Paper ref:	TB (09/18) 009

Sandwell and West Birmingham Hospitals NHS
NHS Trust

Report Title	Trust Risk Register		
Sponsoring Executive	Kam Dhami, Director of Governance		
Report Author	Allison Binns, Deputy Director of Governance		
Meeting	Trust Board	**Date**	6th September 2018

1. Suggested discussion points *[two or three issues you consider the Board should focus on]*

The Trust Risk Register (TRR) provides the Board with details on all identified operational risk exposures across Sandwell and West Birmingham Hospitals NHS Trust.

The Ultrasound service is experiencing significant staff problems, specifically within its Obstetric specialty. RMC and CLE request that the Board has oversite of the risk, whilst further mitigations are explored due to the impact this may have on Maternity provision.

The Major Projects Board requested a review of the IT risks, in main to assess progress against the mitigating actions. An update is provided, with some being complete since the last Board update, but challenges remain in both the service and the mitigations.

2. Alignment to 2020 Vision *[indicate with an 'X' which Plan this paper supports]*

Safety Plan	X	Public Health Plan		People Plan & Education Plan	
Quality Plan	X	Research and Development		Estates Plan	
Financial Plan	X	Digital Plan	X	Other *[specify in the paper]*	**X**

3. Previous consideration *[where has this paper been previously discussed?]*

RMC & CLE (August 2018) MPB (August 2018)

4. Recommendation(s)

The Trust Board is asked to:

a.	consider, challenge and confirm the correct strategy has been adopted to keep potential significant risks under prudent control;
b.	**ACCEPT** the addition of **Risk 49**
c.	**NOTE** the updates to risks **2642** and **534**
d.	**NOTE** the updates to risks **221, 3109** and **3110**

5. Impact *[indicate with an 'X' which governance initiatives this matter relates to and where shown elaborate]*

Trust Risk Register	x	Risk Number(s):, 1603, 3234, 2642, & 534						
Board Assurance Framework		Risk Number(s):						
Equality Impact Assessment	Is this required?	Y		N	x	If 'Y' date completed		
Quality Impact Assessment	Is this required?	Y		N	x	If 'Y' date completed		

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

Report to the Trust Board: 6 September 2018

Trust Risk Register

1. Introduction

1.1 The Trust Risk Register (TRR) provides the Board with details on all identified operational risk exposures across Sandwell and West Birmingham Hospitals NHS Trust. Significant risks which feature in the TRR are those with a risk score of 15 or above, or those with a lower rating but which the Board has decided to keep under surveillance. These risks are currently subject to monthly review at the Risk Management Committee (RMC) and Clinical Leadership Executive (CLE). This report has been updated to capture any decisions made by those Committees.

1.2 The Executives have identified a range of significant risks, which are currently being mitigated, whose impact could have a direct bearing on the achievement of Trust Plans and priorities and requirements within the NHSI Accountability Framework or CQC registration should the mitigation plans be ineffective.

1.3 A summary of the main controls and mitigating actions for the significant risks currently identified in each Clinical Group and Corporate Directorate is available in **Appendix A.**

2. Discussion points

2.1 Since the TRR was reported to the Board at its July 2018 meeting risk owners have updated each risk assessment to provide an accurate position against the progress of mitigating actions.

2.2 All risks on the TRR have been reviewed in a timely way ensuring that actions are carried out so that none are overdue and if any are overdue, these are highlighted and escalated. The TRR is being actively monitored and updated with progress to maintain its current position.

2.3 Following discussions at the Trust Board, the areas below have been discussed at RMC and subsequently CLE during August;

2.3.1 **Risk 49 –** has been highlighted for escalation to the Board for their oversight. The Risk assessment can be seen at **Appendix B**, and raises the risk to ultrasound services, with particular reference to Obstetrics.

2.3.2 At the recent OD and Workforce committee, further suggestions for mitigation were discussed. These will be added to the current risk assessment

2.3.3 **Risk 2642 -** has been updated to reflect current position. It is being addressed in the interim ahead of Unity deployment with a check on all unacknowledged imaging results, for the previous 12 months. This will help with ensuring acknowledgement of such results in CDA going forward and in preparation for Unity.

2.3.4 **Risk 534 –** has been updated to reflect that patients likely to require oncology input are receiving timely referrals to the QE and Royal Wolverhampton Hospital.

2.4 Within the TRR are four risks which relate to Informatics. At the Major Projects Board, a review of the actions for three of these risks was requested as they relate to our infrastructure and the EPR project.

2.4.1 **Risk 221 –** One action remains incomplete, which relates to the requirement for a plan for Unity go live. This is expected to be in place by the middle of September 2018.

