



















## SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST










## 2020 STRATEGIC BOARD ASSURANCE FRAMEWORK

Strategic Plan	SBAF Ref	Executive Lead	Strategic Risk Statement	Responsible Board Committee	Controls	Assurances	Gaps and <i>actions</i>	Completion date for action																																
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Mapped high level risks (if any)																																								
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 8a and above roles to ensure that the correct management resource is allocated to our work priorities so that we hit our delivery timetable.	Group reviews from July 19 Progress reported to CEO with reported to POD. Reports to Rem Com on appointment of key Dep. Director vacancies.	Group reviews need to be implemented and vacancy analysis completed.  Require piece of comparison work to focus on value and sustainability of Band 8 function in clinical and corporate areas.	Oct 19																																
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Coaching and mentoring programme	Monitored by WDC, CLE, POD and Board.	Talent market does not match Trust's needs – <i>Plan in place by November 19</i>  Need to monitor attendance levels to ensure staff complete course and analyse reasons for non-completion e.g. sickness, rostering issues.  Consider appointing a BRM who can interpret data into a set of requirements that will ensure the right staff start and complete the programme.	Nov 19																																					

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					IQPR & 2020 Vision reporting to the Board on the performance of key programmes running to time. I.e. hitting timetable delivery.	Monitored by PMC, CLE, Board committees and Board.		Nov 19																																
2020 Vision	2	Rachel Barlow, COO	<p><b>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.</b></p> <table><tr><td>Initial Risk</td><td>Current Risk</td><td>Target score</td><td>Target date</td></tr><tr><td>April 2017</td><td>October 2019</td><td></td><td></td></tr><tr><td>15</td><td>9</td><td>6</td><td>May 2022</td></tr><tr><td>(3 x 3)</td><td>(3x3)</td><td>(2 x 3)</td><td></td></tr><tr><td colspan="4">19/20 Quarterly Movement</td></tr><tr><td>Q1</td><td>Q2</td><td>Q3</td><td>Q4</td></tr><tr><td></td><td></td><td></td><td>-</td></tr><tr><td colspan="2">Assurance level</td><td colspan="2">LIMITED</td></tr></table>	Initial Risk	Current Risk	Target score	Target date	April 2017	October 2019			15	9	6	May 2022	(3 x 3)	(3x3)	(2 x 3)		19/20 Quarterly Movement				Q1	Q2	Q3	Q4				-	Assurance level		LIMITED		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
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				Outreach teams developed to support care homes and prevent unnecessary admissions based on pathway management. This work has received extended funding past winter 2018.	Nursing home ED attendance avoidance project initial results for top 10 nursing homes show 25% reduction in attendances.	Formal evaluation scheduled for August 19. Need to scale up project for all nursing homes – Proposal to scale up across all homes between October 19 – March 20 tbc by Better Care Fund in August 19.	Sept 19																																	
KPIs include admission data form nursing homes.	The project is overseen by a joint Trust, council and CCG project group. Reports are received by OMC.	*No routine data feed/analysis of care home admissions mapped to each care home - Creation of data set is in development.	Oct 2019																																					
		*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.	Oct 2019																																					

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					<p>Exec Lead meetings with SWBC about integrated bed model.</p>	<p>Reports to A&amp;E Delivery Board</p> <p>Reports to Q&amp;S Committee</p> <p>Report updates to Trust Board via CEO report</p>	<p>SWBC integrated bed model is not fully understood in totality of demand assumptions and capacity plans. – Meetings are in progress, process should be completed by August 2019. Report will go to next System A&amp;E Delivery Group scheduled for Oct 19. (Aug and Sept meetings cancelled).</p> <p>Understanding bed footprint for West Birmingham from BCC – A&amp;E Board is currently liaising with BCC for this information. The gap remains as there is no joint forward planning with Birmingham City Council. Executive to consider if Newton work going forward is appropriate to apply locally.</p>	<p>Oct 19</p> <p>Sept 19</p>

