12 month period ending January 2019 to 12.6% (12.5 % in December) and remains above the Trust KPI (11%).

Performance on appraisals remains consistent with previous month at 81.1% (December 80.5%), and remaining below the Trust KPI of 95%. Divisions with compliance above 80% are Medicine (91.5%), Surgery (88.6%) and Mental Health Services (80.1%). Compliance remains low in Corporate (68.7%), and Women's Division (68.6%).

Trust wide core mandatory training compliance is 89% representing an increase of 1.3% since the last report. Stat/mand training remains on the Trust risk register. The two key risks are for Reputation/Regulation & Staff Safety.

## Finance

January typically returns a strong financial performance following the losses of December. The requirement to recover the position accumulated through the first three quarters meant that the expected £0.6m planned surplus needed to be exceeded if the Trust was to be on track to meet its Control Total at the end of Quarter 4. Although there were positives in the financial position there were also a series of pressures that meant that the Trust was reliant on non-recurring and unexpected means to deliver the necessary surplus in month.

The clinical activity position was mixed and this translated into a sub-forecast performance. With continued shortfalls against efficiency targets and the ongoing cost pressures in delivering FTB services the underlying position of the Trust remains hugely challenged. In order to deliver the required financial position one third of the flexibility reported to Board has been released.

At the end of January the position is a surplus of £2.1m which is £3.8million adrift of the Trust's baseline plan required to hit the financial control target.

The in-month position has been driven by:

- Clinical income below forecast levels including fewer cardiac cases than we would have expected given the time of year;

- Our pay-bill figures not reducing in line with plan including high levels of temporary spend;

- Increased FTB overspend in bed terms (increased case mix around PICU);

- Creep in non-pay expenditure – particularly in Burns, FTB, Genetics and Gynaecology;

- This has been offset to some extent by reducing the interest costs that we pay the DHSC (Public Dividend capital) and an increase in RTA income.

## Quality

3 SIRI's were reported in January. Moderate harm incidents and their rate per thousand bed days remains high but has decreased slightly. Analysis of the moderate harm incidents is underway to identify if this is associated with the new incident reporting system / form. No immediate trends of concern have been identified from the data .

There were no moderate harm extravasation and the overall number of extravasations dropped in January to below average. Staff availability remains the predominant causative theme cited in red risk register entries across all divisions. SPMR remains high but is reducing. No concerns have been identified through individual case reviews but these reviews are ongoing and we will work with HED to understand what this peak may represent

The mortality rate per 1000 bed days at BCH is high although no potentially avoidable deaths have been identified during the same period. The number of deaths (13) at BCH is the same as last year so the mortality group will be asked to review this increase in rate and whether is this a seasonal or other trend. Inquiries regarding depth of coding and HED are ongoing

There has been an overall improvement in the response rate to FFT . Key patient experience issues highlighted are around food in CAMHS services and poor communication across BWC (13% increase in related PALS concerns since last month).



February 2019

## 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	Feb 19	CNO/CMO	1x4=4	2x4=8	3x4=12*
SR2	Failure to adequately address issues identified through patient feedback	June 17	Feb 19	CNO/CMO	2X3=6	3X3=9	3X4=12*
SR3	Inability to recruit and retain the right staff with the right skills	June 17	Feb 19	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	Dec 18	DCEO	2x4=8	4x3=12	3x5=15
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	Dec 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
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	Feb 19	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
SR16	The Trust's services could be impacted by a 'no deal' EU exit.	Jan 19	Jan 19	DCEO	TBC	N/A	TBC

