

Owner	Current Risk	Residual Risk	Existing Controls	Assurances Internal/External	Progress/Action Required	Timescale
Owner of the risk overall	Current Risk rating	Expected risk once all the controls and actions have been	What is currently in place to mitigate the risk	Examples of evidence that the existing controls and new actions have been implemented	Additional actions that need to be implemented to reduce the risk and update on existing and new actions	Timescales to complete relevant actions
CFO	High (15)	Significant (12)	Trust Annual Financial Plan, NHS Improvement Annual Plan Return, monthly reporting to NHS Improvement and Board including CIP delivery expenditure and income. Scheme of Delegation. Internal policies and procedures. SFIs / Standing Orders. Trust financial system (SAGE) reflects the approved SFIs and Scheme of Delegation, therefore setting appropriate limits for procurement.	<p>Internal: monthly financial reports to BoD, CEAG, CCQ meetings. Financial Improvement Group meetings with operational divisions.</p> <p>Internal Auditors' Progress Report updates to Audit Committee (April 16, July 16, Nov 16, Feb 17, March 17, April 17). Scheme of Delegation (review date 09/2017)</p> <p>External: Monthly detailed financial performance reports to NHS Improvement. External Audit of Annual Accounts. Annual Operational Plan documents submitted to NHS Improvement. External Audit reviews and Counter Fraud Service Assessment. External assessment of effectiveness of Counter Fraud Service assessed as adequate.</p>	<p>The 2017/18 financial plan was submitted to the November 2016 Board of Directors.</p> <p>Final revisions and details were completed between December and March and reviewed by the CFO.</p> <p>The 2017/18 Operational Plan was submitted to NHS Improvement in December 2017, this was in line with the overall control total set by NHSI.</p> <p>A draft financial plan for 2016/17 was submitted to the January 2016 Board of Directors.</p> <p>A revised plan was approved by the March BoD which included the impact of the STF funding and the control total agreed with NHS Improvement.</p> <p>The 2016/17 Operational Plan was submitted to NHS Improvement in April 2016 which showed a planned surplus of £4.6m, this was in line with the overall control total set by NHSI.</p> <p>As at month 11 (April-February), 3 (April-June), the Trust remains on track to deliver the agreed surplus. However, this is dependant on a range of factors including delivery of planned activity, receipt of the full value of expected CQUIN and STF income, improvements in division adverse run rates (over spends), reductions in agency expenditure and delivery of CIPs. The Trust may be required to appeal to secure is currently appealing against NHSI's decision regarding the loss of the STF funding linked to the delivery of the 4 hours A&E waiting time target and the STF income linked to the achievement of the cancer trajectory. Should this appeal not be successful, the Trust's overall control total and annual surplus will reduce but there will be no impact on the position reported to NHSI as they are now monitoring Trusts excluding STF income.</p> <p>Quarterly review by NHS Improvement of Trust performance to approve the release of STF income.</p>	<p>Completed</p> <p>Completed</p> <p>Ongoing</p> <p>Ongoing</p>
COO			<p>Cancer Waiting List Assurance Group meets weekly and reviews the data to assess capacity and waiting time targets at the weekly Cancer Waiting Times Assurance Meeting which reports to the Cancer Steering Group and COOG</p> <p>Unscheduled Care Project has been reviewed and strengthened. An additional high impact project plan has been developed to improve performance. This includes the following six key initiatives identified which come under the following broad headings:</p> <ol style="list-style-type: none"> 1) Minors process 2) Ambulatory Major process 3) New consultant rota 4) Expansion of SAU 5) Development of departmental website 6) Implementation of SAFER care bundle <p>SAU has been expanded along with agreed direct pathways to support flow through ED. SAU is open on ward 302.</p> <p>18 week RTT assurance group meets to assess whether targets are being achieved as well as reviewing and updating action plan to mitigate any issues</p> <p>ODG oversees improvement projects to improve productivity and efficiency to improve capacity availability.</p>	<p>Internal: Performance against national targets and waiting list size - performance reports to COOG, CEAG and BoD (Jan 16, April 16, July 16, Oct 16, Jan 2017 April 2017, June 2017)</p> <p>Winter paper to CEAG - October 2016</p> <p>Concept paper inpatient capacity strategy and business case development for an extended assessment unit presented at May CEAG 2017</p>	<p>Divisions working to implement the revised capacity requirements. The plans are reviewed ongoing and cross divisional actions are monitored at the fortnightly operational delivery group (ODG). A bed strategy case is due to be presented at CEAG in Q1 17/18</p> <p>Actions within the Integrated Performance Report to continue to be implemented to enable the Trust to meet the trajectory agreed with the commissioners:</p> <ul style="list-style-type: none"> - % patients waiting 4 hours or less in A&E. - Cancer Waiting Times - 62 day GP target - a commissioner remedial action plan is in place. - Last minute Cancellations and the 28 day cancelled operations guarantee - 18 week RTT - recovery plans in are in place 	Ongoing

Owner	Current Risk	Residual Risk	Existing Controls	Assurances Internal/External	Progress/Action Required	Timescale
