SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

2020 STRATEGIC BOARD ASSURANCE FRAMEWORK

Strategic Plan	SBAF Ref	Executive Lead	Strategic Risk Statement / Risk scores/quarterly movement / Mapped high level risks (if any)	Responsible Board Committee	Controls	Assurances	Gaps and *actions*	Completion date for action
2020 Vision	1	Toby Lewis CEO	There is a 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.	People and Organisation Development	Vacancy analysis for all 8b and above roles.	Group reviews from July 19	Group reviews need to implemented – *Completion by July19.*	July 19
					A2E PDR process for all senior leaders.	Monitored by Workforce Delivery Committee and CLE. Monitored by People and OD Committee and Board.	Need to complete all senior leaders' PDRs – *Completion by July 19* Need alignment between people's objectives and organisation's objectives.	July 19
					Coaching and mentoring programme	Monitored by WDC, CLE, POD and Board.	Talent market does not match Trust's needs – *Plan in place by November 19*	Nov 19
					IQPR & Vision 2020 reporting to the Board.	Monitored by PMC, CLE, Board committees and Board.		Nov 19

Risk score table:

Initial Risk	Current Risk	Target score	Target date
May 2019	May 2019		
12	12	8	Jan 2020
(3 x4)	(3 x 4)	(2 x 4)	

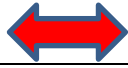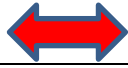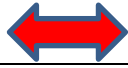| 19/20 Quarterly Movement			
Q1	Q2	Q3	Q4
⬌	-	-	-

Strategic Plan	SBAF Ref	Executive Lead	Strategic Risk Statement	Responsible Board Committee	Controls	Assurances	Gaps and *actions*	Completion date for action
			Risk scores/quarterly movement					
			Mapped high level risks (if any)					
2020 Vision	2	Rachel Barlow, COO	**Collapse in local care home provision arising from commercial pressures and immigration policy increases SWBH admissions and reduces patterns of discharge creating pressures on acute hospital beds.**	Quality and Safety	Partnership working with LA. Active in Better Care Fund group in Sandwell who share same aim.	Progress/issues reported to Board in monthly report.		Sept 19
					Outreach teams developed to support care homes and prevent unnecessary admissions based on pathway management. This work has received extended funding past winter 2018. KPIs include admission data form nursing homes.	Nursing home ED attendance avoidance project initial results for top 10 nursing homes show 25% reduction in attendances. The project is overseen by a joint Trust, council and CCG project group. Reports are received by OMC.	Need to scale up project for all nursing homes – Proposal to scale up across all homes to be completed by end Sept 19. *No routine data feed/analysis of care home admissions mapped to each care home - Creation of data set is in development. *Commissioning plan for all necessary services to support each home. Working with mental health provider Trusts to review workforce in community beds to support care of patients with mental health needs on a discharge pathway to nursing homes – Workforce plan to be designed and agreed end Q2.	Sept 19 Oct 2019 Oct 2019
					Exec Lead meetings with SWBC about integrated bed model.	Reports to A&E Delivery Board Reports to Q&S Committee Report updates to Trust Board via CEO report	SWBC integrated bed model is not fully understood in totality of demand assumptions and capacity plans. – Meetings in late May/early June 19 intend to clarify position. At this point the risk score may need reconsidering. Understanding bed footprint for Wes t Birmingham from BCC – A&E Board is currently liaising with BCC for this information.	June 19 Sept 19

Risk scores/quarterly movement

Initial Risk	Current Risk	Target score	Target date
April 2017	May 2019		
15	9	6	May 2022
(3 x 3)	(3x3)	(2 x 3)	()