2.4.2 **Risk 3109 –** Three posts are still in the process of being recruited to so this risk will be mitigated by the end of September 2018.

2.4.3 **Risk 3110 –** Actions remain outstanding with the work currently in progress.

2.5 A summary of risks within our register which have a high impact but low likelihood was due to be presented to the Board this month. This work remains outstanding and will be covered in the report for the October 2018 Board.

3. Recommendations

Trust Board is recommended to:

a) consider, challenge and confirm the correct strategy has been adopted to keep potential significant risks under prudent control;
b) **ACCEPT** the addition of **Risk 49**
c) **NOTE** the updates to risks **2642** and **534**
d) **NOTE** the updates to risks **221, 3109** and **3110**
e) Advise on any further risk treatment required.

Allison Binns
Deputy Director of Governance
29 August 2018

TRUST RISK REGISTER - August 2018

Risk No.	Clinical Group	Department	Risk	Initial Risk Rating (LxS)	Existing controls	Owner *Executive Lead*	Review Date	Current Risk Rating (LxS)	Gaps in control and planned actions	Target Risk Rating Score (LxS)	Completion date for actions	Status
121 24/01/2017	Women And Child Health	Maternity 1	There is a risk that due to the unpredictable birth activity and the impact of cross charging from other providers against the AN / PN tariff is significantly affecting the financial position of the service impacting on the affordability and quality provision of the service.	4x4=16	1- Maximisation of tariff income through robust electronic data capture and validation of cross charges from secondary providers.	Amanda Geary ***Rachel Barlow***	28/09/2018	3x4=12	**Cross charging tariff affecting financial position.** **1**-Options for management of maternity pathways payment between primary and secondary provider for AN/PN care in progress by the Finance Director - with cross provider SLA planned. Risk proposed for removal from TRR when 2016-17 SLA is signed. **(30/09/2018)** **2**-Options appraisal from finance in progress which will be discussed between the Clinical Group Director of Operations and Director of Finance. **(30/09/2018)**	2x4=8	30/09/2018	Live (With Actions)
221 22/09/2015	Medical Director Office	Informatics (C)	There is a risk of failure of a trust wide implementation of a new EPR. Failure of the EPR to go-live in the timescale specified will impact on cost and lost benefits resulting in an inability to meet strategic objectives.	4x4=16	1-Recruitment of suitably skilled specialist resources for EPR Programme and Infrastructure Stabilisation 2-Funding allocated to LTFM 3-Delivery risk shared with supplier through contract 4-Project prioritised by Board and management. 5-Project governance including development, approval and tracking to plan. 6-Focus on resources to deliver the implementation including business change, training and champions.	Kulvinder Kalsi ***Rachel Barlow***	24/08/2018	3x4=12	**Insufficient skilled resources within the Trust to deliver the EPR system.** **1**-Agree a plan for Unity to go live meeting the needs of clinicians, Informatics and operational staff. **(07/06/2018)** **2**-Embed Informatics implementation and change activities in Group PMOs and production planning **(21/10/2018)** **3**-create end to end programme to 3 months post go live required for October and January go live dates **(24/08/2018)** **4**-Develop and publish implementation checklists and timescales for EPR. Report progress at Digital PMO and Committee **COMPLETED** **5**-Agree and implement super user and business change approaches and review and re-establish project governance **COMPLETED**	1x2=2	24/10/2018	Live (With Actions)