\*Proposed change

February 2019

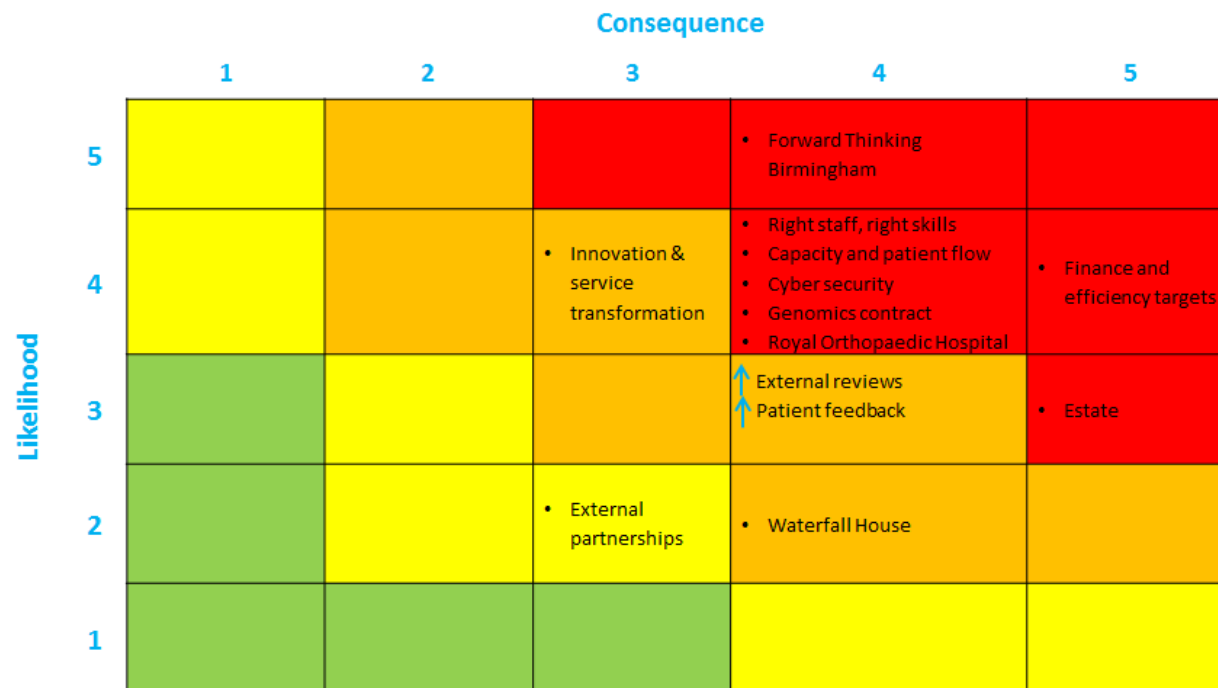
## Risk Assessments in Progress

None.

## 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 Heat Map



**BOARD ASSURANCE FRAMEWORK RISK SUMMARY**

February 2019

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 by CQC and other external reviewers.	Negative impact on quality of services, regulatory status and reputation.	Quality Committee	MM; FR	<b>3X4=12</b>												
<b>CONTROLS/MITIGATIONS</b>				<b>GAPS IN CONTROL</b>															
<ul style="list-style-type: none"> <li>Refreshed external reviews assurance process.</li> <li>Revised leadership and governance structures in FTB</li> <li>FTB Oversight Group</li> <li>All areas overseen by Quality Committee</li> <li>Integrated Assurance Report provides monthly oversight</li> <li>Action plan for Pharmacy overseen by CSQAC</li> </ul>				<ul style="list-style-type: none"> <li></li> </ul>															
<b>ACTIONS PLANNED</b>																			
<b>Action</b>			<b>Lead</b>	<b>Due date</b>	<b>Update</b>														
Deliver FTB Intervention Plan and CQC action plan			MM	Monthly	Monthly reports are demonstrating progress.														
Deliver Antenatal Scanning Pathway improvement plan			AB	Quarterly	Assurance deteriorated Jan 2019; executive grip increased through performance framework.														
Deliver Neonatal Care Improvement Project (BC)			MM	Quarterly	Internal Audit November 18 provided 'significant assurance'.														
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														
Theatres safety project			FR	Quarterly	Quality Committee was assured by revised plans and progress to date and rated the service amber in September 2018 and January 2019.														
<b>TARGET RISK SCORE</b>			<b>RISK HISTORY</b>		<b>POSITIVE ASSURANCES</b>		<b>NEGATIVE ASSURANCES</b>												
<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"> <tbody> <tr> <td>Jun 17</td> <td style="background-color: yellow;">3x4=12</td> </tr> <tr> <td>Jul 18</td> <td style="background-color: yellow;">2x4=8</td> </tr> <tr> <td>Feb 19</td> <td style="background-color: yellow;">3x4=12</td> </tr> </tbody> </table>		Jun 17	3x4=12	Jul 18	2x4=8	Feb 19	3x4=12	<ul style="list-style-type: none"> <li>Reports to Quality Committee show good progress on FTB Requirement Notices and a self-assessment of 'Requires Improvement'.</li> <li>Improvement in assurance on abortion care and neonatal at Quality Committee</li> <li>FTB assurance update to Board June 18.</li> <li>Internal Audit Abortion care July 18</li> <li>Internal audit neonatal services Nov 18.</li> </ul>		<ul style="list-style-type: none"> <li>FTB still rated 'red'.</li> <li>Antenatal patient feedback poor.</li> <li>Antenatal assurance deteriorated to red</li> <li>Internal Audit on FTB temporary staffing controls</li> </ul>
3 months	6 months	12 months+																	
		1x4=4																	
Jun 17	3x4=12																		
Jul 18	2x4=8																		
Feb 19	3x4=12																		
							<b>PLANNED ASSURANCE</b> Internal audits on: <ul style="list-style-type: none"> <li>Antenatal</li> <li>Pharmacy/Meds Management</li> </ul> CQC inspection spring 2019.												