19/20 Quarterly Movement			
Q1	Q2	Q3	Q4
⬇	-	-	-

Strategic Plan	SBAF Ref	Executive Lead	Strategic Risk Statement / Risk scores/quarterly movement / Mapped high level risks (if any)	Responsible Board Committee	Controls	Assurances	Gaps and *actions*	Completion date for action
2020 Vision	3	Rachel Barlow, COO	**There is a risk that difficulties in recruiting and retaining local GPs leads to fragmentation within practice 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 5 year plan.**	Board	Working with Primary Care Networks on recruitment support.		Need to identify what success criteria to measure for demand and activity. ? LTFM activity plans. Review with revised FBC for Midland Met.	July 19
					Tracking referral behaviour closely.	Monitored by Income PMO, Planned Care Board, PMC and FIC.		
					Implement SPA to address emergency pathway.	Monitored by Urgent Care Board.		
					Readmission reduction plans supported by PCCT 4B now FU.	Monitored by Urgent Care Board.		
					Readmissions higher than expected in Q4 2018/19; plan to reduce by end Q2 in place.	OMC		

Initial Risk	Current Risk	Target score	Target date
April 2017	May 2019		
9	9	6	Dec 2020
(3x3)	(3x3)	(2x3)	
19/20 Quarterly Movement			
Q1	Q2	Q3	Q4
⟷	-	-	-

Strategic Plan	SBAF Ref	Executive Lead	Strategic Risk Statement	Responsible Board Committee	Controls	Assurances	Gaps and *actions*	Completion date for action
2020 Vision	4	David Carruthers, MD	**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.**	Quality and Safety	Black Country STP meetings focus on potentially vulnerable services and innovative ways of running them across the footprint.	Exec Leads report to Board.	Can be difficult for Exec Lead to fit meetings in busy agenda.	
					Monthly meetings of regional medical directors incorporating ability for one provider to assist another with a vulnerable service.	Escalation reports to CLE and Trust Board.		
					Team/group staffing reports	Monitored by group boards and escalated to Operational Management Committee/CLE		

Strategic Plan	SBAF Ref	Executive Lead	Strategic Risk Statement / Risk scores/quarterly movement / Mapped high level risks (if any)				Responsible Board Committee	Controls	Assurances	Gaps and *actions*	Completion date for action
								Triangulation of internal data such as incident reports, complaints, mortality reviews leading to identification of vulnerable services	Monitored by group boards, Risk Management Committee, Executive Quality Committee and Operational Management Committee and escalated to CLE with reports to Board.		
			Initial Risk May 2019	Current Risk May 2019	Target score	Target date					
			12 (3x4)	12 (3x4)	8 (2 x 4)	May 2021			Monitored by Quality and Safety Committee and escalated to Board.		
			19/20 Quarterly Movement								
			Q1	Q2	Q3	Q4		Active operational risk management system which ensures no patient is left without access to service.	Escalation reports to group boards, Operational Management Committee, Executive Quality Committee and CLE.		
			⟷	-	-	-					
2020 Vision	5	Kam Dhami, Dir of Gov.	**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.**					Framework for reporting risk, incidents and patient feedback is established and embedded. Incident reporting system Complaints Staff survey Friends & Family Test Clinical Audit programme Speak Up Guardian	Substantial assurance process is in place to monitor risk/incidents/patient feedback framework. Quality & Safety Committee + CLE provides assurance to Board on Quality and Safety Plan		
								Quality Improvement Learning Days (QILD) established and embedded. Accreditation process established for QILD Quality Improvement Plan		Attendance records on QI Learning	