1643 11/02/2016	Corporate Operation	__	Unfunded beds with inconsistent nursing and medical rotas are reliant on temporary staff to support rotas and carry an unfilled rate against establishment. This could result in underperformance of the safety plan, poor documentation and inconsistency of care standards.	4x4=16	1-Use of bank staff including block bookings 2-Close working with partners in relation to DTOCs 3-Close monitoring and response as required. 4-Partial control - Bed programme did initially ease the situation but different ways of working not fully implemented as planned. **Additional controls** - Funded bed model approved in Q3 and recruitment on track with substantive staffing improving. Medicine forecast 35 band 5 vacancies at end of Q4 2017. Safety plan and Early warning trigger tools in place on all wards and tracked through Consistency of Care and Executive Performance Committee. Associated risks are managed at group level and tracked through Risk Management Committee.	Rachel Barlow ***Rachel Barlow***	29/06/2018	4x4=16	**Unfunded beds - insufficient staff capacity.** 1. Patient flow programme to be delivered to reduce LOS and close beds. This includes: consultant of the week model for admitting specialties / new push/ ull AMU led MDT/ADAPT pathway / no delay for TTA project/criteria led discharge / OPAU to directly admit from ED - **(29/06/2018)** Contingency bed plan is agreed in October for winter - L5 to be opened in November.**(31/12/2017) - COMPLETED**	1x4=4	29/06/2018	Live (With Actions)
325 12/05/2015	Medical Director Office	Informatics (C)	There is a risk of a breach of patient or staff confidentiality due to cyber attack which could result in loss of data and/or serious disruption to the operational running of the Trust.	4x4=16	1-Prioritised and protected investment for security infrastructure via Infrastructure Stabilisation approved Business Case 2-Information security assessment completed and actions underway.	Dean Harris ***Mark Reynolds***	25/09/2018	4x4=16	**Sytems in place to prevent cyber attack.** **1**- Upgrade servers from version 2003. **(31/07/2018)** **2**-Complete rollout of Windows 7. **(31/07/2018)** **3**-Implement cyber security improvements as per infrastructure plan **(31/03/19)** **4**- Ensure staff have cyber security training **(31/12/2018)** **5**-Hold cyber security business continuity rehearsal **(27/10/2018)** **6**-Implement security controls (VLAN, IPSEC) to stop access to and from restricted devices. Over time this should harden the Trust infrastructure against attack, recognising that securing the physical network is a challenge on the estate **(30/09/2018)** **7**-Achieve Cyber Security Essentials **(31/03/2018) - COMPLETED** **8**-The Trust must achieve cyber-security essentials as part of the minimum commitment to security. This will likely form part of our CQC inspections. **(31/03/2018) - COMPLETED** **9**-Restricted Devices Security Controls **(31/12/2017) - COMPLETED**	2x4=8	31/03/2019	Live (With Actions)
2642 20/06/2017	Medical Director Office	Medical Director's Office	There is a risk that results not being seen and acknowledged due to I.T. systems having no mechanism for acknowledgment will lead to patients having treatment delayed or omitted.	3x5=15	1-There is results acknowledgment available in CDA only for certain types of investigation. 2-Results acknowledgement is routinely monitored and shows a range of compliance from very poor, in emergency areas, to good in outpatient areas. 3-Policy: Validation Of Imaging Results That Require Skilled Interpretation Policy SWBH/Pt Care/025 4-Clinical staff are require to keep HCR up to date - Actions related to results are updated in HCR 5-SOP - Results from Pathology by Telephone (attached)	***David Carruthers***	29/08/2018	2x5=10	**Multiple IT systems some of which have no mechanism for acknowledgment or audit trail.** **1**-Implementation of EPR in order to allow single point of access for results and audit **(30/03/2018)** **2**-All staff to comply with the updated Management of Clinical Diagnostic Tests policy **(28/02/2018)** **3**-To review and update Management of Clinical Diagnostic Tests **(28/02/2018)** **UNDER REVIEW** **4- All consultants and SAS doctors are to review the lats 12 months of unacknowledged results, review action has been taken and acknowledge.** **5 - EDs in addition will not diacharge patients until pathology results reviewed.**	1x5=5	31/10/2018	Live (With Actions)

