

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

2019/21 Strategic Board Assurance Framework: Identified Risks

<p>1. There is a risk that the Trust is unable to reduce amenable mortality to the timescale set out in our plans because we do not identify interventions of sufficient heft to alter outcomes.</p> <p style="text-align: right;">Quality Plan CURRENT REMAINS</p> <p>Medical Director</p>	<p>2. There is a risk that we are unable to achieve our qualitative and quantitative goals for research because we do not broaden the specialties that are research active, principally because we are unable to recruit personnel and provide time and infrastructure to deliver commercial, CRN and personal research, thus limiting research translation from science to practice.</p> <p style="text-align: right;">R&D Plan CURRENT REMAINS</p> <p>Medical Director</p>	<p>3. There is a risk that labour supply does not match our demand for high quality staff, because of low training numbers or overseas options for students, and therefore we are unable to sustain key services at satisfactory staffing levels resulting in poorer outcomes, delayed delivery or service closures.</p> <p style="text-align: right;">People Plan CURRENT REMAINS</p> <p>Director of People and OD</p>	<p>4. There is a risk that we are unable to sustain services on 2 sites until 2022 without service reconfiguration or investment non retained estate. This would compromise our ability to deliver seven day multi professional services because locational alignment is not achieved concurrently.</p> <p style="text-align: right;">Estate Plan CURRENT REMAINS</p> <p>Chief Operating Officer</p>
<p>5. Collapse in local care home provision arising from commercial pressures and immigration policy increases SWBH admissions and reduces patterns of discharge creating pressure on acute hospital beds.</p> <p style="text-align: right;">2020 Vision CURRENT REMAINS</p> <p>Chief Operating Officer</p>	<p>6. There is a risk that strategic initiatives and the Trust's digital ambitions will not be achieved as a result of the unreliable Informatics infrastructure, the lack of technical skills, and inappropriate third party support arrangements which may lead to a lack of faith in Informatics and a lack of timely engagement with them and the inability to achieve the improvement we are seeking</p> <p style="text-align: right;">Digital Plan CURRENT DIFFERENT</p> <p>Chief Executive</p>	<p>7. There is a risk that our necessary level of cash backed cost reduction and income and expenditure plans are not achieved in full or on time, compromising our ability to invest in essential revenue developments and inter-dependent capital projects.</p> <p style="text-align: right;">Finance Plan CURRENT DIFFERENT</p> <p>Director of Finance [Acting]</p>	<p>8. There is a risk that we do not create the time for our employees to develop over the next two years, and that we are less able to deliver our community based, public health focused model of care at the same time as opening Midland Met.</p> <p style="text-align: right;">Education, Learning & Development Plan CURRENT DIFFERENT</p> <p>Director of People and OD</p>

<p>9. There is a risk that implementation of changes to commissioning in west Birmingham prevents the Trust and partners from delivering a common approach to integrated care for all patients using Midland Met resulting in operational deficiencies after the opening of the hospital.</p> <p style="text-align: right;">Estate Plan CURRENT DIFFERENT</p> <p>Chief Executive</p>	<p>10. There is a risk that we do not deliver improved mental health and wellbeing across our workforce because our interventions are not targeted at those at prospective risk, resulting in absence and teams not being able to deliver to their full potential.</p> <p style="text-align: right;">Public Health Plan CURRENT DIFFERENT</p> <p>Director of People and OD</p>	<p>11. There is a risk that difficulties in recruiting and retaining local GPs leads fragmentation within practices and PCNs and unpredicted patterns of referral behaviour and LTC emergency care, resulting in unmet demand or need because our system is not operating to its five year plan.</p> <p style="text-align: right;">2020 Vision CURRENT DIFFERENT</p> <p>Chief Operating Officer</p>	<p>12. There is a risk that the mechanism for contracting and payment in the NHS caused by a failure of national bodies to require adoption of capitation based contracting will result in the Trust not achieving its aim to be the best integrated care provider in the NHS by not allowing money to flow freely around our local system.</p> <p style="text-align: right;">Finance Plan NEW</p> <p>Director of Finance (Acting)</p>
<p>17. There is risk that management bandwidth does not match organisational and system wide ambition because of either recruitment or capability difficulties, leading to project delays that compromise our improvement trajectory to meet our undertakings and ambitions.</p> <p style="text-align: right;">2020 Vision NEW</p> <p>Chief Executive</p>	<p>18. here is a risk that not all partners will sign up to the practicalities of the ICP vision and resist change including personnel change, resulting in a hiatus and loss of trust which could imperil our ability to make changes of importance to the long term care model our communities need.</p> <p style="text-align: right;">2020 Vision NEW</p> <p>Director of Partnerships and Innovation</p>	<p>19. There is a risk that we will not secure or sustain a Midland Met Final Contractor owing to approval delays, resulting in further confusion about the future model and leading to employee flight and service sustainability difficulties in acute care.</p> <p style="text-align: right;">2020 Vision NEW</p> <p>Director of Estates and New Hospital</p>	<p>20. There is a risk that organisational learning does not improve with welearn sufficiently to address our quality improvement ambitions, resulting in the Trust not sustaining a Good rating after 2020.</p> <p style="text-align: right;">2020 Vision NEW</p> <p>Director of Governance</p>

<p>21. There is a risk that vulnerable service improvement plans are delayed by a lack of cross organisational cohesion or pace, leading to service failures necessitating either emergency changes to service models or patients not being able to access services within the STP footprint.</p> <p style="text-align: right;">2020 Vision NEW</p> <p>Medical Director</p>	<p>22. There is a risk that the immediate pressures that drove the development of our Digital Plan was and is not sufficiently agile and responsive to end-user needs, resulting in a gap between intention and practice over the next three years.</p> <p style="text-align: right;">2020 Vision NEW</p> <p>Chief Informatics Officer</p>	<p>23. There is a risk that we do not automate our processes, standardise them safely and reduce errors and duplication because not all our staff develop and retain the necessary skills and confidence to optimise our new electronic patient record (Unity)</p> <p style="text-align: right;">Digital Plan NEW</p> <p>Chief Operating Officer</p>	
<p>24. There is a risk that we are unable to deliver consistent safety checks inside the first 24 hours because assessment and treatment overlap across paper and electronic systems. This exposes patients to risk of sub optimal care.</p>	<p>25. The first-time CQC inspection may deem that BMEC is not fit to continue to provide a safe, high quality care in its current form, particularly to children on an emergency basis, leading to the Trust losing 20% of its outpatient income thus putting at risk the financial viability of SWBH</p>		
<p>Safety Checks consistently delivered and any missed checks addressed in 48 hours. Manage via the Risk Register</p>		<p>Risk mitigated and de-escalated from Board monitoring</p>	
<p style="text-align: right;">Safety Plan REMOVE</p> <p>Chief Nurse</p>	<p style="text-align: right;">Quality Plan REMOVE</p> <p>Medical Director</p>		