**SUMMARY UPDATE**

The main change is in relation to the antenatal service where assurance has deteriorated. An increase to the risk score is recommended to reflect this.

**BOARD ASSURANCE FRAMEWORK RISK SUMMARY**

February 2019

REF.	STRATEGIC RISK	GOAL/ENABLER	CAUSES	CONSEQUENCES	LEAD COMMITTEE	LEAD	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	4x3=12
<b>CONTROLS/MITIGATIONS</b>				<b>GAPS IN CONTROL</b>			
<ul style="list-style-type: none"> <li>• Patient Experience projects established to address some of the key themes.</li> <li>• Analysis and response by Patient Experience team.</li> <li>• Proactive engagement with patient groups.</li> <li>• Wide range of methods for patients to provide feedback.</li> <li>• Facilities management now provided by Trust’s subsidiary, to provide greater focus on areas such as food, cleaning and estate management.</li> <li>• New catering contract out to tender for BC and Parkview.</li> </ul>							
<b>ACTIONS PLANNED</b>							
<b>Action</b>			<b>Lead</b>	<b>Due date</b>	<b>Update</b>		
Re-tender for catering contract			GSe	March 19	Tender near completion.		
Deliver antenatal improvement plan			AB	Quarterly			
Deliver Neonatal Improvement Plan (includes breastfeeding support)			MM	Quarterly	Self-assessment against CQC domains Jan 19 positive.		
Deliver maternity patient experience action plan.			MM	Quarterly	Reports to Patient Experience Committee		
Implement BW catering improvement project.			GSe				
<b>TARGET RISK SCORE</b>			<b>RISK HISTORY</b>	<b>POSITIVE ASSURANCES</b>		<b>NEGATIVE ASSURANCES</b>	<b>PLANNED ASSURANCE</b>
<b>3 months</b>	<b>6 months</b>	<b>12 months+</b>	<b>06/17</b> 4x3=12	<ul style="list-style-type: none"> <li>• Gynaecology inpatient survey May 18</li> <li>• BCH patient feedback on food improved</li> <li>• Overall positive response to BWH catering survey.</li> </ul>		<ul style="list-style-type: none"> <li>• Antenatal: Red assurance rating Jan 2019 and continued poor patient feedback about waiting in clinic.</li> </ul>	Internal Audit of antenatal CQC compliance.
		<b>06/18</b> 3x3=9					
		<b>02/19</b> 4x3=12					
		2x3 = 6					
<b>SUMMARY UPDATE</b>							
The main change is in relation to the antenatal service where assurance has deteriorated. An increase to the risk score is recommended to reflect this,							

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)	<b>4x4=16</b>
CONTROLS/MITIGATIONS				GAPS IN CONTROL			
<ul style="list-style-type: none"> <li>Recruitment and retention work programme</li> <li>Developing STP interventions eg. branding and marketing.</li> <li>Diversity lead and changes to recruitment to aid improved inclusion</li> <li>Workforce development plan focused on priority areas: leadership, supply and retention</li> <li>Training on workforce planning to leaders</li> <li>Re-structured workforce team focused on workforce planning, design and OD (prevention) as well as case work team to improve flow and management</li> <li>Contribution to HEE workforce strategy, and wider NHS strategic groups on workforce supply/talent</li> <li>Involvement in regional and national policy development.</li> <li>Use of international workforce supply routes and alternative workforce models</li> <li>Strong relationships with local universities</li> <li>Staff engagement and health and wellbeing programmes</li> <li>Robust and supportive appraisal programme</li> <li>Workforce efficiency programme, including quality impact assessment</li> <li>FTB Temporary Staffing Board oversight of recruitment and retention work programme</li> <li>Regularly reviewed leadership development programmes</li> <li>Theatres recruitment plan</li> <li>Workforce redesign built into business planning for 2019/20.</li> </ul>				<ul style="list-style-type: none"> <li>No system to monitor use and quality of appraisal process</li> <li>Inconsistent application of local induction and probation processes</li> <li>Lack of strong people management in some areas</li> <li>Not all areas have robust, detailed workforce plans</li> <li>Divisional leadership capacity and capability to focus on workforce redesign and people strategies, to deliver efficiency and improve experience</li> <li>Workforce team workloads impacting on ability to support all areas/meet service needs</li> <li>Lack of clear and consistent data set, and information for leaders on engagement levels, diversity, wellbeing etc.</li> <li>System wide solutions slow, no dedicated resource to scope and develop the workstreams</li> </ul>			
ACTIONS PLANNED							
Action	Lead	Due date	Update				
Identify and analyse workforce gaps in all professions, services and pathways, commencing with higher risk areas	SB	April 19 19/2	FTB, maternity, neonates, PICU fully supported and plans developed with service. Focused work in Theatres and Radiology currently				
Development of a staff attraction/marketing package	SB	Sept 19 19/20	In development, working with key services and wider STP on BSol as a place to work strategy				