			Development of an operational plan to increase bed capacity through a combination of efficiency savings and increased funding to resolve capacity and demand mismatch between available medical and physical medical beds.	<p>Internal: BoD ED paper Oct 2016 and CEAG winter pressure report Oct 2016</p> <p>Concept paper inpatient capacity strategy and business case development for an extended assessment unit presented at May CEAG 2017</p>	<p>Winter paper was submitted to CEAG which set out plans for increasing capacity during winter including the reconfiguration of 517 to have additional beds and the expansion of SAU. SAU rollout now complete; embedded on W620 with agreed pathways to improve flow through ED.</p> <p>Concept paper inpatient capacity strategy and business case development for an extended assessment unit was presented to CEAG in May 2017. It included details of strategies for improving capacity through new staffing models and delivery of bed strategy.</p> <p>Continue to roll-out the expansion of SAU during January and February 2017.</p>	<p>Q4 16/17</p> <p>Update on progress in Q2</p>
			Strategic modelling to enable theatre capacity to meet anticipated demand. The Newton Seamless surgery programme has commenced and the aim of the programme is to improve productivity within theatres.	<p>Internal: Performance against national targets and waiting list size - performance reports to COOG, CEAG and BoD (Jan 16, April 16, July 16, Sep 16, Dec 2016, April 2017, June 2017)</p>	<p>Continue to monitor achievement of target at weekly assurance meetings and provide monthly update at COOG. Continue to implement the seamless surgery project.</p>	<p>Ongoing</p>
			Review demand from out of area referrals and put in place appropriate action(s).	<p>Internal: CCQ papers and minutes (Sept 15, Nov 15, Feb 16, May 16, June 16).</p> <p>External: Agreement with CCCC and SCCC. Communications.</p>	<p>The NHS contract now requires all GP routine speciality referrals to be accepted. The Trust have for the specialities experiencing significant demand introduced a process that involves writing to the patient highlighting the subsequent pressure on waiting times and highlighting their right under the NHS to request via their CCG an alternative provider. Referral volumes from CCGs are monitored on a monthly basis via the Contracts team and any material movements are raised with respective CCGs. In addition the Trust gave notice to Providers and Commissioners that it will no longer be accepting referrals from out of Birmingham into particular specialist areas. These include breast reconstruction and bone marrow transplants</p>	<p>Ongoing</p>
			Activity Reviews. Short, Medium and Long Term Plans.	<p>Internal: Monitoring figures for capacity via bed meetings and dashboards. Short, medium and long term plans.</p> <p>COOG ODG fortnightly meetings</p>	<p>Divisional monitoring on a daily basis at the bed meeting. Quarterly reviews of activity and growth. Short, medium and long term plans presented to the Executive teams by Divisions.</p> <p>This continues to be monitored daily and is reviewed at fortnightly operational delivery group (ODG)</p> <p>The following four sub-groups have been set up (all report to COOG) to look at improvements in patient flow:</p> <ul style="list-style-type: none"> - Scheduled Care - Unscheduled Care - Outpatients - Cancer 	<p>Ongoing</p>
DOP			Alternative sources to prevent delays to discharge and systems in place to ensure this capacity is effectively managed.	<p>Birmingham wide daily capacity reports. Minutes of (Birmingham & Solihull) BSOL A&E Delivery Board, and the STP Community Care First work stream. New capacity specifications.</p>	<p>The reduction in enhanced assessment/reablement beds by c25% since Q4 15/16 has had led to a significant increase in DTOCs. This followed the reductions in DTOCs delivered through the introduction of more streamlined internal discharge processes within UHB during 15/16. DTOC pressures are being compounded by Birmingham City Council financial pressures that are leading to reductions in social work capacity and community support. The recent announcement of additional social care funding in the budget will lead to a further £27m being made available for Birmingham. This will be given as a grant through the existing Better Care Fund and its use will need to be jointly agreed to: 1. meet adult social care needs, 2. reduce pressures on the NHS - including supporting more people to be discharged from hospital when they are ready - and 3. stabilising the social care provider market. This process completed during May 17.</p> <p>Recent work in partnership with the Medical Director of NHSE has led to the development of a proposed inter hospital transfer concordat. Its purpose, if supported by providers across the West Midlands, is to ensure that all patients requiring transfer are transferred within a maximum of 48 hours. If implemented this would have a significant impact on patient flow by reducing repatriation delays that are incurred daily by our tertiary specialities. The concordat is to be discussed at the forthcoming regional Urgent & Emergency Care Network in May 17.</p> <p>The Trust will participate with the Local Authority and partner providers in the forthcoming CQC review of the Birmingham health and social care system for people aged over 65. The CQC have been asked to undertake system reviews in 12 areas in England where delayed transfer of care levels are high. It is anticipated that these reviews will be completed by November 2017, although as yet the exact scope and outputs are unclear.</p>	<p>Q1 2017/18</p> <p>Q2 2017/18</p> <p>Q3 2017/18.</p>