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2020 Vision	3	Rachel Barlow, COO	<p>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.</p> <table><tr><td>Initial Risk</td><td>Current Risk</td><td>Target score</td><td>Target date</td></tr><tr><td>April 2017</td><td>October 2019</td><td></td><td></td></tr><tr><td>9</td><td>9</td><td>6</td><td>Dec 2020</td></tr><tr><td>(3x3)</td><td>(3x3)</td><td>(2x3)</td><td></td></tr><tr><td colspan="4">19/20 Quarterly Movement</td></tr><tr><td>Q1</td><td>Q2</td><td>Q3</td><td>Q4</td></tr><tr><td></td><td></td><td></td><td>-</td></tr><tr><td colspan="2">Assurance level</td><td colspan="2">LIMITED</td></tr></table>	Initial Risk	Current Risk	Target score	Target date	April 2017	October 2019			9	9	6	Dec 2020	(3x3)	(3x3)	(2x3)		19/20 Quarterly Movement				Q1	Q2	Q3	Q4				-	Assurance level		LIMITED		Board	Working with Primary Care Networks on recruitment support.		<p>We do not have foresight on GP recruitment or retention data. Rachel Barlow to request from CCG. We cannot therefore be confident in the current risk score without this data.</p> <p>We do not have visibility of retention efforts of the GP workforce. A workforce study has been commissioned via the ICS board, with SWBH funding, to review the workflow of the GP workforce and inform future workforce model and processes. The study will be concluded and reported within Q3.</p>	<p>Ongoing</p> <p>December 19</p>
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LTFM including activity in place and referral/activity tracked.	Monitored by Income PMO, Planned Care Board, PMC and FIC.																																							

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2020 Vision	4	David Carruthers, MD	<p>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> <table><tr><td>Initial Risk</td><td>Current Risk</td><td>Target score</td><td>Target date</td></tr><tr><td>May 2019</td><td>October 2019</td><td></td><td></td></tr><tr><td>12</td><td>12</td><td>8</td><td>May 2021</td></tr><tr><td>(3x4)</td><td>(3x4)</td><td>(2 x 4)</td><td></td></tr><tr><td colspan="4">19/20 Quarterly Movement</td></tr><tr><td>Q1</td><td>Q2</td><td>Q3</td><td>Q4</td></tr><tr><td></td><td></td><td></td><td>-</td></tr><tr><td colspan="2">Assurance level</td><td colspan="2">LIMITED</td></tr></table>	Initial Risk	Current Risk	Target score	Target date	May 2019	October 2019			12	12	8	May 2021	(3x4)	(3x4)	(2 x 4)		19/20 Quarterly Movement				Q1	Q2	Q3	Q4				-	Assurance level		LIMITED		Quality and Safety	<p>Identification of vulnerable services locally via triangulation of metrics.</p> <p>Across Black Country, STP meetings focus on local identification of potentially vulnerable services. Meeting attendance is covered by Deputy MD as part of their role.</p> <p>Also monthly meetings of regional medical directors incorporating ability for one provider to assist another with vulnerable services.</p>	<p>Team/group staffing reports to Group Boards</p> <p>Incident reports to Risk Management Committee.</p> <p>Complaints to Executive Quality Committee</p> <p>Mortality reviews Risk Management Committee</p> <p>Above reports are escalated to Operation Management Committee and CLE.</p> <p>SBAF risk report goes to Quality and Safety Committee.</p> <p>STP considers performance data, group reviews, staffing vacancies, complaints and incidents data.</p> <p>Meeting outcomes reported to CLE and Trust Board.</p>	<p>Fluctuation of picture with recruitment. Services need to identify how to run services in a different way when the “traditional” skill mix is not available via recruitment.</p> <p>Lack of cross organisational cohesion and pace.</p> <p>Inability to influence neighbouring trusts</p> <p>No clear definition of vulnerable services.</p>	
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					<p>Service development plans are in place</p> <ul style="list-style-type: none"><li>-local service plans focusing on efficiency, staff development, recruitment and service integration.</li><li>-STP discussions via STP meetings and MD meetings (see above) which look at innovative ways of running potentially vulnerable services across the footprint.</li></ul>	<p>Efficiency and service integration plans via OMC</p> <p>Staff development and recruitment plans via</p>	<p>Complexity of service interactions/inter-relationships.</p> <p>Geography for staff and patients.</p> <p>Define components of a service where integration could start from</p> <ul style="list-style-type: none"><li>-Remote v onsite</li><li>-Technology opportunities e.g. MDT/Video conf for patients.</li></ul>																																	
					<p>Impact of vulnerable service materialising by active operational risk management system which ensures no patient is left without access to service.</p>	<p>Escalation reports to group boards, Operational Management Committee, Executive Quality Committee and CLE.</p>																																		