**BOARD ASSURANCE FRAMEWORK RISK SUMMARY**

**December 2018**

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 shift patterns and job planning	SB	September 19	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	April 19 Ongoing	Reporting on utilisation of funding is being further developed. Education Partnership Forum enables wider discussion of funding utilisation and targeting. Business case update to FRC February 2019.
Scope and develop systems that will enable improved data and information for day to day and future planning of workforce	SB	September 19	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	Reviewed at Workforce Committee and ongoing agenda item to review workforce plans.
Develop the engagement package further following feedback from #BWCFest in September	SB	December 2018	Revised approach to involvement and engagement aligned to quality improvement roll out, oversight through QIIG.
Ensure National Staff Survey results are reviewed and communicated in a more timely way to further aid engagement	SB	January 2019	Results received and high level overview communicated. Full plan in development
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	Audits undertaken in identified hotspot areas and identified opportunities for improvement of policy, tools and processes.
Developing proposals for further support for line managers around absence management and appraisals	SB	April 2019	Proposals and resources to assist managers in areas with particular challenges through provision of bespoke support and development and 'by your side' coaching.
Develop improved communications and branding for BWC	SB	April 2019	Working closely with comms team to identify areas for improvement and development.

TARGET RISK SCORE			RISK HISTORY	POSITIVE ASSURANCES	NEGATIVE ASSURANCES	PLANNED ASSURANCE
<b>3 months</b>	<b>6 months</b>	<b>24 months+</b>	<b>06/17</b> 4x4=16	<ul style="list-style-type: none"> <li>NHSi review of retention strategies received positive feedback – benchmarking to peers on turnover</li> <li>Improved utilisation of confidential care package</li> </ul>	<ul style="list-style-type: none"> <li>Turnover above target (Feb 19)</li> <li>National Staff survey results 2017.</li> <li>Temporary staffing above target (Feb 19)</li> <li>Appraisal and mandatory training rates below target.</li> <li>Significant recruitment and retention issues in some areas.</li> </ul>	Internal Audits on: <ul style="list-style-type: none"> <li>Job planning</li> <li>Workforce savings and productivity</li> </ul> National Staff Survey 2018 (results due Mar 19)
		3x4=12				

**SUMMARY UPDATE**

Actions updated on 13<sup>th</sup> February 2019 to reflect all workstreams and strategies in play.  
Risk score not revised at this stage as risk remains high.



**BOARD ASSURANCE FRAMEWORK RISK SUMMARY**

**December 2018**

REF.	STRATEGIC RISK	GOAL/ENABLER	CAUSES	CONSEQUENCES	LEAD COMMITTEE	LEAD(S)	Risk Score
SR5	<b>Failure to deliver financial and performance efficiency targets</b>	Use of resources	<ul style="list-style-type: none"> <li>Control total forces higher efficiency requirement.</li> <li>Non-recurrent savings made in 2017/18 to fill gaps as initial plans not delivered.</li> <li>Staff engagement in the agenda.</li> </ul>	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	<b>4X5=20</b>
CONTROLS/MITIGATIONS				GAPS IN CONTROL			
<ul style="list-style-type: none"> <li>Monthly meetings of Financial Sustainability Group</li> <li>Oversight by Performance Board</li> <li>Capacity Transformation Board oversight of flow projects</li> <li>PMO approach to Cost Improvement Programme</li> <li>Workforce targets issued to each group.</li> <li>Vacancy controls in place</li> <li>Agency and bank usage controls.</li> <li>Quality Impact assessment completed for the schemes.</li> <li>New FTB Temporary Staffing Board established.</li> <li>Forward Look process focusing on clinical activity and output with a view to improving productivity and matching capacity and demand.</li> <li>Planning for 2019/20 has commenced.</li> </ul>				<ul style="list-style-type: none"> <li>Ownership of the issues across the organisation.</li> <li>Willingness to take the necessary action.</li> <li>Inadequate funding for FTB beds and reliance on agency staff creating significant financial pressures.</li> <li>Fluctuations in demand can affect income.</li> <li></li> </ul>			
ACTIONS PLANNED							
Action	Lead	Due date	Update				
Forward look process put in place to track effective use of available capacity	DM/AB	Sept 18	Now in place and appearing to be effective.				
Workforce review of all roles band 6 up.	SB/SA	Dec 18					
Negotiate with Commissioners regarding additional FTB funding.	DM	Dec 18	Almost complete – expected resolution in January 2019.				
Implement shared service model for procurement as part of Birmingham Health Alliance.	DM	April 2019					
Planning process launched and on-going.	DM/AB	Dec 18 to March 19					