			Internal Monitoring and Management of patients referred for social care intervention and CHC nursing assessments	<p>Internal: Discharge Hub meeting to review the progress on each patient referred and classified as a section 5. (DTOCs has reduced by 40%) CCQ papers and minutes (May 16, June 16) ALOS has to date reduced from 42 days to 35 days</p> <p>External: Agreement with CCCC and SCCC. A Steering group in place to develop a combined Trust and Local Authority Complex Discharge team. Chief Executive Letter to 3 LAs September 2015.</p>	<p>The strategy for out of hospital re-ablement is being developed as part of the STP out of hospital work stream.</p> <p>Discharge hub is now set up. A therapy led trusted assessor model for patients for discharge who require a social care package it to start in May 17. It is envisaged that this will reduce DTOC delays for this patient group who currently have to wait for social service assessment.</p> <p>The STP Urgent Care in a Crisis work stream are in the process of reviewing the future model of re-ablement and intermediate care in Birmingham. This is likely to lead to current re-ablement capacity being provided out of a smaller number of homes. The outcome of this work should be available by Q1 2017/18 & result in a plan to streamline the re-ablement process & improve timelines. This will complement work underway within the STP to review community rapid response, step up and step down capacity in Birmingham which may lead to a new community based recovery team model of discharge from hospital.</p> <p>The Director of Partnerships is chairing on behalf of Birmingham & Solihull A&E Delivery Board (task & finish group) to review demand, capacity & operational processes with BCC re-ablement service. It is essential this service runs effectively to ensure patients are transferred promptly out of hospital into re-ablement capacity in nursing/residential homes. At present length of stay in these units is too long & referral and assessment processes are complex. LOS has now reduced from 42 days to 35 days with scope for further improvement.</p> <p>The STP Urgent Care in a Crisis work stream are in the process of reviewing the future model of re-ablement and intermediate care in Birmingham. This is likely to lead to current re-ablement capacity being provided out of a smaller number of homes. The outcome of this work should be available by Q1 2017/18 & result in a plan to streamline the re-ablement process & improve timelines. This will complement work underway within the STP to review community rapid response, step up and step down capacity in Birmingham which may lead to a new community based recovery team models of discharge from hospital.</p> <p>An STP Urgent Care in a Crisis system will commence July 2017. This will include Birmingham providers and the local authority, and will be undertaken with consultants (currently supporting with seamless surgery project). The initial diagnostic phase of the review will be completed Oct 2017, and will report to the A&E Delivery Board which is chaired by the UHB Chief Executive. Diagnostics will lead to identifying opportunities to the system to redesign and improve the productivity of current services in order to reduce the delay in the transfer of care and ensure that patients receive the appropriate care in the appropriate location.</p>	<p>Q1 2017/18</p> <p>Q1 2017/18</p> <p>Q3 2017/18</p>
	Significant (12)	Significant (10)				

Owner	Current Risk	Residual Risk	Existing Controls	Assurances Internal/External	Progress/Action Required	Timescale
			<p>Chief Executive Officer corresponds frequently with NHS Improvement/Monitor/CQC.</p> <p>The Trust 5 Year Strategy has been approved by BoD. Full paper on the Annual Plan and Operational Plan being submitted to April BoD and to Monitor in May 2015</p>	<p>Internal: Quarterly NHS Improvement/Monitor reports to BoD. Feedback from Executive meetings with Government leads to establish influence over policy and strategy</p> <p>External: Quarterly reports to NHS Improvement/Monitor. Develop more links with influential departments and key staff.</p>	Continue with existing controls	Ongoing
			<p>Health and Social Care Bill. Commissioning support unit. Changes to NHS Improvement/Monitor. NHS England and local CCGs.</p>	<p>Internal: BoD reports and minutes (April 16, July 16).</p> <p>External: Monitor validation of Trust financial and governance arrangements. NHS Improvement/Monitor Quarterly Governance Declaration (April 16) Annual Governance Compliance Declaration</p>	Horizon scanning to identify consistency for Trust planning.	Ongoing
EDOD/CN	Significant (12)	Moderate (8)	<p>The Strategic Workforce Group reviews all workforce issues. The Nursing Workforce Group and the Operational Workforce Group feed into the Strategic Workforce Group. The action plan for Health Care Scientists is also monitored by the Strategic Workforce Group. Assurance is provided by the papers from the Strategic Workforce Group, Nursing Workforce Group and Operational Workforce Group. The Strategic Workforce group meets bi-monthly.</p> <p>Recruitment plan and package to address nursing shortfalls which includes overseas recruitment, support package for out of practice and returning nurses and increasing recruitment/retention rates for newly qualified nurses.</p> <p>Establishment of executive led Strategic Workforce Group through which the Operational & Nursing Workforce Group will become formal sub groups.</p> <p>Establishment of Junior Doctor Review with governance through an Executive led Steering Group and CEAG to lead a review of the junior doctor workforce deployment</p>	<p>Internal: Workforce Group papers and minutes (July 16)</p> <p>Papers from the Strategic Workforce Group, Nursing Workforce Group and Operational Workforce Group. (how often?)</p> <p>Investment in Physician Associate Training programme in partnership with UoB.</p> <p>Bi-annual reports to BoD on both HR and Workforce/Education (April and Oct each year) and Annual Workforce Report (July 16)</p> <p>KPI evidence reports (July 16).