Ref	Risk Description *What might happen if the risk materialises.*	Current Context *What is the cause of the risk*	Risk Owner	Initial Risk (Ixc) *Without Controls*	Current Risk (Ixc) *With Controls*	Provisional Target Risk* (Ixc)	Existing Controls *What is currently in place to mitigate the risk*	Assurance *Evidence that the controls are effectively implemented*	Action Required *Gaps in controls or assurance*	Timescale to complete action
SR1/18	**Financial deficit in excess of planned levels** Any material financial deterioration against the Trust's financial plan may result in: * Reduced 'Use of Resources' score which forms part of the NHS regulators measurement of providers * Decrease in sustainability funding may lead to lower than planned income * Requirement for additional financing may lead to increased costs * Regulatory intervention may lead to constraints in decision making by Board * Adverse media coverage may lead to reputational damage	The year on year impact of national tariff efficiency requirements, combined with changes to contract rules (marginal rates, fines, penalties) has increased the financial pressure on all NHS providers. This risk may occur as a result of: * Higher than planned expenditure due to factors such as failure to meet CIP targets, increased procurement costs as a result of BREXIT, and contractual fines * Lower than planned income due to such factors as the ability to meet operational targets, data quality issues and ability to take advantage of innovation opportunities	CFO	20 (5x4)	9 (3x3)	6 (2x3)	Trust Annual Financial Plan fortnightly NHS Improvement Annual Plan Return, monthly reporting to NHS Improvement and Board including CIP delivery expenditure and income Internal policies and procedures SFIs / Standing Orders Scheme of Delegation Trust financial system (SAGE - QEHB site and ORACLE - Heartlands, Good Hope and Solihull sites) reflects the approved SFIs and Scheme of Delegation New financial reporting (Heartlands, Good Hope and Solihull sites) Key senior appointments made to finance team	Trust Annual Financial Plan approved by Board in April 2018 **Internal:** Monthly financial reports to BoD, CEAG, CCQ meetings Financial Improvement Group meetings with operational divisions (QEHB) CIP Steering Group (monthly) Bi-monthly exec performance reviews Head of Internal Audit opinion External audit/going concern assessment **External:** 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	Support Internal Auditors with ongoing scrutiny and assurance Medical efficiency programme (focus on locums & job planning) Roll out of SLR and Patient Level Cost Benchmarking (Albatross) to identify further efficiency opportunities Agreement of financial plan for 2019/20	Ongoing Ongoing Ongoing Apr 2019
SR2/18	**Cash flow affects day to day operations of Trust** If the Trust cannot maintain a sufficient cash balance this may result in: * Delayed payment of staff salaries resulting in increased staff turnover and decrease in morale * Requirement to source additional funding which may lead to increased costs and regulatory pressure * Delayed payment of invoices to suppliers may stress the supply chain and affect our ability to procure goods and services * Adverse media coverage may lead to reputational damage	This risk may occur as a result of: * Like most providers of acute hospital care, the Trust is forecasting a deficit for 2018/19. The Trust planned deficit for 2018/19 is (£38.0m) including Provider Sustainability Funding. Trust cash balances are planned to drop from £85.5 million down to £47m assuming the Trust achieves plan * Higher than planned expenditure due to factors such as failure to meet CIP targets, increased procurement costs as a result of BREXIT, and contractual fines * Lower than planned income due to factors such as the ability to meet operational targets, late payment of invoices by 3rd party and other NHS providers, data quality issues and ability to take advantage of innovation opportunities	CFO	15 (5x3)	9 (3x3)	6 (2x3)	Trust Annual Financial Plan fortnightly Weekly cash meetings to manage cash flow and discuss cash management measures Working capital loan agreed in principal Trust has agreed access to a working capital facility (borrowing/loan) as part of the merger discussions Sales ledger and treasury management team are aligned and working to consistent processes	Trust Annual Financial Plan approved by Board in April 2018 Cash positions reports to Board SFIs/Standing Orders Scheme of Delegation Monthly financial return for cash balance and cash forecasts reported to Board **External:** Monthly financial return for cash balance and cash forecasts reported to NHSI	Finalise Trust financial plan for 2019/20 at a level consistent with national assumptions thus securing additional central funding PSF, FRF, and MRET	Apr 19