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2020 Vision	5	Kam Dhami, Dir of Gov.	<p>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>	Quality & Safety	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	Local clinical audit plan in development	Oct 19																																
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					“Welearn” launched as a pilot scheme in 2018.	CQC Inspection Report. National audits.	Delivery Plan for “WeLearn” submitted to Board.  Delivery Plan includes actions around: <ul style="list-style-type: none"><li>WeLearn Hub on intranet.</li><li>Learning from Excellence Programme.</li><li>Learning Pack development – Pulls together data set to identify learning.</li></ul> Delivery Plan identifies responsible monitoring committees and performance measures which will be added as controls/assurance once deliverables have been implemented.	Jan 2020  Oct 19  Oct 19																																

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2020 Vision	6	Alan Kenny, Dir Estates	<b>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.</b>	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
					Dedicated Project Management Team in place supported by specialist advisors.	Monthly CEO reports to Board.		
					Regular liaison with SMBC to ensure “smooth handling” of planning/highways issues.	Bi-monthly MPA monitors progress and reports to the Board.	Risk will need to be reformulated once Balfour Beatty appointed as final contractor.	Oct 2019.
					Fire testing approval assessment (post Grenfell) scheduled.	CEO conversations with 3 <sup>rd</sup> party stakeholders NHSI, DHSC and Treasury reported to Board.		
					Balfour Beatty continues to do works on site and design development.			
					CEO keeps Balfour Beatty up to speed with all developments in relation to obtaining government approval.			





















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2020 Vision	7	David Baker, Director P&I	<p>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.</p>	Board	2020 Vision strategy	Monitored by Board and reported via Annual Report.		
					Outcomes Framework agreed between Commissioners in Sandwell and signed off by the Health and Wellbeing Board.	Monitored by Response Plan report at HLP Board.	No such framework agreed in West Birmingham ICP. The Birmingham Outcomes Framework will be developed as a system and we are currently waiting for the Birmingham commissioners to complete that process.	Sept 19
					Focus areas/Local priorities x4 now agreed with Sandwell ICP partners in line with Outcomes framework through alliance meetings.		Gap – assurance process needs to be defined. Currently in planning phase, assurance for measuring progress requires resources.	Sept 19
					Focus areas x2 agreed with Ladywood and Perry Barr partners through alliance meetings.	Verbal updates to HL Advisory group, on the agenda when necessary for HLP.	Outcomes Framework still needs agreement, see above.	
							Agile development of response plans. Sign off local priorities, governance, workplan, risk and contracting plans	
							Route to resource identified with CCG for programme design and baselining. May need further investment in specialist skills. Aim for resource in place.	
							Partners alignment and acceptance of governance and joint funding for 2020/21 would demonstrate shared risk.	



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2020 Vision	8	Martin Sadler, CIO	<b>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.</b>	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.	Oct 2019																				
			IT Turnaround report incorporating performance states		To Digital MPA																							
			Monthly review of performance by Informatics Management Team. All requests from services are managed via the service change request process with support from Business Relationship Managers.		Escalation to CLE by CIO when necessary. Weekly change management meetings. Management reports to CIO with escalation where necessary.	Need to have built infrastructure that has flexibility and capacity to support growth of digital activity – <i>Due to have a complete design by March 2020 and will be moving applications to the infrastructure. Present a report to October Board on infrastructure flexibility and capacity. October 2019</i>	March 2020																					
					The technical infrastructure requirements for Midland Met are being drawn up with the building contractors to ensure that the infrastructure is sized appropriately.		Oct 19																					
					There is a plan to create a digital plan which will involve all directorates and will be complete with their input by March 2020. Draft Plan will go to CLE in October 2019.		Oct 19																					
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					High Level Strategy developed which outlines the Trust's digital ambitions. Strategy is supported by new senior leadership structures who are substantive post holders (Incident Problem Manager, Supplier Contract Manager and Business Relationship Managers).	Monitored by Digital MPA and signed off by CLE. Strategy resonates and matches ambitions of services. Engagement via recent away day and carried forward by Business Relationship Managers x3. Service Change Request process captures service development needs.	The Digital Strategy creation has begun through the Leadership Conference and a presentation at CLE. The Business Relationship managers will now engage with Directorates to ensure that they have requirements fed in to the Digital Strategy. March 2020	
					Digital Projects Plan	Reports to Digital Committee on improvements/progress on digital projects, namely Unity.		
					External audit report	Presented to Audit and Risk Management Committee; Escalation issues to Board.  Progress on management actions monitored by DMPA.	3 external audits complete together with management responses. Audits confirm that the Trust is on track to improve its IT services but there are a number of actions to do, including actions to mitigate a significant number of high level risks.  Report monthly on audit progress to CEO. Completion rate of actions presently stands at approximately 10% due to length of time to put actions into place, maintaining BAU service and turnaround of IT Leadership team.	