</p> <p>Staff survey (July 16).</p> <p>Successful award and project outcomes.</p> <p>Training records and ESR.</p> <p>Education Directorate Senior Team meetings with Divisions (how often are these?) Education Directorate Business plans (when do these provide assurance until/how often are these updates?).</p> <p>Junior Doctor Steering Group reporting how often are these?</p>	<p>The Trust has appointed a new Guardian of Safe Working - see Board report March 17.</p> <p>Work is being encompassed into the CEAG approved Junior Doctor Review which is due to commence in Q4 2015/16 & complete in Q3 (2016/17). Junior Doctor rota review completed. Revised offer for Junior Specialist Doctors (JSDs) out for advertisement which offers rotations that are commensurate with Trainee Doctor training rotations & therefore offer a parallel route towards CESR. Workshop around Advanced Clinical Practice (ACP) to commence in Q4 to increase understanding across different staff groups of the value of the roles & successful model of implementation. ACP forum established to support development of potential business case / implementation plan for role.</p> <p>Workforce Plan for 2017/18 under construction following work with the Divisions as part of the annual planning process. Work will include a review of non medical workforce solutions to mitigate current medical workforce shortages.</p> <p>Workforce Governance structure agreed with revised terms of reference for overarching Strategic Workforce Group and its subgroups. Strategic Workforce Group is chaired by Executive Director of Delivery with membership from Executive Medical Director, Chief Nurse and Chief Operating Officer. The group will set the strategic direction for the initiation and implementation of workforce priorities to enable the Trust to meet its service priorities. Strategic Workforce Group fully sighted on the current and potential future risk areas, current workforce performance against plan and oversight around the introduction of new roles and the annual workforce planning process. Nursing retention rates are notably good when compared with other organisations such as the Shelford Group</p> <p>Workforce Planning outcomes for 2015/20 discussed with COOG and forward plan to incorporate workforce planning into the overall annual planning process agreed. New and lighter touch process agreed.</p> <p>Ongoing work with the Divisions to increase the Junior Specialist Doctor (JSD) offer in terms of salary. New Clinical lead appointed to support JSD education. Work to create longer term rotations is ongoing.</p> <p>Junior Doctor Workforce Review commenced with the appointment of 2 lead consultants to support required work streams. Work will include a review of non medical workforce solutions to mitigate current medical workforce shortages.</p> <p>The meeting with Postgraduate Medical Dean to discuss medical workforce shortages, to take place in Jan 2017. This has been deferred due to the threatened Junior Doctor strike.</p> <p>ACP forum established to support development of potential business case/implementation plan for role.</p> <p>Physician Associate implementation group established to support establishment of roles. Clinical Tutor for PAs to be appointed for a period of a year from January 2017 to support the establishment of an education programme. Physician Associate recruitment underway and supported by the establishment of a Clinical Tutor post to support development of education, training and support for this new area of the workforce. PA implementation group chaired by Division C established to support their smooth introduction and ensure their education and competency requirements. Group will monitor their role as part of the Junior Doctor Workforce Review work.</p> <p>Strategic Workforce Group provides oversight across all workforce disciplines and receives reports from the established workforce subgroups across nursing, junior doctors, health care scientist and operational workforce group. The group continues to set the strategic direction for the initiation and implementation of workforce priorities to enable the Trust to meet its service priorities. The group is fully sighted on the current and potential future risk areas, current workforce performance against plan and oversight around the introduction of new roles and the annual workforce planning process.</p> <p>The Junior Doctor Workforce Review is due to provide its final report and 5 year workforce plan in September 2017 and which will be agreed through the SWG and presented to CEAG in October 2017.</p> <p>A Physician Associate Implementation group has been established to support wider implementation of this staff group and a Clinical Tutor for PAs has now been appointed and who will work to establish an education and training programme which supports development of the role working with HEFT.</p> <p>Future workforce risks identified and will form part of the discussions with the Birmingham and Solihull Education Reform Group to ensure a BSOL mitigation plan. Diagnostic and Therapeutic radiography felt to be key risk areas and as such the Trust is leading on the national Trail Blazer to develop a degree apprenticeship in partnership with 15 other Trusts and BCU. Junior Doctor Workforce review entering its final phase and is due to report to CEAG in August with a set of recommendations around the future shape of the junior doctor workforce. Revised offer for Junior Specialist Doctors has been successful in terms of recruitment focus continues to be on retention. Physician Associate recruitment underway and supported by the establishment of a Clinical Tutor post to support development of education, training and support for this new area of the workforce. PA implementation group chaired by Division C established to support their smooth introduction and ensure their education and competency requirements. Group will monitor their role as part of the Junior Doctor Workforce Review work</p> <p>Flexible Workforce policies are also currently being developed by HR to retain our European workforce.</p>	<p>Completed</p> <p>Q3 2016/17</p> <p>Q3 2016/17</p> <p>Ongoing</p> <p>Ongoing</p> <p>Completed</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Oct 2017</p> <p>Ongoing</p> <p>Aug 2017</p> <p>Ongoing</p>