SR3/18	**Prolonged and/or substantial failure to meet operational performance targets.** Failure to achieve operational performance targets for: * 4 hour ED target * Cancer 62 day * RTT * Cancellations due to capacity constraints on wards or transplants may impact on the following: * Financial delivery of CIP and use of resources, productivity and efficiency * Potential for unintended harm to patients due to longer waiting times which may result in increasing number and severity of incidents and claims * Patient experience may fall below the required standards which may lead to an increasing number of complaints * Reputational damage may arise as a result of adverse media coverage * Regulatory action may lead to loss of licence or service and constraints in Board decision making * Financial penalties and loss of income which may lead to unfunded expenditure for some indicators * Ability to deliver the Trust's Annual Plan	The main factors that effect the ability of the Trust to deliver operational performance targets are: * Demand for acute, specialist and tertiary services exceeds the Trust's capacity. * Out of area referrals * High demand in ED * Other Tertiary growth * Timeliness of tertiary referrals (referrals received after breach) * Flexibility of staffing levels to meet increasing demand * Clinical equipment and Estate * Delayed transfers/ partner agencies * Potential for BREXIT to impact on patient pathways and quality e.g. availability of drugs, consumables, radiopharmaceuticals and medical equipment.	COO	25 (5x5)	20 (5x4)	9 (3x3)	Divisional Performance Management Framework which includes quarterly performance reviews. Chief Operating Officer's group (COOG) and sub groups to track, monitor and improve performance across the Trust as follows: * Seamless surgery/Scheduled Care * Outpatients steering group * Cancer steering group (CSG) * Financial improvement groups * Tracking and assurance meetings for RTT and Cancer * Operational delivery groups (ODG) * Urgent Care Group * Length of Stay Group	**Internal:** Performance against national targets and waiting list size - performance reports to COOG, CEAG and BoD 18 Week RTT Assurance Group meets to assess whether targets are being achieved as well as reviewing and updating action plan Cancer Services Steering Group (breast and cancer) - QEHB Cancer Waiting List Assurance Group meets weekly and reviews the data to assess capacity, performance, waiting time targets, and review action plans which reports to the Cancer Steering Group and COOG. CCQ papers and minutes Monitoring figures for capacity via bed meetings and dashboards. Short, medium and long term plans. Weekly monitoring of the annual plan targets (activity, capacity and demand) through ODG. Specific remedial recovery plans and Task and Finish Groups COOG ODG fortnightly meetings - QEHB **External:** NHSI/CCG/ and UHB joint assurance meeting (cancer)	Review of Divisional Assurance Processes Review to the Divisional Performance Management Framework Short, medium and long term plans to be presented to the Executive teams by Divisions. Review of financial improvement groups Continue to actively monitor the delivery of action plans	Ongoing
SR4/18	**Increasing delays in transfer of care from UHB sites in excess of agreed targets** Delays in the transfer of care for patients may result in the following impact and consequence: * Pressure on patient flow which impacts on quality of care and patient experience. * Requirement to increase capacity on an ad hoc basis may lead to increased cost * Adverse media coverage may lead to reputational damage * Longer waiting times may lead to missed operational targets * Capacity to admit new patients may lead to patient safety issues * Missed operational targets may lead to loss of income and financial penalties	Delayed transfer of care may be caused by: * Patient and relative choice * Capacity in nursing and residential accommodation * Delays in availability of care packages *Awaiting completion of internal and external assessments * Awaiting the provision of care by other NHS providers * Awaiting Mental Health ongoing care.	DOP	25 (5x5)	16 (4x4)	9 (3x3)	Internal Monitoring and Management of patients referred for social care intervention and CHC nursing assessments via hospital discharge hubs overseen by senior managers from the council and Trust. Daily board rounds Alternative sources at Heartlands, Good Hope and Solihull Hospitals to prevent delays to discharge and systems in place to ensure this capacity is effectively managed i.e. Supported Integrated Discharge (SID), Recovery at Home (R@H) and from Homewood ward at Good Hope Hospital from Dec 18. Establishment of home therapy step down service (pilot) with BCHC from Dec 18. Regular meetings with senior managers from South Staffordshire and Solihull focusing on DTOC action plans and performance Monthly hub meetings in place for senior managers to review performance and monitor internal action plan Weekly system meeting established focusing on CHC performance and BCF trajectory chaired by UHB management representative Weekly escalation meetings in place with Director of Partnerships and the Director of Corporate Affairs to try to resolve complex cases DTOC performance on BSOL A&E Delivery Board agenda which is chaired by the Chief Executive Chief Executive Officer corresponds frequently with NHSE/NHSI/CQC Conference calls with partners escalating delays and quality concerns for resolution by partners As part of the BSOL STP work the Early Intervention workstream has commenced system transformation work for older people. The workstream comprises all system partners, is chaired by the UHB Director of Partnerships and reports into the BSOL STP Ageing Well and Later Life portfolio.	