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Finance	9	Dinah McLannahan, DoF	<b>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.</b>	Finance and Investment	Improved reporting on income performance – daily tracking of planned and unplanned care.	Reporting of income position to Income PMO, OMC, PMC, CLE, FIC and Board.	Establish reliable reports from SCCL on procurement CIP delivery. Position is unsatisfactory as SCCL have failed to resolve. David Melbourne to invite Mike Hanson to sit on regional procurement Board where National COO will be present. Tristan Rogers, SCCL to attend local procurement board in Sept 19	Oct 19																																	
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Regular reporting established as per the action and improvement plan.	Cash flow reported to FIC.	Development of plan to meet commercial income target - For DoF/CEO by Sept 19																																							
Effective and joined up cash flow forecasting re-established which is meaningfully linked to I&E delivery.	Tracking/Reporting against NHSI plan.	Resolve recurrent £3m cost pressure driven by reversal of £3m asset life stretch – Craig Higgins																																							
Improved alignment on plans and understanding of phasing differences.	Monthly PRM with NHSI attended by CEO, DoF, COO, Dir. Gov, DoN.	Implication of mixed plan delivery on the next five years needs to be identified.																																							
Improved understanding of the impact of the nature of the contract agreement on income.	NHSI deep dive into agency plans – end of July 2019.																																								
People PMO tracks delivery of the people plan to budget.	Internal audit programme of core areas: <ul style="list-style-type: none"><li>Income</li><li>Debtor systems</li><li>Cash management</li><li>Creditor/payroll</li><li>Financial management processes and systems</li></ul>																																								
Non-Pay plan – Procurement and non-pay improvement plan in place.	Annual external audit																																								
Detailed work plan in relation to local work plan savings.	Midland Met FBC reported to Board.																																								
Oracle improvement plan in place Cash flow in place.																																									
Underlying position of Trust refreshed and linked to Midland Met FBC.																																									










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Finance	10		<b>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.</b>	Finance and Investment	ICS Board held weekly.	Reporting to Board on SWB place based activities.	Strategy from the Centre unclear	Oct 19																																			
			STP Board attendance.		STP Reports	Board development session on alliance contracting – Presentation to CLE in October 19.																																					
			STP DoFs meetings.			To be set up, Capitation S&WB Working Group. DB & DM – outstanding action, DB to start.																																					
			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.																																								
			DoF sits on HFMA Payment Systems & Specialised Commissioning Committee ensuring we are sighted on integration opportunities.		Finance report to Board.	Trust to begin to explore place based resource allocation between Sandwell & West Birmingham. Part of mitigation plan in the event that Sandwell & West Birmingham CCG separate. Need to join up with CCG’s work on place based allocation.	Ongoing.																																				
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People	11	Raffaella Goodby, Dir of PoD	<b>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.</b>	People and Organisational Development	Recruitment trajectories monitored through People Plan PMO – via professional group and via clinical group	People and OD Delivery Committee with committee minutes	Sufficient knowledge of internal and external offers, and impact on organisation	Dec 19
					Student numbers, fill rates of key training posts	People Plan PMO – comparative data and statistics - training records and statistics Clinical Group Reviews – reports on progress on recruitment trajectories, Dashboards	Market analysis of attractiveness of SWB as place to work for different professional groups	
					Number of visas allocated to Trust KPI			
					New roles create – and a plan for more creative new ways of delivering the activity	Trust Board – Public and Private – public and private reports, IQPR, risk register, minutes, self-assessment returns, turnover data, Regular audits of safe staffing – daily and monthly	Analysis of attractiveness to work at senior operational level (risk of retirement profile)	
					Recruitment fill rates per professional and clinical group		Forward look of what the workforce will look like in 5 years’ time / 10 years’ time.	
					Retirement trajectory for key areas	Regional and national staffing benchmarking Staff survey feedback and results. WeConnect survey feedback and results		
					Apprentice rate to 2.3%			
					Reduction in agency spend with pay spend directed at substantive pay	Clinical leadership executive analysis Midland Met final business case – modelling –modelled up to 2023 linked to the LTFM		
					Retention whole organisation strategy	Production plan / waiting lists /		