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 At month 7 the cumulative position is a small surplus.	<ul style="list-style-type: none"> <li>17/18 financial targets only achieved through technical accounting methods and final negotiations with commissioners.</li> <li>Q2 control total missed.</li> <li>Q3 control total will be missed.</li> <li>At month 7 Trust forecasting control total will not be met.</li> <li>Agency spend consistently above target</li> <li>At month 7 the Trust continues to see more starters than leavers.</li> <li>Internal Audit: FTB Business Planning (June 18)</li> <li>CIP shortfall at month 7.</li> </ul>	Internal Audits: <ul style="list-style-type: none"> <li>Key financial controls (Jan 19)</li> <li>Payroll (Jan 19)</li> <li>Workforce savings and productivity (Jan 19)</li> <li>FTB temporary staffing (Jan 19)</li> </ul>
		2X4=8				
SUMMARY UPDATE						
Actions, controls and assurances updated.						

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	<b>3x5=15</b>
CONTROLS/MITIGATIONS				GAPS IN CONTROL			
<ul style="list-style-type: none"> <li>Risk-based capital planning</li> <li>Planned preventative maintenance programme</li> <li>Estate management now undertaken by Trust subsidiary, enabling a greater focus at Board level</li> <li>Purchase of dental hospital to maximise value and potential of site.</li> <li>Process for refresh of estates strategy agreed.</li> </ul>				<ul style="list-style-type: none"> <li>Reconciliation of capacity requirements with safety requirements; e.g theatres maintenance.</li> </ul>			
ACTIONS PLANNED							
Action	Lead	Due date	Update				
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.				
Acute site development plan for Birmingham to be developed.	DM	Dec 18	<ul style="list-style-type: none"> <li>In progress – discussions with UHB /ROH how best to progress this work.</li> <li>Process for agreeing the acute development plan for STP developed for discussion at Birmingham Hospitals Alliance.</li> </ul>				
TARGET RISK SCORE		RISK HISTORY		POSITIVE ASSURANCES		NEGATIVE ASSURANCES	PLANNED ASSURANCE
3 months	6 months	12 months+		<ul style="list-style-type: none"> <li>Six facet survey of all estate</li> </ul>		<ul style="list-style-type: none"> <li>PLACE review</li> </ul>	<ul style="list-style-type: none"> <li>Annual internal review linked to capital programme</li> <li>Six facet survey of all estate</li> </ul>
		06/18	4x3=12	12/18	3x5=15		
			2X4=8				

**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.

The risk score has been updated to reflect the equivalent risk assessed by the Trust's facilities management service.

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	<b>4X4=16</b>
CONTROLS/MITIGATIONS				GAPS IN CONTROL			
<ul style="list-style-type: none"> <li>Capacity Transformation Board oversees delivery of Programme</li> <li>Strategic Projects Group oversees major capital schemes.</li> <li>Forward Look to focus on activity flow.</li> </ul>							
ACTIONS PLANNED							
Action	Lead	Due date	Update				
Agreed programme of 'flow' work through the capacity transformation work	SC	Jun 18	Reviews of projects on rolling basis.				
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.	GSe	Sept 18	Business case required to show how a second theatre might be utilised and affordability.				
Service improvement process to be rolled out across the organisation. Metrics agreed include focus on discharge planning.	AB	From Oct 18					
TARGET RISK SCORE			RISK HISTORY	POSITIVE ASSURANCES	NEGATIVE ASSURANCES	PLANNED ASSURANCE	
3 months	6 months	12 months+	06/18	4x4=16	<ul style="list-style-type: none"> <li>Capacity Transformation Board assurance reviews.</li> <li>Chief Officer weekly review.</li> </ul>	<ul style="list-style-type: none"> <li>Level of elective activity delivery</li> </ul>	Review by Value Scrutiny Panel January 2019
		2X4=8					
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	<b>5X4=20</b>
CONTROLS/MITIGATIONS				GAPS IN CONTROL			
<ul style="list-style-type: none"> <li>FTB Oversight Group overseeing intervention plan delivery</li> <li>Self-assessment against CQC framework led by the Director of Quality Assurance and overseen by monthly leadership team meeting.</li> <li>New Temporary Staffing Board focused on inpatient flow, retention, recruitment and management of temporary staff.</li> <li>Staff bank developed.</li> <li>Integrated Governance Committee oversees quality in all hubs and reports to CSQAC.</li> <li>Harm reviews undertaken on all service users waiting 40+ and 52+ weeks.</li> </ul>				<ul style="list-style-type: none"> <li>Full control of agency staffing.</li> <li>Full control of waiting list.</li> <li>Full understanding of capacity gap.</li> <li>Effective recruitment and retention plans.</li> </ul>			
ACTIONS PLANNED							
Action	Lead	Due date	Update				
Resolve additional inpatient costs issue with commissioners.	DM	Nov 2018	Discussions are in progress				
Deliver Finance plan	MC	Monthly	Behind plan at month 7.				
Waiting list data validation	MC	Nov 2018	In progress.				
Demand and capacity review	MC	Dec 2018	To be undertaken following completion of waiting list validation.				
Independent review of temporary staffing controls	MC	Jan 2019	Internal Auditor instructed; due to report January 19.				
Establish Divisional Management Team meetings	MC	Jan 2019	The aim is improve governance and oversight of performance, involving the whole of Mental Health Services.				