Birmingham wide daily capacity reports. Minutes of (Birmingham & Solihull) BSOL A&E Delivery Board, and the STP Early Intervention workstream meetings **Internal:** QE electronic tracking system with daily board round records for each patient and agreed actions. Daily board round evidence from Heartlands, Good Hope and Solihull hubs Project team minutes/action plans - Homewood and QEHB Home therapy pilot Papers and minutes of the Queen Elizabeth Hospitals Birmingham and Heartlands/Good Hope/Solihull Hospitals Urgent Care Groups BoD performance papers and minutes BSOL Early Intervention Steering Group minutes Birmingham Older Peoples Project Board minutes **External:** BSOL A&E Delivery Board papers and minutes. BSOL Birmingham Ageing Well & Later life Board papers and minutes. Newton system diagnostic analysis and findings November 2017. STP Board papers and minutes February 2018 **Internal:** Feedback from Executive meetings with Government leads to establish influence over policy and strategy	Senior Trust managers involved in STP system project teams looking at development of early intervention services and improving fast track and continuing healthcare processes.	Q3/Q4 2019/20
SR5/18	**Unable to recruit, control and retain adequate staffing to meet needs of patients** If the Trust cannot recruit, control and retain adequate staffing then this may lead to: * Impact on quality and patient experience which may lead to formal complaints and CQC intervention * Unintended harm to patients which may result in increasing number and severity of incidents and claims * Inability to meet financial targets which may lead to unfunded expenditure * Adverse media coverage and reputational damage * Adverse effect on staff morale leading to increase in absence and retention difficulties *S pending above planned levels that may lead to pressure on control total * Ability to meet legislative requirements relating to staffing may lead to financial penalties	Inability to meet the Trust's staffing model may be caused by: * Ability to recruit sufficient numbers and skill mix of staff. This is made worse by national shortages, the effect of BREXIT uncertainty on EU staff and adverse media coverage which may make the Trust seem a less attractive employer * Compliance with policy and procedures that enforce standards of employment and required ways of working * Retention of staff who are in post	EDWI (to be DSO)	20 (5x4)	16 (4x4)	12 (3x4)	Recruitment plans for clinical professions. 2018/19 Workforce planning return submitted to NHSI/HEE Workforce policies and procedures Retention Strategy Leadership and management education programme established for middle and senior managers Talent Management Champions trained and established with Talent Management embedded into revised Appraisal Policy (Heartlands, Good Hope, and Solihull sites) 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. Daily and weekly review of staffing levels and skill mix Use of bank and agency with robust monitoring system and Exec sign off Health and Well Being Initiative (QEHB) Agenda for Change enhancements Harmonisation of bank rates Enhanced use of social media for recruitment International Fellows Programme Cross-site working harmonisation	The Strategic Workforce group meets bi-monthly and provides updates to Trust Board and CEAG Medical Workforce Group chaired by Deputy CEO Reports to Board of Directors KPI evidence reports Staff survey Training records and ESR. Monthly Senior Team meetings with Divisions Monthly Junior Doctor Steering Group Junior Doctor Taskforce Group (QEHB) Cross- Site Working Group Medical Agency Task & Finish Group	Continue with Nursing Associates Program Support for realignment of management structures in clinical divisions Exploiting the overall package including 18/19 wage increase to be incorporated as part of recruitment and retention communications Strategic Workforce Task and Finish Group for all Divisions to identify key groups for retention across the Trust Review and alignment of recruitment process to reduce delays Alignment of HR Workforce to ensure greater consistency and support to Divisional teams Review of HR and Education IT platforms across the Trust Complete the Allocate rollout	Ongoing Ongoing Ongoing Ongoing 2019/20 Ongoing