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Education, Learning and Development	12		<b>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.</b>	People & Organisational Development	Mandatory training statistics from Employee Staff Record (ESR)	Education Learning and Development CLE Committee, minutes, notes and reports	Return on investment data in training spend and how it contributes to organisational effectiveness	Dec 19
					Completion of annual Performance and Development Review KPI	Training needs analysis informs release time and knowledge for planning release and training time in an informed way	Rostering improvements /	
					Analysis of training spend via professional group and clinical group KPI'	Funded development time within rostered establishments.	Is the focus on UNITY creating pressure points in other developmental areas?	
					Work on the job / coaching on the job	Staff survey results / line manager relationships	Equality assessment to ensure equality of access to learning and development.	
					Financial investment in training budget	Rostering improvement being monitored at People and OD Committee	PDR analysis of highly talented individuals.	
					Simulations increasing Number of apprentices in the workforce totally 2.3%	Attendee lists and knowledge of DNA's DNA's reducingYearly plan for training activities		
					Effective rostering of training and development in to rosters to release staff	Corporate People and OD Group Reviews		
					Monitoring study leave and release time to attend development	Completion of PDR's and moderation		
						IQPR data mandatory training		
						CQC inspection data		
		People and OD Delivery CLE Committee						
		People and OD Board Committee						
		Feedback from Freedom to Speak Up Guardians						


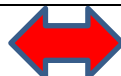


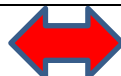


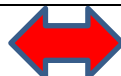

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Public Health	13		<b>There is a risk that we do not deliver improved mental health and wellbeing across our workforce because our interventions are not targeted at those at prospective risk, resulting in absence and teams not being able to deliver to their full potential.</b>	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 wellbeing of the workforce	People Plan PMO monitors bank fill rates on hot spot area wards, high incident reporting, triangulates data including temporary staff filling  Group and executive review of sickness absence every two months at clinical group reviews.  Monthly reporting to Trust Board – reports, minutes, IQPR which is group specific,  Specific board reports on different aspects of People Plan, including sickness absence and training plans.  People and OD Delivery Committee – bi monthly scrutiny. Notes, minutes, action logs  National and regional benchmarking  Staff survey results and we connect survey results	Hidden mental health related absence within other key ESR data points, e.g. MSK  Fully implemented stress risk assessments that will enable us to be proactive and predictive in high risk areas.																																	
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Quality	14	David Carruthers, MD	<b>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.</b>	Quality and Safety	Management structure substantially in place to support LfD programme. <ul style="list-style-type: none"><li>Deputy Medical Director in post</li><li>8/12 Medical Examiners in post</li><li>Medical Examiner officer post agreed.</li><li>Mortality Manager appointed.</li><li>Admin support agreed.</li></ul>	Structure reports to Medical Director and oversees implementation and running of LfD programme.	3/12 Medical Examiners posts vacant – <i>recruitment ongoing. 2 should be in post by July 19.</i> Medical Officer post vacant – <i>Interviews in October 19.</i>	Ongoing  October 19																																
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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.	National picture for Learning for Deaths is constantly changing as more evidence becomes available.																																						
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 – <i>Training scheduled for June/July 19.</i>																																						

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						Sepsis CQUIN VTE National Target MINAP data SSNAP data NHFD EmLap data																																		
Research and Development	15		<p>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> <table><tr><td>Initial Risk</td><td>Current Risk</td><td>Target score</td><td>Target date</td></tr><tr><td>April 2017</td><td>October 2019</td><td></td><td></td></tr><tr><td>9</td><td>9</td><td>6</td><td>May 2020</td></tr><tr><td>(3 x 3)</td><td>(3x3)</td><td>(2x3)</td><td></td></tr><tr><td colspan="4">19/20 Quarterly Movement</td></tr><tr><td>Q1</td><td>Q2</td><td>Q3</td><td>Q4</td></tr><tr><td></td><td></td><td></td><td>-</td></tr><tr><td colspan="2">Assurance level</td><td colspan="2">ADEQUATE</td></tr></table>	Initial Risk	Current Risk	Target score	Target date	April 2017	October 2019			9	9	6	May 2020	(3 x 3)	(3x3)	(2x3)		19/20 Quarterly Movement				Q1	Q2	Q3	Q4				-	Assurance level		ADEQUATE		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 – <i>Plan in place to do this.</i>	
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R&D Director in place	Reports to Med Director with escalation reports to CLE.	Post currently out to recruitment due to post holder leaving – this will affect assurance process as it will take a period of time to get new post holder up to speed.																																						
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. – <i>Risks reviewed frequently.</i>																																						
		Currently no process for recording Consultant SPA time – move to electronic job planning and rostering process should address this. Job planning template also in development to include faculty appraisal and education supervisor element.																																						