Owner	Current Risk	Residual Risk	Existing Controls	Assurances Internal/External	Progress/Action Required	Timescale
			Retention of key staff, clear and prioritised departmental objectives and appraisal system. Internal control systems which minimise demands on senior staff time. Leadership and management education programme established for middle and senior managers. Annual workforce planning process NHS Elect re-commissioned to work within the Trust to co-produce and deliver a second year programme of leadership and management training. Specific leadership programme for the triumvirate of Clinical Service Leads, Matrons, Group Managers planned. Talent Management champions trained and established with Talent Management embedded into revised appraisal documentation and policy. Mentorship and Coaching freely available through leadership portal on the website. Top Leaders programme available through NHS Academy with sponsorship for additional bespoke programmes identified.	Internal: Appraisal rates, senior management turnover rates; Regular senior team meetings (how regular?), including periodic review of departmental objectives and of senior managers' individual objectives; internal audit review to confirm the reliability of financial records and compliance with Trust policies and regulations. Vacancy rates currently 2.5% for nurse with 19 vacancies in ITU (lowest it has been) External: External audit reports (how often?) and action plans review to confirm the reliability of financial records and compliance with Trust policies and regulations	The Board of Directors receives a draft annual report outlining the Trust's proposed annual governance declaration in March every year. This declaration is then signed off in the following May and submitted to NHSI to ensure the Trust maintains compliance with its obligations. Continue with current process	Ongoing Ongoing
DCA			Governance Declaration	Internal: Board Meeting Minutes. Quarterly paper (Oct-15, Jan-16, April-16, July-16, Oct-16, Jan-17, Mar-17, April-17, May-17). The Board of Directors (BoD) receives a quarterly paper outlining the Trust's proposed quarterly governance declaration (Oct-15, Jan-16, April-16, July-16, Oct-16, Jan-17, Mar-17, April-17, May-17) Annual Governance Declaration	The Board of Directors receives a draft annual report outlining the Trust's proposed annual governance declaration in March every year. This declaration is then signed off in the following May and submitted to NHS Improvement to ensure the Trust maintains compliance with its obligations. The annual Board paper is included as part of the Annual Business Cycle to ensure that the declaration is submitted in line with NHS Improvement's deadlines.	Ongoing
			Strategy & Performance Team	Internal: Quarterly Board Meeting Minutes.	Strategy team responds to regular (e.g. quarterly declaration follow-up questionnaire), ad-hoc and consultation requests from NHS Improvement/Monitor in line with agreed timescales. Responses are agreed by relevant directors. Team briefs executive directors of risks and key information ahead of quarterly phone calls with Monitor. Details of any material discussions are included in quarterly paper or monthly . NHSI website is also regularly checked to ensure nothing is missed. Continue with current process. the Deputy Director of Finance will arrange a meeting with Director of Corporate Affairs to discuss creating a central repository to log all NHSI Requests.	Quarterly Ongoing Q3 2016/17

Owner	Current Risk	Residual Risk	Existing Controls	Assurances Internal/External	Progress/Action Required	Timescale
			<p>Monthly Service Quality Performance report submitted to CCG detailing performance and a progress update on any indicators that are off target. Regular contact is maintained with commissioners via phone and email to ensure any concerns are addressed. Also monthly Strategic resilience Group meetings (including Clinical Subgroup) and Contract Review Meetings ensure that commissioners at all levels are fully appraised of an assured about any performance issues. Action plans and trajectories are reviewed internally by nominated leads to ensure they are robust and will deliver to trajectory and monitored through weekly assurance meetings and monthly Cancer Steering Group.</p>	<p>Internal: Integrated Quarterly Performance reports to BoD (Quarterly reports July 16, Oct 16, Jan 17, April 17)</p> <p>Weekly Cancer Steering group meetings to review capacity/performance issues and review action plans</p> <p>External: Letter from Monitor to Julie Moore on 15 May 2015 confirming return to 'green' governance rating. This provides assurance from NHS Monitor until updated otherwise.</p>	<p>Actions within the Integrated Performance Report to continue to be implemented to enable the Trust to meet the trajectory agreed with the commissioners:</p> <ul style="list-style-type: none"> - % patients waiting 4 hours or less in A&E - Cancer Waiting Times - 62 day GP target - a commissioner remedial action plan is in place. - Last minute Cancellations and the 28 day cancelled operations guarantee - 18 week RTT - recovery plans in place. 	Ongoing