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SR6/18	**Material breach of clinical and other legal standards leading to regulatory action** Where a regulator takes action against the Trust this may lead to any of the following: * Licence conditions which introduce constraints in decision making by Board * Financial penalties incurred may lead to unfunded expenditure. * Adverse media coverage may lead to reputational damage. * Mandatory improvements may lead to unfunded expenditure.	Regulatory action may take place following a failure to adhere to statutory and regulatory requirements, national guidelines and audits and (inter-)national standards and accreditations (e.g. CQC, clinical audits, MHRA, HSE, UKAS, etc.) and threat to UHB sustainability and licence conditions.	DCA	**16** (4x4)	**8** (2x4)	**4** (1x4)	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. Strategy & Performance Team Performance Monitoring Arrangements The Clinical Compliance Framework has been implemented within specialties as a way to provide assurance that areas are meeting the CQC's Key Lines of Enquiry (KLOE's). This includes specialty self-assessment. Controlled documents and processes in place to: * 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 The Corporate Compliance Framework's purpose is to assure that required actions are being carried out by those who have that responsibility, and to alert/escalate appropriately when they are not. The Corporate Compliance Framework will allow the Trust to understand its Corporate Compliance position regarding legislation and regulatory requirements. It will also include actions from regulatory inspections. Annual health and safety inspections at local level Data Security and Protection Toolkit (previously known as the Information Governance Toolkit) Unannounced Board of Directors visits are arranged on a monthly basis and are led by either the Executive Medical Director or the Executive Chief Nurse. Lead and monitoring groups set up for each of the CQC 'Must Do' Actions overseen by the Director of Corporate Affairs. Leads submit progress reports on actions and provide evidence on compliance with each action. Progress against actions reviewed regularly in conjunction with CQC relationship managers.	**Internal:** Board Meeting Minutes Annual Governance Declaration **Internal:** Quarterly Board Meeting Minutes Quarterly divisional performance meetings Contract review meetings Internal Audit **Internal:** Presentation at BOD seminar in May 2016 Quarterly compliance reports to BoD and Audit Committee CQC external report published 13th February 2019 DCA Group minutes Compliance Framework reports to DCQG meetings every quarter **Internal:** Quarterly compliance reports to BoD DCA Governance Group minutes National Audit presentation to CQMG Clinical Quality Monitoring Group (CQMG) Divisional Management Teams Health and Safety Executive Committee minutes HSE investigation outcome into the Trust's management of Occupational Dermatitis Information Governance Group minutes Policy Review Group minutes DCQG quarterly compliance reports **External:** QSIS self-declaration **Internal:** Exception reports for non-compliant actions reported to Director of Corporate Affairs' Governance Group Progress on completion of actions reported in quarterly Compliance report	CQC temporary Steering Group to meet fortnightly Well-Led workstream to be assessed against CQC framework Use of resource review to be undertaken with Finance The Must and Should Improve recommendations to be discussed with Divisions to identify appropriate and timely actions. Trust's compliance framework to be reviewed against the CQC report findings to ensure that it is a robust framework	Ongoing Ongoing Ongoing Oct 2019 Ongoing
SR7/18	**Failure of IT systems to support clinical services and business functions** If the Trust's IT systems do not support the Trust adequately then this may lead to: * Service disruption which impacts on safety, quality and patient experience. * Adverse media coverage and reputational damage. * Adverse effect on staff morale leading to increase in absence and retention difficulties. * Loss of personal data that may lead to regulator intervention and fines * Decrease in data quality which may impact on income or ability to meet reporting requirements and may increase pressure on clinical staff	Issues that may have an impact on the ability of IT systems to support the Trust include: * Appropriate skills and number of IT staff * Cyber security attacks * Quality of IT infrastructure * Failure of 3rd party providers * Malicious intent/staff actions	MD	**25** (5x5)	**12** (3x4)	**4** (2x2)	Full Business continuity plans Emergency Preparedness Policy and Procedure Service management processes in place Security standards and policies implemented Regular data backups