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Digital	16	Toby Lewis. CEO	<p>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.</p>	DMPA	Monitoring of infrastructure performance via PTRG system which provides real-time performance alerts.	All controls monitored via Digital committee and CLE as well as Digital MPA.	Project underway to address capacity issues through migration of systems to the cloud.	May 2020	
							Review of PTRG action thresholds and whether they are sufficiently embedded in IT work plan underway. Results to be audited by RSM in March 2020.	March 2020	

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Digital	17	Rachel Barlow, COO	<p>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> <table><tr><td>Initial Risk</td><td>Current Risk</td><td>Target score</td><td>Target date</td></tr><tr><td>May 2019</td><td>October 2019</td><td></td><td></td></tr><tr><td>16</td><td>16</td><td>8</td><td>Dec 2020</td></tr><tr><td>(4 x 4)</td><td>(4 x 4)</td><td>(2 x 4)</td><td></td></tr><tr><td colspan="4">19/20 Quarterly Movement</td></tr><tr><td>Q1</td><td>Q2</td><td>Q3</td><td>Q4</td></tr><tr><td></td><td></td><td></td><td>-</td></tr><tr><td colspan="2">Assurance level</td><td colspan="2">LIMITED</td></tr></table>	Initial Risk	Current Risk	Target score	Target date	May 2019	October 2019			16	16	8	Dec 2020	(4 x 4)	(4 x 4)	(2 x 4)		19/20 Quarterly Movement				Q1	Q2	Q3	Q4				-	Assurance level		LIMITED		Digital	<p>Unity implementation plan comprising of Technical Readiness, People (development) and Go Live and Optimisation.</p> <p>IT Hardware implementation plan tracked against a 14 point infrastructure plan.</p> <p>Weekly tracking of end user training.</p> <p>Digital champion and super user training designed</p> <p>Workforce development plan setting out competencies/KPIs for individual staff to meet. Reporting to start in June.</p> <p>Departmental readiness criteria agreed. Includes future work flow processes. Reporting to start in June.</p> <p>Optimisation KPIs agreed.</p>	<p>Monitored by Unity Executives ( CEO, COO, Director of OD, CIO). Overseen by Digital Committee and Digital MPA</p> <p>Committee reports on completeness vs planned delivery / milestones.</p> <p>Team competencies have been identified and are ready to be measured at go live.</p> <p>There is a comprehensive optimisation plan for Unity which ensures that the 6 months post go live covers the essential elements of Trust use of the system</p> <p>Tracking of use data will start at go live and will be fed back to team leaders.</p> <p>Optimised teas will be given priority in requests for enhancements and changes to unity post go live.</p>	<p>Optimisation reports to be written and tested – <i>This is still in process and will be ready for going live.</i></p> <p>Need to identify rewards/consequences regime for staff – <i>Complete</i></p> <p>Optimisation plan to be presented to CLE - <i>complete.</i></p>	Sep 19
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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.	FBC presented and discussed at Board.	Implementation structure for Midland Met integrated care unclear – <i>Clarity to be provided by September 19</i>	Sept 2019.																																
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Introduction of per capita finance model for April 2020/21.	Finance report to FIC with concerns escalated to Board.	Need to identify what “good” would look like if separation occurs.																																						
Creation of two care alliances in Sandwell and West Birmingham.	Progress reports to Board.																																							
Establishment of “postcode blind” commissioning for key services including community nursing and liaison psychiatry.		Developing key metrics to ensure geographical disparities in the availability of “good” care are eliminated.																																						

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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. Successful recruitment has increased weekend cover of acute physicians at City Site. To reduce the risk further we are exploring the market for respiratory physicians with front door interests to work in City AMU and working with Care of the Elderly to develop a frailty model which will include increased Consultant presence on Sandwell AMU. Review in Sept 19	Sept 19
					Medical workforce development and recruitment plan over seen by Urgent Care Board.	Estates Development Committee		
					Estates Plans for retained and non-retained estate.			