			<p>Constant capacity reviews and monitoring of service provision. Out of area transfers are being identified on a daily basis and will be reported to the WMAS and Commissioners. Additional capacity has been created - the Trust has opened over 170 beds in the last 18 months. Seasonal planning.</p>	<p>Internal: Board Report Patient Care Quality Quarterly Report to include Infection Control updates (quarterly reports July 16, Oct 16, Jan 17)</p> <p>Cancer Waiting List Assurance Group meets weekly and reviews the data</p>	<p>Continue with existing controls and assurance as outlined in capacity risk above.</p> <p>A recent letter from Redditch & Bromsgrove CCG has noted that to support Worcester Acute Hospital NHS Foundation Trust (WAHT) they will be looking to divert GP referrals away from WAHT for a 3 month period. A significant proportion of additional patients could be referred to UHB as a result. The Director of Partnerships has met with the CCG and weekly referral numbers will be monitored to access the impact. Any variation over agreed contract levels will be charged at tariff + to reflect the additional costs incurred to manage this activity.</p>	Ongoing
	Significant	Moderate	<p>The Clinical Risk and Compliance Unit has processes in place to:</p> <ul style="list-style-type: none"> - manage national and local audits to ensure evidence shows compliance with that process. - manage incidents and identify trends. - manage new and existing NICE guidance to ensure there is evidence to show compliance and where we are not able to adhere to the guidance e.g. we do not provide the service, the medical director's approval has been obtained. - manage NCEPOD studies and identify actions, in conjunction with the clinical teams in response to the outcome of the relevant study. - Manage oversight of any external visits - Manage the QSIS specialised services peer review programme <p>A quarterly report on compliance with the above is provided to the divisional Clinical Quality Group meetings and the BoD (see clinical compliance report).</p>	<p>Internal: Quarterly compliance reports to BoD (Oct 16, Jan 16, April 16, July 16)</p> <p>DCA Governance Group minutes</p> <p>National Audit presentation to CQMG (November 2015 and November 2016)</p> <p>DCQG quarterly compliance reports</p> <p>External: QSIS 2015/16 self-declaration (how often?)</p>	<p>To update the Clinical Standards Procedure by end of June July 2017.</p> <p>Complete 2016/17 QSIS self-declarations by 31 July 2017</p> <p>Implement a robust process to monitor actions from local audits within the department (by 31 August 2017)</p>	<p>June 2017</p> <p>31 July 2017</p> <p>August 2017</p>

Owner	Current Risk	Residual Risk	Existing Controls	Assurances Internal/External	Progress/Action Required	Timescale
			<p>A Cardiac Surgery Quality Improvement Programme (CSQIP) was established in September 2015 and since November 2015 the Senior Manager Clinical Compliance has been the project lead for the CSQIP.</p> <p>The CQC carried out a focussed inspection in December 2015 and places 2 conditions of the Trust's registration following the visit. Following work undertaken by the Trust these CQC conditions were removed in Q2 2016.</p> <p>Through the work of the CSQIP improvements have been made to the service and in May 2016 the CQC removed the conditions on the Trust's registration. In September 2016 NHSE took over the monitoring of the service from the CQC and requires progress reports to be provided. The Trust is currently awaiting clarity on the frequency of these reports including what information is to be provided.</p>	<p>CSQIP project Plan, and Steering group papers and minutes (how often are meetings?)</p> <p>Monthly CQMG reports</p> <p>External: Letter from the CQC removing the conditions (May 2016)</p> <p>Quarterly reported data to the CQC (July 16, Oct 16)</p> <p>Weekly RCA cardiac meeting minutes</p> <p>Data on the Cardiac dashboard</p>	Continue to monitor the implementation of the agreed actions and provide external progress reports to NHSE (who have taken over the monitoring from CQC)	Ongoing
			<p>The Trust is governed by several regulatory requirements and the Risk and Compliance Unit currently has specific oversight of the CQC requirements.</p> <p>In light of the CQC focused inspection of cardiac services the existing compliance framework has been reviewed. The key changes to the new compliance framework are:</p> <ul style="list-style-type: none"> - focus will be on compliance at speciality level - additional measures have been identified to monitor compliance against. 	<p>Internal: Presentation at BOD seminar in May 2016</p> <p>Quarterly compliance reports to BoD (Oct 15, Jan 16, April 16, July 16)(Do we need dates or is it sufficient to say quarterly?)</p>	<p>The new compliance framework is currently being fully implemented and the following actions remain:</p> <ul style="list-style-type: none"> - Complete the scoring of all the returned compliance framework and feedback at the speciality meetings by 30 June 2017 - Complete template framework for ITU and Theatres by 30 June 2017 	Jun-17
			<p>As part of the Trust's ongoing initiative to both assure and improve the quality of care provided to patients, unannounced Board of Directors are arranged on a monthly basis and are led by either the Executive Medical Director or the Executive Chief Nurse.</p> <p>The locations for the visits are randomly identified by the Head of Clinical Risk and Compliance /Head of Quality Development / Director of Medical Directors Services who use various information sources such as:</p> <ul style="list-style-type: none"> • Risk management reports, • Clinical Incidents, • Complaint information, • Executive Led Root Cause Analysis, • Operational information (implementation of new ways of working etc.), • Clinical dashboard performance, <p>From the visits a report is drafted and provided to the relevant Divisional Management Team (DMT) who develop an action plan for completion. The action plan is then completed and reported back to the Trust Clinical Quality Monitoring Group (CQMG) which is chaired by the Executive Medical Director. The completed action plan is appended to the Executive Medical Director's Patient Safety Exception Report to the Clinical Quality Committee.</p>	<p>Monthly CQMG Reports on Board Governance Visits</p>	Continue with existing controls	Ongoing