**BOARD ASSURANCE FRAMEWORK RISK SUMMARY**

**December 2018**

TARGET RISK SCORE			RISK HISTORY	POSITIVE ASSURANCES	NEGATIVE ASSURANCES	PLANNED ASSURANCE				
<b>3 months</b>	<b>March 19</b>	<b>March 20</b>	<table border="1"> <tr> <td><b>06/17</b></td> <td><b>4x4=16</b></td> </tr> <tr> <td><b>11/17</b></td> <td><b>5x4=20</b></td> </tr> </table>	<b>06/17</b>	<b>4x4=16</b>	<b>11/17</b>	<b>5x4=20</b>	<ul style="list-style-type: none"> <li>• Current self-assessed CQC rating of Requires Improvement.</li> <li>• FTB assurance review to Board June 18</li> </ul>	<ul style="list-style-type: none"> <li>• Current CQC rating of Inadequate.</li> <li>• Not all CQC Requirement Notices complete.</li> <li>• Internal Audit – FTB Business Planning.</li> <li>• Workforce gaps</li> <li>• High turnover.</li> <li>• High agency usage</li> <li>• Waiting list issues</li> </ul>	Internal Audit Review of temporary staffing controls.
<b>06/17</b>	<b>4x4=16</b>									
<b>11/17</b>	<b>5x4=20</b>									
	4x4=16	3x4=12								
SUMMARY UPDATE										
Full review undertaken in November 2018 by newly appointed Mental Health Director.										

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"> <li>Lack of robust R&amp;D governance arrangements</li> <li>Relatively low academic capacity across Trust</li> <li>Small number of research active specialities (especially at BC)</li> <li>Limited volume of commercial research studies.</li> </ul>	<ul style="list-style-type: none"> <li>Inability to maximise opportunities to achieve the best possible clinical outcomes.</li> <li>Reputation impact</li> <li>Inability to maximise financial contribution.</li> </ul>	Research & Service Innovation Committee	MB	4X3=12
CONTROLS/MITIGATIONS				GAPS IN CONTROL			
<ul style="list-style-type: none"> <li>Research and Development Strategy approved</li> <li>Research and Service Innovation Committee (RSIC) overseeing implementation of strategy</li> <li>Agreement reached that women and children will be a theme within the new Applied Research Collaboration (formerly CLARHC)</li> <li>Women and children agreed as a theme within the Birmingham Health Partners' Strategy</li> </ul>							
ACTIONS PLANNED							
Action	Lead	Due date	Update				
Develop Research Implementation Plan	MB	Complete	Plan approved June by RSIC				
Develop and implement research fundraising plan	MB	Dec 18	BCH Charity approved 'ask' in principle – due to submit detailed plan to Board of Trustees Dec 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	Complete	Tender secured				
Establish a long-term solution for aseptic services	JA	June 19	Interim solutions are in place and operating successfully to ensure the Trust can remain open to new trials where aseptic support is needed.				
Implement recommendations of internal audit of research governance and finance	MB	Dec 18	Good progress made.				
Obtain approval of Birmingham Health Partners Research Strategy from BHP Board	MB	Dec 18	Draft strategy ready for approval.				