and checks that the back-ups have integrity ISO 9001/ISO 27001 certified Recover Plans/Contingency Plans for critical systems Workforce Plan Quality Management System Telephone system replacement solution Data Centre is fit for purpose and has sufficient capacity A Health Informatics/Business Intelligence function is established	Emergency Preparedness Steering Group minutes Reports from table top exercises. Documented and approved service management processes Architectural reviews of all system and infrastructure designs to ensure they meet compliance with industry standards. ISO 9001/ISO 27001 last LRQA Audit was 13th April 2018 - certificate maintained Bi-monthly updates to IG Group Validation of table top exercises by an external auditor. ISO 9000 (Heartlands, Good Hope and Solihull sites) Monthly updates to Digital Healthcare Group Change Advisory Group (weekly) Escalation of any unscheduled downtime to the Executive led RCA Forum during weekly RCA meetings to review Priority 1 RCAs ISAG (monthly) Cyber reports to Audit Committee (quarterly) Monthly updates to Emergency Planning Group (for BCP) Information asset owners to provide assurance with respect to BCPs Major Incident/Mass Casualty Plan Digital Healthcare Group	The maturity of our systems and capabilities of our people is constantly improving but we need further development to create a truly robust environment Ongoing review of workforce recruitment and retention to inform QMS Manual (ISO9001:2015 7.2) Review of processes and rolling modernisation of technical security control Consolidation of policies and procedures Install EPR at Heartlands, Good Hope and Solihull sites Network, wireless and telephone capital milestones work programme continues and is on plan IT to undertake gap analysis and develop necessary remediation plan including potential investment via business case IT align technical controls to meet policy Informatics scoping work to be undertaken to develop appropriate investment case Analysis of information flows commenced including review for Brexit Informatics action plan developed and implementation plan agreed for ISO9001 for delivery Business Case paper to CEAG with options for secondary Data Centre Agreement of new commissioning arrangements to deliver new models of care Development of systems to support new model of care delivery	2020 Dec 2019 Dec 2018 October 2019 Sept 2019 Oct 2019 July 2019 Ongoing Dec 2019 May 2019 Ongoing Ongoing
SR8/18	**Adverse impact on Trust innovation agenda** If the Trust is unable to maintain progress then this may cause: * Increase in procurement costs leading to unfunded expenditure * Limited access to European research networks * Inconsistent supply of products leading to adverse impact on quality of service * Delays in new products being developed and coming to market * Access to markets for new and current products * Ability to attract appropriate research staff *Migration system inhibit the free movement of scientists, researchers and scientific technicians * UK trials are no longer able to recruit European patients which would lessen the benefits for patients	The main cause of this risk is the uncertainty related to the future of funding and innovation frameworks as a result of BREXIT.	EDWI (to be CIO)	**16** (4x4)	**12** (4x3)	**8** (4x2)	Membership of overseas research networks Exploration of non-EU trials work Strategic alliance through Birmingham Health Partners (BHP)who continue to lobby regarding Brexit uncertainty Working with Pharma companies to provide a premium service Clarification of Tier 2 visa regime for doctors, nursing and high-tech staff	UHB Chair and CEO are members of the BHP Board and meet quarterly BHP Executive Board meet bi-monthly BHP Research updates to UHB Board 6 monthly Strategic Research Executive Group update the Board	Ongoing monitoring Continue lobbying	Ongoing
SR10/18	**Failure of commercial ventures** The Trust is a partner in various commercial ventures, both in the UK and abroad. Should any of these ventures fail the Trust may suffer: * Adverse media coverage and reputational damage * Claims, financial losses and unfunded expenditure * Regulatory action and constraints in decision making by Board * Adverse effect on staff morale leading to increase in absence and retention difficulties	The viability and sustainability of commercial ventures may be affected by: * Partner behaviours and culture * Adequate management and oversight of ventures * Market uncertainty (especially around BREXIT) * Increased competition * 3rd party claims	EDSO/DCA/CFO	**20** (4x5)	**6** (2x3)	**6** (2x3)	Principles for investment include appropriate due diligence and a risk assessment upon entering into each venture New contracts are routinely reviewed Regular meetings held with HCA, construction and developers	Corporate Affairs oversight on legal documentation Quarterly Project Directors Report to Board of Directors The Director of Strategic Operations provides updates to the Investment Committee every 6 months on the progress of existing projects as well as any identified future opportunities The Commercial Director providers a quarterly update report to the Investment Committee on all existing projects SLA's with HCA	SLA's between the Trust and HCA service providers to be agreed and finalised for the Specialist Hospital Facility	Dec-19