CN	Moderate (8)	Low	<p>An audit of current practice has been carried out which found the following had not been done adequately: Hand hygiene, screening of patients for MRSA, Device care (use of catheters), cleaning and decontamination and Isolating of patients. An action plan has been put in place which is monitored by the IPC Group.</p> <p>All actions have been completed in the MRSA action plan that is reported to the CCG. No MRSA bacteraemia cases apportioned to the trust have been reported for Q1; Performance during quarter 1 for C.Diff has been very good with only two cases being identified to have had inappropriate antimicrobial therapy</p>	<p>MRSA Action Plan and IPC Group Minutes</p> <p>Patient Care Quality Quarterly Report to include Infection Control updates (May 16, Sept 16, Jan 2017 and April 2017, June 2017)</p> <p>Infection Prevention and Control Policy approved until July 2018</p>	Continue to implement and monitor C Diff action plan at IPC group. This includes improving time to isolation, more timely specimen collection and improved antimicrobial prescribing	Ongoing

Owner	Current Risk	Residual Risk	Existing Controls	Assurances Internal/External	Progress/Action Required	Timescale
DCOMMS	Moderate	Moderate	Delivery of the Communication Strategy and associated Policies and Procedures.	Whistle Blowing Policy (valid until 07/2017), Contact with the Media Policy (valid until 05/2019), Code of Conduct (valid until 03/2019), IT Acceptable Use Policy (valid until 10/2019) , Social Media Policy (valid until 03/2020) , Social Media Procedure (valid until 04/2020)	Relationships with local and national journalists developed. Staff are aware of procedural processes when approached by outside agencies. Communications team skills developed to manage adverse media. Stakeholder Engagement Strategy and Register. The use of social media is important to counter inaccurate or unbalanced views published on the internet. The IT Acceptable Use Policy sets the standard for expected staff behaviours when using social media sites. The Social Media Policy and associated Procedure set out the principles and framework for the creation and use of Social Media accounts by Trust staff in both a personal and professional capacity.	Ongoing Q2 2016/17
			Proactive engagement as required.	Established relationships and direct lines with named media reps	Controlled media coverage around VIP visitors and patients from overseas. Limited negative press and balanced coverage in case of high-profile criminal/contamination cases covered by print and broadcast media Continuing engagement with documentary and news crews to showcase Trust expertise and support campaigns to benefit patients, e.g. organ donation	Ongoing Ongoing
			Use of Emergency Preparedness Plan/Major Incident Plan to respond to adverse publicity or misinformation e.g. following national coverage of high profile patients from abroad	PR templates/media packages/contact lists to ensure right messages get to right people asap Bi-annual Emergency Preparedness update Report to BOD (04/2016 & 10/2016)	Intense media attention in 2014/15 with high-profile patients from overseas proved effective media handling with positive coverage and no impact on Trust operations. Proven system for response with flexibility based on experience and in-house knowledge of media industry. Celebrity/VIP Policy to be drafted in the event of a major incident resulting in celebrities/VIP's attending, and to also cover celebrities/VIPs as patients.	Ongoing Ongoing Q3 2017/18
DCOMMS	Moderate	Moderate	Delivery of the Communication Strategy and associated Policies and Procedures.	Contact with the Media Policy (valid until 05/2019), Staff Code of Conduct (valid until 03/2019)	Inconsistent messages between the case for change to become one organisation with HEFT and the Sustainability and Transformation Plan may result in negative public perception. Communications streams are engaged to ensure the right messages are delivered and that the Trust is engaged as possible and provide an oversight of this as far as possible.	Ongoing
DSO & DCA	Moderate	Moderate	The Trust is currently assisting HEFT which has been classed as requiring support. The Director of Corporate Affairs is leading the project team regarding closer collaboration with HEFT.	The intervention at HEFT is monitored directly by the Board through direct involvement of the Trust's Executive Team. Investment Committee papers. The group meets every two months.	Board Seminar to discuss developments re internal relationships. Identification of opportunities and clarification of areas to pursue continues. Review operational activity and provide recommendations to improve working practices to strengthen services provided. Strategic Operational Group in place to review. The Director of Strategic Operations and External Affairs provides updates to the Investment Committee every 6 months on the progress of existing projects as well as any identified future opportunities.	Ongoing Ongoing Ongoing
			Stakeholder Engagement Work stream led by DCOMMS.	BOD Minutes (bi-monthly) Stakeholder Engagement Work stream	Recharge funding to support backfill where appropriate.	Ongoing
			Oversight by BOD.	BOD Minutes (bi-monthly)	Impact of intervention at HEFT discussed at BOD.	Ongoing