**BOARD ASSURANCE FRAMEWORK RISK SUMMARY**

**December 2018**

TARGET RISK SCORE			RISK HISTORY		POSITIVE ASSURANCES	NEGATIVE ASSURANCES	PLANNED ASSURANCE
<b>3 months</b>	<b>6 months</b>	<b>12 months+</b>	<b>06/17</b>	<b>4x3=12</b>	<ul style="list-style-type: none"> <li>Genomics tender secured Nov 18.</li> <li>Internal Audit on R&amp;D Approval of Opportunities and Monitoring and Reporting June 18 Significant Assurance</li> </ul>	Internal Audit on R&D financial governance June 18– partial assurance	
		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)	<b>4X4=16</b>
CONTROLS/MITIGATIONS					GAPS IN CONTROL		
<ul style="list-style-type: none"> <li>Password length extended to 12 Characters</li> <li>Firewalls Upgraded to latest software revision</li> <li>Improved monthly PC security only patch deployment across all of the Trust PC estate</li> <li>Started monthly patch routine on non-service affecting server infrastructure</li> <li>Additional Anti-malware products purchased and deployed across the PC estate</li> <li>Key members of the ICT team have undergone additional specialist training.</li> </ul>					<ul style="list-style-type: none"> <li>Specialist expertise in identification and management of information security risks.</li> <li>The full extent of the risk is unknown.</li> <li>Completion of all cyber maturity recommendations.</li> </ul>		
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
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"> <li>Failure to meet financial targets</li> <li>Failure to meet the benefits of an ambulatory care model</li> <li>Failure to improve the experience for patients and families as set out in the business case</li> <li>Significant reputational impact</li> </ul>	Finance & Resources Committee	DM/AB	2x4=8
<b>CONTROLS/MITIGATIONS</b>				<b>GAPS IN CONTROL</b>			
<ul style="list-style-type: none"> <li>Dedicated Project Manager</li> <li>Mobilisation group reporting to Next Generation Board.</li> <li>Oversight by Next Generation Board</li> <li>Oversight by FRC</li> </ul>							
<b>ACTIONS PLANNED</b>							
<b>Action</b>			<b>Lead</b>	<b>Due date</b>	<b>Update</b>		
Recovery of VAT on the building currently with HMRC			DM	September 2018	In Progress		
<b>TARGET RISK SCORE</b>		<b>RISK HISTORY</b>	<b>POSITIVE ASSURANCES</b>		<b>NEGATIVE ASSURANCES</b>	<b>PLANNED ASSURANCE</b>	
3 months	6 months	12 months+	<ul style="list-style-type: none"> <li>Building handed over with all necessary commissioning checks</li> <li>Building now fully operational; no significant issues</li> <li>Six week review undertaken of estates and operational issues.</li> </ul>		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			
<b>SUMMARY UPDATE</b>							
Risk to be updated following business case review (expected March 2019).							

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, . Whilst transitional arrangements have now been agreed there is not an agreed long term financial model across any of the 7 coconsortiums agreed with NHS E at this point in time.	<ul style="list-style-type: none"> <li>Significant potential financial risk.</li> <li>Inability to deliver within required timescales (contractual and reputational impact)</li> <li>Inability to recruit additional capacity to support delivery</li> <li>Significant impact on capacity of key senior individuals</li> </ul>	Finance & Resources Committee	MB	4x4=16	
<b>CONTROLS/MITIGATIONS</b>				<b>GAPS IN CONTROL</b>				
<ul style="list-style-type: none"> <li>Some financial flexibility built into the bid.</li> <li>Prioritisation of workload of key individuals</li> <li>Plan in place that enables delivery if transitional funding is agreed</li> </ul>				<ul style="list-style-type: none"> <li>Transitional funding not yet agreed.</li> <li>Lack of clarity or information on activity, pricing or contractual arrangements.</li> </ul>				
<b>ACTIONS PLANNED</b>								
<b>Action</b>			<b>Lead</b>	<b>Due date</b>	<b>Update</b>			
Negotiation discussions with NHS England			MB	17/09/18	Finance and Contracting Sub-Group met in December with NHS England team. Discussions majored on deliverables from 1/10/18 including contractual arrangements. There are still a range of outstanding issues being negotiated with NHS England nationally across all consortium sites- the transitional arrangements for 2019/20 are agreed but longer term not yet agreed and that is preventing challenges with developing sub-contractual arrangements with partners.			
<b>TARGET RISK SCORE</b>		<b>RISK HISTORY</b>		<b>POSITIVE ASSURANCES</b>		<b>NEGATIVE ASSURANCES</b>	<b>PLANNED ASSURANCE</b>	
<b>1 month</b>	<b>6 months</b>	<b>12 months+</b>	<b>date</b>	<b>score</b>	<ul style="list-style-type: none"> <li>There is a consensus view amongst all bidders – the Trust is not in an isolated position.</li> <li>Additional monies being made available in 18/19 and 19/20 to facilitate mobilisation.</li> <li>NHSE is appearing to take a</li> </ul>		<ul style="list-style-type: none"> <li>To date NHSE have not deviated from position on timescales.</li> <li>Initial proposals appear to high risk</li> <li>Overall national cost across 7 bidders significantly outweighs available finance</li> <li>Absence of capital monies.</li> </ul>	<ul style="list-style-type: none"> <li>Outcome of discussions with NHSE week commencing 25<sup>th</sup> February</li> <li>Further data collection from NHSE during September</li> <li>Meeting with consortium Board partners on 26<sup>th</sup> February to review agreements to date and</li> </ul>
3x4	3x3	2x3	14.9.18	4x4=16				