Strategic Plan	SBAF Ref	Executive Lead	Strategic Risk Statement / Risk scores/quarterly movement / Mapped high level risks (if any)				Responsible Board Committee	Controls	Assurances	Gaps and *actions*	Completion date for action
			Initial Risk May 2019	**Current Risk** May 2019	**Target score**	**Target date**		"Welearn" launched as a pilot scheme in 2018.	CQC Inspection Report. National audits.	Delivery Plan for "WeLearn" in development. KD to submit plan to Board in May 2019 for agreement	May 2019
			12	12	12	May 2020				Delivery Plan will include actions around Learning Wall, Learning Hub on intranet, Learning from Excellence Programme.	
			(4x3)	(4x3)	(4x3)	(4x3)					
			19/20 Quarterly Movement							Delivery Plan will identify responsible committees for monitoring the plan as well as performance measures.	
			Q1	Q2	Q3	Q4					
			⟷	-	-	-					
2020 Vision	6	Alan Kenny, Dir Estates	**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.**				MPA	On-going meetings with Balfour Beatty to reach preferred bidder stage.	Daily issues managed by CEO.	Balfour Beatty requires time to complete their due diligence before agreeing to become the preferred bidder. The Trust is doing everything it can to prevent delay to the process.	Oct 2019
			Initial Risk May 2019	**Current Risk** May 2019	**Target score**	**Target date**		Dedicated Project Management Team in place supported by specialist advisors.	Monthly CEO reports to Board.		
			12	12	9	Oct 2019		Regular liaison with SMBC to ensure "smooth handling" of planning/highways issues.	Bi-monthly MPA monitors progress and reports to the Board.		
			(3 x 4)	(3 x 4)	(3 x 3)						
			19/20 Quarterly Movement					Fire testing approval assessment (post Grenfell) scheduled.			
			Q1	Q2	Q3	Q4					
			⟷	-	-	-					

Strategic Plan	SBAF Ref	Executive Lead	Strategic Risk Statement / Risk scores/quarterly movement / Mapped high level risks (if any)	Responsible Board Committee	Controls	Assurances	Gaps and *actions*	Completion date for action
2020 Vision	7	David Baker, Director P& I	**There 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.**	Board	Vision 2020 strategy	Monitored by Board and reported via Annual Report.	No clear route to having an aligned team working on the Response Plan and partnership risk levels.	
							Need to formulate Response Plan – *dates in diary for meetings between 24 June and 1st September 19. Response plan then to go back to HLP Board in Sept 19.*	Sept 19
							Develop Partner Risk Levels & MOUs to set out level of risk each partner is prepared to accept – *Completion by Sept 19.*	Sept 19

Risk table:

Initial Risk	Current Risk	Target score	Target date
May 2019	May 2019		
12	12	8	March 2020
(3 x 4)	(3 x 4)	(2 x 4)	

19/20 Quarterly Movement

Q1	Q2	Q3	Q4
⟷	-	-	-

High level corporate risks

666	Lack of Tier 4 mental health beds leading to admissions on general paediatric wards.

Controls / Assurances (additional rows):

Controls	Assurances
Healthy Lives Partnership weekly meetings.	Monthly Healthy Lives Partnership Board meetings. Outputs reported back to Trust Board.
Clinical reference group considers clinical implications of strategy.	Reported to Healthy Lives Partnership Board.
Stakeholder group gathers and reports stakeholder feedback for strategy.	Reported to Healthy Lives Partnership Board.

Strategic Plan	SBAF Ref	Executive Lead	Strategic Risk Statement / Risk scores/quarterly movement / Mapped high level risks (if any)					Responsible Board Committee	Controls	Assurances	Gaps and *actions*	Completion date for action
2020 Vision	8	Martin Sadler, CIO	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.					Digital MPA	CIO in post tasked with improvement plan.	Managed by CEO; Escalations to CLE and Board.	Need a definition of where we need to be in 3 years' time in terms of technology for opening of Midland Met. – *Need to create Digital Plan and achieve sign off by Digital MPA/Committee – Due End of September 2019.* Need to have built infrastructure that has flexibility and capacity to support growth of digital activity – *Due to complete March 2020.* People in place with right skills – *Recruitment process will be concluded by July. Successful candidates in place by September. Training & Development will commence and be completed by September 2020. Green* Processes in place to ensure that the services are sufficiently managed. – *Completion anticipated by September 2019. Green* 3rd party infrastructure and contracts are sufficient to support the Trust's activities. *On track – due to complete at end of June 2019*	

Risk score / quarterly movement sub-table:

Initial Risk May 2019	Current Risk May 2019	Target score	Target date
16 (4x4)	16 (4x4)	9 (3x3)	August 2020 (3x3)