MD			Full Business continuity plans in place. IT Services Disaster recovery plan is now actively underpinned by system recovery plans for critical systems.	Emergency Planning Policy and procedures. Emergency preparedness training for senior managers undertaken. Emergency Preparedness Steering Group minutes. Reports from table top exercises. Emergency Preparedness Risk Register.	Testing of business plans has taken place. Major incident testing has taken place. Validation of systems through major incident testing with external stakeholders	Ongoing

Owner	Current Risk	Residual Risk	Existing Controls	Assurances Internal/External	Progress/Action Required	Timescale
	Low	Low	ISO 9000 ISO 90001/ISO 27001. Regular data backups and checks that the back-ups have integrity. Documented and approved service management processes. Audit March 2017; certificate maintained	Emergency Preparedness Steering Group. Testing and action plans. Contingency printing of PICS is carried out daily in clinical areas and recorded on the Clinical dashboard. Security standards and policies. Validation of table top exercises by an external auditor. ISO 9000	Documented and approved service management processes. EPSG reviews all the relevant risks and actions. All critical systems have been identified and internal testing through table top exercises has been carried out and reported back to EPSG.	Ongoing
EDOD/CFO	Significant	Moderate	<p>For Recruitment Monitoring trends nationally, locally and within the Trust.</p> <p>For Finance generally and Recruitment - as above.</p> <p>For Research Funding and Contracts - under development.</p> <p>Assessment of current EU funding needs to be completed. New EU grants need Exec. director approval.</p> <p>For Contracts and Finance - where major suppliers adjust prices due to BREXIT, this will be flagged, recorded and monitored. Any material financial impact will be reported as required under the Trust Scheme of Delegation.</p>	<p>TBC</p> <p>Assurances to be determined following guidance from UK Govt.</p> <p>Strategic Workforce Group meetings</p> <p>Watching brief on how the negotiations progress. Expect NHS wide system impact to be calculated. Check Trust assessed impact against national estimates when available.</p>	<p>Recruitment (as above). Flexible Workforce policies are also currently being developed by HR to retain European workforce.</p> <p>Article 50 of the Treaty of Lisbon was triggered on 29 March 2017. The precise implications of this are unknown at this stage.</p> <p>Contracts:</p> <p>a) Identify material contracts where the supply chain is located in the EU and not the UK. A contract's database is currently being populated. Initially the database will focus on procured contracts, with the intention to capsule all contracts (including non-procured contracts) and agreements.</p> <p>b) Consider the potential financial and clinical impact for each contract.</p> <p>Research and Finance generally - under development. Work currently being undertaken to ascertain research grants received from EU.</p> <p>- The Trust is currently supporting one EU Grant which is costed at £504,548.02 as at end Q1 2017/18. This is being led by Hannover Medical School. At this stage the total project value is unknown. There are no further EU grants at however confirmation of this will be available once Research Connect goes 'live.'</p> <p>- There will also be future potential impacts on the MD-TECH and Innovation Engine projects as a result of Brexit as the Trust may not be part of these post-Brexit.</p> <p>- The AHSN is involved in the EU-wide EIT Health programme. Whilst this may not be a huge risk to the Trust as the EIT is cost-negative to the Trust (we pay a membership fee but do not directly receive the benefits and the AHSN members tend to get the funding), the risk is that AHSN will not be members going forward and that is a risk to the reputation and attractiveness of the AHSN.</p> <p>A paper was presented to the Board of Directors regarding research issues. The Trust has identified all current EU staff. Seminars are being arranged to advise on applications for UK residency/citizenship for affected staff.</p> <p>The Strategic Workforce Group also monitor staff levels.</p>	<p>Ongoing</p> <p>TBC</p> <p>TBC</p> <p>TBC</p> <p>TBC</p> <p>Ongoing</p> <p>Ongoing</p>
CFO/COO	Significant	Possible	TBC	<p>Project Plan</p> <p>Workstream Groups</p> <p>Regular contact with NHSI</p>	<p>To develop a strategy in the event the transaction is unsuccessful which will include a continuation of the existing arrangements/services.</p> <p>A Project Plan has been devised which will assess progress up to end 2018.</p>	TBC

Owner	Current Risk	Residual Risk	Existing Controls	Assurances Internal/External	Progress/Action Required	Timescale
EDOD/DCA	Significant	Possible	<p>Case for Change Team dedicated to ensuring a successful merger</p> <p>5 work stream groups</p> <p>Mobilisation plan</p>	<p>Progress reports to Executive Project Team, Trust Board (title, how often, reported to where?)</p> <p>Case for Change Corporate Risk Register</p> <p>Due Diligence Report (to be presented to Audit Committee 20/07/2017)</p>	<p>Agreement of target date for the transaction with NHSI.</p> <p>Approval of UHB Business Case by Trust Board.</p> <p>Post transaction integration risk management plan being developed.</p> <p>Workstream Groups have been created, with the support of the Trust, to look at mobilisation:</p> <ul style="list-style-type: none"> - Workforce and Culture led by Director of Delivery - Corporate Functions led by Chief Nurse - Governance led by Director of Corporate Affairs - Clinical Cases - Finance <p>Risk Register for both the target Trust (HEFT) and the acquiring Trust (UHB) and for the transaction.</p>	TBC