**BOARD ASSURANCE FRAMEWORK RISK SUMMARY**

**Added Sept 18**

		<p>pragmatic approach to implementation in 18/19</p> <ul style="list-style-type: none"><li>• Transitional and mobilisation costs agreed and this has supported recruitment of additional capacity and leadership roles as per specification bid</li></ul>		<p>outstanding issues with NHSE</p>
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**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"> <li>Lost opportunity to use vacated space for alternative purposes, including potential growth of existing services or adoption of external services.</li> <li>Reduction in capacity to deliver existing services.</li> <li>Increased pressure on ability to meet national operational targets.</li> <li>Regulatory impact.</li> <li>Financial impact of inability to expand and potential orthopaedic tariff changes.</li> <li>Reduced quality of service to patients.</li> </ul>	Direct to Board until transfer, then to Quality Committee.	AB	<b>4x4=16</b>
<b>CONTROLS/MITIGATIONS</b>				<b>GAPS IN CONTROL</b>			
<ul style="list-style-type: none"> <li>Capacity identified for the majority of theatre sessions required.</li> <li>Capacity identified for the majority of inpatient beds required.</li> <li>Implementation of plans to refurbish Theatre 8 and Ward 15 is in progress.</li> </ul>				<ul style="list-style-type: none"> <li>Lack of assurance around orthopaedic waiting list data or management.</li> <li>Lack of control of outpatient element of 18 week pathway delivered by ROH, potentially impacting ability to meet the standard.</li> <li>Uncertainty regarding ability to recruit sufficient theatre staff</li> <li>Finalised plan to accommodate all transferring activity and the displaced activity of existing specialities.</li> <li>Revised winter plan.</li> <li>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.</li> </ul>			
<b>ACTIONS PLANNED</b>							
<b>Action</b>				<b>Lead</b>	<b>Due date</b>	<b>Update</b>	
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						
<b>2 months</b>	<b>6 months</b>	<b>18 months+</b>	<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"> <li>Project Plan is meeting timescales.</li> </ul>		<ul style="list-style-type: none"> <li>Performance targets are met</li> <li>No increase in incidents casing harm for the orthopaedic patient cohort.</li> <li>No increase in post-operative infection rates for the patient cohort.</li> </ul>
Date	Score											
Sep 18	4x4=16											
3x4=12	3x4=12	2x4=8										

**BOARD ASSURANCE FRAMEWORK RISK SUMMARY**

Added January 2019

REF.	STRATEGIC RISK	GOAL/ENABLER	CAUSES	CONSEQUENCES	LEAD COMMITTEE	LEAD(S)	Risk Score
SR16	The Trust's services could be impacted by a 'no deal' EU exit.	All	Parliament unable to agree on the withdrawal agreement  Outcome not within the control of the Trust	<ul style="list-style-type: none"> <li>Possible interruption to services linked to:                             <ul style="list-style-type: none"> <li>Supply of medicines and vaccines</li> <li>Supply of medical devices and clinical consumables</li> <li>Supply on non-clinical consumables, goods and services</li> <li>Workforce</li> <li>Reciprocal healthcare – overseas patients</li> <li>Research and clinical trials - income</li> <li>Data sharing, processing and access – data agreements</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Quality Committee</li> <li>Finance and Resources Committee</li> </ul>	DM	<b>TBC</b>
<b>CONTROLS/MITIGATIONS</b>				<b>GAPS IN CONTROL</b>			
<ul style="list-style-type: none"> <li>Impact/risk assessment has been undertaken as per the EU Exit Operational Readiness Guidance</li> <li>DH undertaking a number of nationally focused actions to mitigate the risk</li> <li>Close liaison with the NHSE, CCG's and Local Health Resilience Partnerships and forums</li> <li>Completion of information returns</li> <li>Compliance with guidance issued</li> <li>The Senior Responsible Officer for EU Exit preparation planning in place</li> <li>As per guidance an EU Exit preparation planning team has been formed to support preparation, implementation and incident response</li> </ul>				<ul style="list-style-type: none"> <li>Unknowns, no positive outcome from DH regarding controls</li> </ul>			
<b>ACTIONS PLANNED</b>							
<b>Action</b>				<b>Lead</b>	<b>Due date</b>	<b>Update</b>	
<ul style="list-style-type: none"> <li>Continue to liaison with the NHSE, CCGs and Local Health Resilience Partnerships and Forums</li> </ul>				DM	29/3/19		
<b>TARGET RISK SCORE</b>		<b>RISK HISTORY</b>		<b>POSITIVE ASSURANCES</b>		<b>NEGATIVE ASSURANCES</b>	<b>PLANNED ASSURANCE</b>
Ultimately Zero – to be reviewed once outcome known		<b>Date</b>	Score	<ul style="list-style-type: none"> <li>Adhere to EU Exit Operational Guidance actions</li> </ul>			<ul style="list-style-type: none"> <li></li> </ul>
		Feb 19	TBC				