19/20 Quarterly Movement			
Q1	Q2	Q3	Q4
⬅➡	-	-	-

High level corporate risks	
2642	No mechanism for acknowledging results on IT system
221	Delay to EPR implementation due to poor IT infrastructure
325	Risk of cybersecurity attack

Strategic Plan	SBAF Ref	Executive Lead	Strategic Risk Statement	Responsible Board Committee	Controls	Assurances	Gaps and *actions*	Completion date for action
			Risk scores/quarterly movement					
			Mapped high level risks (if any)					
					High Level Strategy developed which outlines the Trust's digital ambitions.	Monitored by Digital MPA and overseen by Trust Board.		
					Digital Projects Plan	Reports to Digital Committee on improvements/progress on digital projects.		
					External audit report	Presented to Audit and Risk Management Committee; Escalation issues to Board.		

Strategic Plan	SBAF Ref	Executive Lead	Strategic Risk Statement	Responsible Board Committee	Controls	Assurances	Gaps and *actions*	Completion date for action
			Risk scores/quarterly movement					
			Mapped high level risks (if any)					
Finance	9	Dinah McLannahan, DoF	**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.**	Finance and Investment	Improved reporting on income performance – daily tracking of planned and unplanned care. Fortnightly Income PMO with attendance from finance, operations, and capacity planning teams. . Improved alignment on plans and understanding of phasing differences. Improved understanding of the impact of the nature of the contract agreement on income. People PMO tracks delivery of the people plan to budget. Non-Pay plan – Procurement and non-pay improvement plan in place. Detailed work plan in relation to local work plan savings. Oracle improvement plan in place Cash flow in place.	Reporting of income position to Income PMO, OMC, PMC, CLE, FIC and Board. Non-pay – reported to OMC, PMC, CLE, FIC and Board. Cash flow reported to FIC and Board.	Refresh the underlying position of the Trust and the various versions of this and link to Midland Met FBC (July FIC). Establish reliable reports from SCCL on procurement CIP delivery. Establish regular reporting as per the action and improvement plan (by end Q1). Re-establish effective and joined up cash flow forecasting meaningfully linked to I&E delivery (by July FIC). Establish strategy to and then develop 20/21 and 21/22 CIP from a range of data points (FIC ongoing).	

Risk scores table (within Strategic Risk Statement cell):

Initial Risk	Current Risk	Target score	Target date
April 2017	May 2019		
20	16	8	July 19
(4x5)	(4x4)	(2x4)	

19/20 Quarterly Movement			
Q1	Q2	Q3	Q4
⬇	-	-	-

Strategic Plan	SBAF Ref	Executive Lead	Strategic Risk Statement / Risk scores/quarterly movement / Mapped high level risks (if any)	Responsible Board Committee	Controls	Assurances	Gaps and *actions*	Completion date for action
Finance	10		**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.**	Finance and Investment	ICS Board held weekly. STP Board attendance. STP DoFs attendance. APMS and other non-NHS contracts for patient care taken on for 19/20 indicating the direction of travel for the Trust.	Reporting to Board on SWB place based activities.	Strategy from the Centre unclear	

Risk 10 score table:

Initial Risk	Current Risk	Target score	Target date
May 2019	May 2019		
16	16		March 2020
(4x4)	(4x4)		

19/20 Quarterly Movement			
Q1	Q2	Q3	Q4
⬌	-	-	-

Strategic Plan	SBAF Ref	Executive Lead	Strategic Risk Statement	Responsible Board Committee	Controls	Assurances	Gaps and *actions*	Completion date for action
People	11	Raffaella Goodby, Dir of PoD	**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.**	People and Organisational Development	Recruitment trajectories monitored through People Plan PMO – via professional group and via clinical group Student numbers, fill rates of key training posts Number of visa's allocated to Trust KPI New roles created Recruitment fill rates per professional and clinical group Apprentice rate to 2.3% Reduction in agency spend with pay spend directed at substantive pay	People and OD Delivery Committee People Plan PMO Clinical Group Reviews Trust Board – Public and Private Regular audits of safe staffing Regional and national staffing benchmarking		