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SR12/18	**Unable to maintain and improve quality and quantity of physical environment to support the required level of service** The current estate for the Trust may not be able to provide sufficient quality and capacity to support the services required, this could lead to: * Service disruption which impacts on quality and patient experience * Longer waiting times and missed operational targets * Adverse media coverage and reputational damage * Adverse effect on staff morale leading to increase in absence and retention difficulties * Opportunities to improve service and business not fully realised leading to increased cost and loss of income	The estate requires continual maintenance to meet the current service requirements and improvement to meet future need and realise opportunities. This may be difficult to achieve because of: * The poor quality of the current estate in some areas of the Trust * Ability to meet requirements of maintenance program * Funding for new capital projects * Alignment of Estates strategy to meet future requirements.	EDSO (to be CTO)	25 (5x5)	16 (4x4)	9 (3x3)	Scheduled Divisional reporting and monitoring Proactive risk management system to continuously measure and monitor risk and prioritise investment and allocation of resource Comprehensive Planned Preventative Maintenance Programme that ensures the Estate, Plant, Infrastructure and Equipment is safe, compliant and utilised to its maximum capacity and full lifecycle Reactive Maintenance SLA to ensure the Estates, Plant, Infrastructure & Equipment are returned to use in a timely manner Priority risk based annual Capital Bids to improve the Estate and upgrade Plant, Infrastructure Equipment etc. Estates strategy and workforce model Customer satisfaction survey	COOG x 2 monthly Estates Department Performance & Assurance Framework Monthly Directorate Statutory Compliance Group Assurance Meeting Internal Audit Programmes External Accreditation to ISO9001 & ISO14001 standards Six Facet Property Condition Survey (Heartlands/Good Hope/Solihul Hospitals) Funding agreed for current preparation work undertaken to date to develop ACAD building and associated utility infrastructure. ACAD Full Business Case submitted to DoH and NHSI	Determine which clinical services are to be provided from which site to balance use of the existing Estate Estate Strategy for all Trust sites to be approved Realignment of significant investment in Estate development to meet Clinical Needs and proposed development - ACAD and 2yr plans submitted Full ACAD Business Case submitted to DoH and NHSI - awaiting approval Six Facet Property Condition Survey for QEHB Fire compartment survey commissioned for QE. Plans to be developed to undertake any remedial works To provide assurance regarding statutory and regulatory compliance at the QE Heritage Estate an independent survey is being commissioned	Ongoing Q1 2019/20 Ongoing Ongoing Q4 2019/20 Q1 2019/20 Q1 2019/20
SR13/18	**Failure to realise opportunities and benefits of merger** If the Trust does not realise the benefits of the merger that took place in April 2018 this may lead to: * Service disruption and inefficiencies which impact on safety, quality and patient experience * Adverse effect on staff morale leading to increase in absence and retention difficulties * Increasing costs and unplanned spending * Adverse media coverage and reputational damage.	Issues that may have an impact on our ability to realise the benefits from merger include: * Lack of clinical engagement * Cultural differences * Communication around the integration process * Failure to learn lessons from previous integration	EDSO	20 (5x4)	16 (4x4)	8 (2x4)	Strategic Operations Steering Group (SOSG) Technical Integration Group (TIG) Agreed integration plans and schedule Agreed integration process Senior leads identified for more complex integration areas	Monitored through SOSG meeting SOSG reports to BoD	Implementation of integration plan	Ongoing