Risk 11 score table:

Initial Risk	Current Risk	Target score	Target date
April 2017	May 2019		
20	12	9	May 2021
(5x4)	(4x3)	(3x3)	

19/20 Quarterly Movement			
Q1	Q2	Q3	Q4
⬇	-	-	-

Strategic Plan	SBAF Ref	Executive Lead	Strategic Risk Statement / Risk scores/quarterly movement / Mapped high level risks (if any)	Responsible Board Committee	Controls	Assurances	Gaps and *actions*	Completion date for action
Education, Learning and Development	12		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.	People & Organisational Development	Mandatory training statistics from Employee Staff Record (ESR) Completion of annual Performance and Development Review KPI Analysis of training spend via professional group and clinical group KPI's Financial investment in training budget Number of apprentices in the workforce totally 2.3% Effective rostering of training and development in to rosters to release staff Monitoring study leave and release	Education Learning and Development CLE Committee Corporate People and OD Group Reviews Completion of PDR's and moderation IQPR data mandatory training CQC inspection data People and OD Delivery CLE Committee People and OD Board Committee		

Risk 12 scores table:

Initial Risk	Current Risk	Target score	Target date
May 2019	May 2019		
6	6	4	May 2020
(2 x 3)	(2 x 3)	(2 x 2)	

19/20 Quarterly Movement

Q1	Q2	Q3	Q4
⟷	-	-	-

Strategic Plan	SBAF Ref	Executive Lead	Strategic Risk Statement / Risk scores/quarterly movement / Mapped high level risks (if any)	Responsible Board Committee	Controls	Assurances	Gaps and *actions*	Completion date for action
Public Health	13		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.	Public Health	Sickness statistics are monitored through E-Roster and through Employee Staff Record (ESR) Return to work interviews are undertaken Sickness absence policy Trade Union support and engagement Monthly sickness dashboard on Connect Reporting in People Plan PMO on sickness hot sport areas. People Plan theme outlining reducing sickness absence and improving health and well being of the workforce	People Plan PMO hot spot areas Group and executive review of sickness absence Monthly reporting to Trust Board People and OD Delivery Committee National and regional benchmarking	Hidden mental health related absence within other key ESR data points, e.g. MSK	

Risk 13 scores table:

Initial Risk	Current Risk	Target score	Target date
April 2017	May 2019		
16	12	6	May 2020
(4 x 4)	(3 x 4)	(3 x 2)	

19/20 Quarterly Movement

Q1	Q2	Q3	Q4
⬇	-	-	-

Strategic Plan	SBAF Ref	Executive Lead	Strategic Risk Statement / Risk scores/quarterly movement / Mapped high level risks (if any)	Responsible Board Committee	Controls	Assurances	Gaps and *actions*	Completion date for action
Quality	14	David Carruthers, MD	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.	Quality and Safety	Management structure substantially in place to support LfD programme. • Deputy Medical Director in post • 8/12 Medical Examiners in post • Medical Examiner officer post agreed. • Mortality Manager post agreed. • Admin support agreed.	Structure reports to Medical Director and oversees implementation and running of LfD programme.	3/12 Medical Examiners posts vacant – *recruitment ongoing and all 3 should be in post by July 19.* Medical Officer post vacant – *Recruitment ongoing, should be complete by Sept 19.* Mortality Manager post vacant – *Recruitment complete by Sept 19.*	

Risk scores table:

	Initial Risk	Current Risk	Target score	Target date
	April 17	May 2019		
	15	16	12	May 2020
	(5x3)	(4 x 4)	(3 x 4)	

19/20 Quarterly Movement			
Q1	Q2	Q3	Q4
⬆	-	-	-

Additional rows:

Controls	Assurances	Gaps and *actions*
Learning from deaths programme in place with sub-streams set out below.	Progress monitored by LfD committee and overseen by Quality and Safety Committee. Escalation to Board.	Natural time lag between interventions and monitoring data being produced. Feedback process to groups being developed. Process for learning needs to be developed and embedded. - *"Welearn" programme developed.*
1. Mortality reduction plan in Quality Plan relating to Sepsis, VTE, Acute MI, Stroke, #NOF, High risk abdominal surgery and Peri-natal mortality. QI projects identified.	Monitored by LfD committee via tracking reports. Escalation reports to Q&S if problems identified.	
2.Data analysis programme focussing on alerts arising from clinical areas and/or conditions. Coding processes improved.	Monitored by Quality and Safety Committee.	Further improvements in coding underway focusing on palliative care data, weekend admissions and site specific.
3.External mortality alerts from CQC or CCGs.	Received by LfD committee and overseen by Q&S.	
4. Medical examiners are substantially in place. MEs and judgmental reviewers will provide 3 monthly analysis of amenable mortality.	Monitored by LfD and overseen by Q&S.	Morbidity/Mortality reviews by services need more support/uptake from clinicians – *Training scheduled for June/July 19.*

Strategic Plan	SBAF Ref	Executive Lead	Strategic Risk Statement / Risk scores/quarterly movement / Mapped high level risks (if any)	Responsible Board Committee	Controls	Assurances	Gaps and *actions*	Completion date for action
					Sepsis CQUIN VTE National Target MINAP data SSNAP data NHFD EmLap data			
Research and Development	15		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.	Quality & Safety	Research & Development Plan. Growth of R&D activity managed through group PMO R&D plans. Data showing take up of research projects is fed back to groups driving better participation.	Monitored by Research & Development Committee. All groups are represented with rota of presentations. Escalation reports to Q&S.	We need to increase our numbers of commercial studies in order to generate income – *Plan in place to do this.*	

Risk scores table (within Research and Development row):

Initial Risk	Current Risk	Target score	Target date
April 2017	May 2019		
9	9	6	May 2020
(3 x 3)	(3x3)	(2x3)	(4x3)

19/20 Quarterly Movement			
Q1	Q2	Q3	Q4
⬌	-	-	-

Additional controls/assurances/gaps rows:

Controls	Assurances	Gaps and *actions*
R&D Director in place	Reports to Med Director with escalation reports to CLE.	
Active medical recruitment strategy focusing on new consultants with a research interest. University representative sits on recruitment panel. Recruitment to vacant senior posts actively pursued.	Monitored by Workforce Development Committee.	Oncology study recruitment restricted due to change in service. – *Risks reviewed frequently.*

Strategic Plan	SBAF Ref	Executive Lead	Strategic Risk Statement / Risk scores/quarterly movement / Mapped high level risks (if any)	Responsible Board Committee	Controls	Assurances	Gaps and *actions*	Completion date for action
Digital	16	Toby Lewis. CEO	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 digital/ technical skills, the lack of business owner involvement or customer insight, 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.	DMPA	Monitoring of infrastructure performance via PTRG system. Recruitment and training plan. Third party support now provided by Gold systems support. Performance feedback monitored through Sentinel users survey.	All controls monitored via Digital committee and CLE as well as Digital MPA and Board.		

Risk scores table:

Initial Risk	Current Risk	Target score	Target date
April 2017	May 2019		
16	12	6	June 2020
(4 x 4)	(4 x 3)	(3 x 2)	

19/20 Quarterly Movement			
Q1	Q2	Q3	Q4
↓	-	-	-

High level corporate risks	
3110	Suboptimal technical infrastructure
325	Risk of cyber attack

Strategic Plan	SBAF Ref	Executive Lead	Strategic Risk Statement / Risk scores/quarterly movement / Mapped high level risks (if any)	Responsible Board Committee	Controls	Assurances	Gaps and *actions*	Completion date for action
Digital	17	Rachel Barlow, COO	**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).**	Digital	Unity implementation plan comprising of Technical Readiness, People (development) and Go Live and Optimisation.	Monitored by Unity Executives (CEO, COO, Director of OD, CIO). Overseen by Digital Committee and Digital MPA		

Risk scores table:

Initial Risk	Current Risk	Target score	Target date
May 2019	May 2019		
16	16	8	Dec 2020
(4 x 4)	(4 x 4)	(2 x 4)	

19/20 Quarterly Movement			
Q1	Q2	Q3	Q4
⬌	-	-	-

Controls:
- IT Hardware implementation plan tracked against a 14 point infrastructure plan.
- Weekly tracking of end user training.
- Digital champion and superuser traing designed
- Workforce development plan setting out competencies/KPIs for individual staff to meet. Reporting to start in June.
- Departmental readiness criteria agreed. Includes future work flow processes. Reporting to start in June.
- Optimisation KPIs agreed.

Assurances:
- Committee reports on completeness vs planned delivery / milestones.
- Tracking of data fortnightly to start in June.
- Tracking of data fortnightly to start in June.

Gaps and *actions*:

Gaps and *actions*	Completion date for action
Deliver by end of July	July 19
Need to identify team competencies and tracking mechanism.	June 19
Optimisation reports to be written and tested. This is dependent on hiring analyst staff to Performance and Insight team.	July 19
Need to identify rewards/consequences regime for staff. Need to identify trajectory for optimisation form go live to March 2020.	June 19

Strategic Plan	SBAF Ref	Executive Lead	Strategic Risk Statement / Risk scores/quarterly movement / Mapped high level risks (if any)	Responsible Board Committee	Controls	Assurances	Gaps and *actions*	Completion date for action
Estates	18	Toby Lewis, CEO	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.	Board	Scale of risk identified via the Midland Met full business case. Participation in CCG process. Creation of two care alliances in Sandwell and West Birmingham.		Implementation structure for Midland Met integrated care unclear – *Clarity to be provided by September 19* Assurance process to be identified once fbc discussed at Board.	Sept 2019. June 2019.

Risk scores table:

Initial Risk	Current Risk	Target score	Target date
April 2017	May 2019		
20	15	6	March 2020
(5 x 4)	(5 x 3)	(2 x 4)	

19/20 Quarterly Movement

Q1	Q2	Q3	Q4
↓	-	-	-

Strategic Plan	SBAF Ref	Executive Lead	Strategic Risk Statement / Risk scores/quarterly movement / Mapped high level risks (if any)	Responsible Board Committee	Controls	Assurances	Gaps and *actions*	Completion date for action
Estates	19	Rachel Barlow, COO	There is a risk that we are unable to sustain services on 2 sites until 2022 without service reconfiguration or investment in non-retained estate. This would compromise our ability to deliver seven day multi professional services because locational alignment is not achieved concurrently.	Major Projects Authority	Workforce triggers risk assessment completed. KPIs tracked monthly.	Overseen via Urgent Care Board	Current gap in acute medicine workforce plan. Project in train to identify solution by end July.	July 19

Risk scores table:

Initial Risk	Current Risk	Target score	Target date
April 2017	May 2019		
8	12	8	Dec 2019
(3x4)	(3x4)	(2x4)	

19/20 Quarterly Movement

Q1	Q2	Q3	Q4
⬆	-	-	-

Controls / Assurances / Gaps and actions / Completion:

Controls	Assurances	Gaps and *actions*	Completion date for action
Medical workforce development and recruitment plan over seen by Urgent Care Board.			
Estates Plans for retained and non-retained estate.	Estates Development Committee		
7 day standard governance/compliance oversight report.	Urgent Care Board and Q&S Committee	7 day dashboard – in prototype needs finalising	June 19
Service sustainability and reconfiguration project of acute medicine/ respiratory and older people in train with aim to deliver in autumn 2019.	Project board, Estates development and CLE.	Conclusive decision on future model	July 19
Service sustainability project for paediatrics assessment and ED at City site in train. .	Project board. CLE. Trust Board.	Conclusive decision on future model	July 19