SR1/19	**Prolonged and/or substantial failure to deliver standards of nursing care** As a result of inconsistencies in care relating to: * Falls prevention and management * Tissue viability prevention and care * Infection prevention and control * Safeguarding vulnerable patients there may be a prolonged or substantial failure to achieve care standards that could result in: * Harm to patients * An increasing level of remedial treatment and care * Increased length of stay * Additional complications that may delay transfer of care * In severe or ongoing cases a regulator may intervene which may lead to constraints in decision making by Board * Adverse media coverage may lead to reputational damage.	Standards of nursing care are specified in Board agreed frameworks that dictate the required levels of intervention and practice to deliver the best possible outcomes for patients. The Trust may not meet these standards due to: * Clarity of standards and frameworks especially where practice may be different across sites * Incomplete training and competencies * Inconsistencies in governance arrangements * Inability to recruit and retain the right numbers and skill mix of nursing staff * Individual substandard practice of registered health professionals	CN	20 (5x4)	12 (3x4)	6 (3x2)	Internal policies and procedures detailing required standards and practice Dedicated specialist Trust wide nursing and professional teams Mandatory and statutory training and local induction Policy for the Reporting and Management of Incidents including Serious Incidents Requiring Investigation Ward level quality dashboards Governance structures that support ongoing monitoring, scrutiny and improvement	Harms Group review of incidents from ward level IPC reports and scrutiny at ward, Division and Trust level IPC Steering Group Safeguarding Board reports and scrutiny Datix incident reporting Nursing Incident Quality Assurance Meeting (NIQAM) Scheduled reports to Operational Care Quality Groups Scheduled reports to Care Quality Group (CQG) Chief Nurse Workforce Group Reports to Strategic Workforce Group Patient Experience Group External reporting of workforce data to regulators External reporting to regulators on improvements based on their reviews	Publish Nursing Workforce Strategy Confirmation of structure in specialist teams Alignment of Trust wide frameworks that dictate standards for the work of each specialist area Implementation of new and updated requirements through training of clinical staff Review of learning disability provision Implementation of actions from CQC Inspection Implementation of actions from NHSI review in Midwifery	July 2019 Apr 2019 End Q2 End Q4 End Q2 Ongoing Ongoing
SR2/19	**Ability to deliver high quality of care if withdrawal from the EU continues with no agreement in place** The UK's exit from the EU with no withdrawal agreement in place may impact on our ability to maintain standards regarding:: *Timeliness of diagnostics and therapeutic interventions due to availability of medicines, devices and clinical consumables (SR3/18) *Effectiveness of alternatives to diagnostics and therapeutic interventions *Patient experience may be affected as a result of our ability to source a consistent supply of non-clinical goods and services (eg foodstuffs). *Delays in the administration and treatment of patients returning from overseas *Effective use of transplanted organs and tissue due to delays in harvesting and retrieval *Increased costs as a result of inconsistencies in supply of products (SR1/18, SR2/18) *Uncertainty regarding immigration status of EU staff may lead to retention issues (SR5/18) *Delayed or prohibited access to new drugs and treatments based on the inclusion in research and trials and the availability of EU funding and (SR8/18)	The UK was due to leave the EU in March 2019. Negotiations are continuing to ensure the terms of departure are managed through mutual agreement. The leaving date has now been extended to 31st October 2019. If no withdrawal agreement is in place by the leaving date then this may cause: *Interruptions in the supply of non-clinical consumables, goods and services *Increased demand for reciprocal healthcare *Uncertainty regarding data sharing, processing and access *Lack of clarity regarding immigration status of EU workforce *Reduced funding and access to research and clinical trials *Interruptions in the supply of medicines and vaccines *Interruptions in the supply of medical devices and clinical consumables	TBC	25 (5x5)	12 (4x3)	8 (4x2)	*Implementation of national guidance regarding resilience arrangements *Named risk lead for each area of principle risk *Individual risk assessments and action plans for areas of principle risk *Trust EU Exit Short Life Working Group *Scrutiny of supplier plans *Maintenance of stock levels within guidance limits *Discussions at local Health Resilience Board	*Scheduled reports to Board of Directors *Ongoing discussions with commissioners and regulators *Business continuity group meetings	Scrutiny and monitoring of continuity arrangements EU Exit Short Life Working Group to establish a process to assess and respond to requests from within NHS for supplies of consumables. Review of alternative suppliers of clinical and non-clinical consumables Plan to deal with patients who present for re-supply of prescription medicines Support to EU staff and payment of settlement fees as required	Ongoing