TRUST RISK REGISTER - August 2018

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215 16/09/2016	Corporate Operations	Waiting List Management (S)	There is high Delayed Transfers of Care (DTOC) patients remaining in acute beds, due to a lack of EAB beds in nursing and residential care placements and social services. This results in an increased demand on acute beds.	4x5=20	New joint team with Sandwell is in implementation phase. **Additional Controls - Birmingham city council: bed base confirmed and expanded for 2017-18. Package of care service responsive. Sandwell Social Care continue to purchase beds at Rowley Regis to mitigate bed capacity issues. 7 day social workers on site and DTOC patients in acute beds <10 generally.**	Rachel Barlow ***Rachel Barlow***	31/07/2018	2x4=8	**Multiple IT systems some of which have no mechanism for acknowledgment or audit trail.** **1**-Implementation of EPR in order to allow single point of access for results and audit **(30/03/2018)** **2**-All staff to comply with the updated Management of Clinical Diagnostic Tests policy **(28/02/2018)** **3**-To review and update Management of Clinical Diagnostic Tests **(28/02/2018)** **UNDER REVIEW**	2x4=8		Live (Monitor)
2849 28/11/2017	Corporate Operations	Medical Surgical Team	Continued spend on unfunded beds will impact on the financial delivery of CIP and the overall Trust forecast for year end. Deviation from the financial plan will impact on STF which is assumed in the financial outturn forecast. This could result in a significant financial deficit year end.	5x4=20	Design and implementation of improvement initiatives to reduce LOS and EDD variation through establishing consistency in medical presence and leadership at ward level - consultant of the week	Rachel Barlow ***Rachel Barlow***	30/06/2018	5x4=20	**1-** implement at pace the improvement programme to reduce LOS and improve EDD compliance - **(30/06/2018)** **2 -** design local improvement work with clinical teams to reduce bed days in LO sup to 8 days. **(31/05/2018)** **3 -** review ADaPT and integrated health and social care approach to reduce bed days in LOS category > 8 days. **(29/06/2018)** **4 -** revise weekly LOS and bed closure trajectory exceptional weather condition impact on bed base **(29/06/2018)**	4x3=12	**30/06/2018**	Live (Monitor)
214 18/03/2016	Corporate Operations	Waiting List Management (S)	The lack of assurance of the 18 week data quality process, has an impact on patient treatment plans which results in poor patient outcomes/experience and financial implications for the Trust as it results in 52 weeks breaches. There is a risk delay in treatment for individual patients due to the lack of assurance of the 18 week data quality process which will result in poor patient outcome and financial implications for the trust as a result of 52 week breaches	4x3=12	1- SOP in place 2-Improvement plan in place for elective access with training being progressed. 3-following a bout of 52 week breach patients in Dermatology a process has been implemented where by all clock stops following theatre are automatically removed and a clock stop has to be added following close validation 4-The 52 week review was completed with TDA input. The action plan is focused on prospective data quality check points in the RTT pathway, competency and training. **Additional controls** review of 6 months of 52 week breaches to review themes. consider clinician competency training.	Liam Kennedy ***Rachel Barlow***	29/06/2018	3x3=9	**Lack of assurance on 18 week process.** **1**-Data quality process to be audited - Monthly audits **(29/06/2018)** **2**- E-learning module for RTT with a competency sign off for all staff in delivery chain - to b e rolled out to all staff from October. Rollout for Clinical staff will be between June - August 18. **(30/08/2018)** **3**-Bespoke training platform for 18 weeks and pathway management for all staff groups developed in line with accredited managers programme. **(31/10/2017) - COMPLETED**	2x2=4	30/08/2018	Live (With Actions)
534 29/12/2015	Primary Care & Community Therapies	Oncology Medical	There is a risk of Trust non-compliance with some peer review standards and impact on effectiveness of tumour site MDTs due to withdrawal of UHB consultant oncologists, which may lead to lack of oncologist attendance at MDTs	3x4=12	Oncology recruitment ongoing. Withdrawal of UHB oncologists confirmed, however assurance given around attendance at MDT meetings. Gaps remain due to simultaneous MDT meetings.	Jennifer Donovan ***David Carruthers***	31/05/2018	3x4=12	**Lack of Oncologist attendance at MDTs.** **1-** Review of MDT attendance underway as part of NHS Improvement/ NHS England oversight arrangements for oncology transfer. (**31/05/2018)**	1x4=4	31/05/2018	Live (With Actions)
666 20/07/2017	Women and Child Health	Lyndon 1	Children-Young people with mental health conditions are being admitted to the paediatric ward due to lack of Tier 4 bed facilities. Therefore therapeutic care is compromised and there can be an impact on other children and parents.	4x4=16	1- Mental health agency nursing staff utilised to provide care 1:1 2- All admissions are monitored for internal and external monitoring purposes. 3-Awareness training for Trust staff to support management of these patients. 4-Children are managed in a paediatric environment.	Heather Bennett ***Rachel Barlow***	31/08/2018	4x4=16	**There is no specialist medical or nursing MH team to care for their needs with limited access to in/OOH CAMHS support.** **1**- The LA and CCG are looking to develop a Tier 3+ service. An update has been requested through the CCG and a response is awaited. Tier 4 beds are being reviewed nationally. **(31/08/2018)**	3x4=12	31/12/2018	Monitor (Tolerate)
566 17/10/2017	Medicine And Emergency Care	Accident & Emergency (S)	There is a risk that the Trust will not be able to provide a viable rota at Consultant and Middle Grade level in ED, due to the reduction in the existing medical workforce and the difficulties in being able to recruit. This will result in delays in senior medical assessments, decision making regarding treatment and delays in referrals to specialist treatment pathways which may lead to compromising patient safety; affect patient outcomes and adverse publicity.	4x5=20	1- Recruitment campaign in place through local networks, national adverts, head-hunters and international recruitment expertise. 2- Leadership development and mentorship programme in place to support staff development. 3-Robust forward look on rotas are being monitored through leadership team reliance on locums and shifts are filled with locums.	Michelle Harris ***Rachel Barlow***	31/07/2018	4x5=20	**Vacancies in senior medical staff in ED.** **1.** Recruitment ongoing with marketing of new hospital **(31/07/2018)** **2.** CESR middle grade training programme to be implemented as a "grow your own" workforce strategy **(31/07/2018)** **3.** Development of an overarching recruitment strategy for all ED clinical staff **(31/07/2018)**	3x4=12	**31/07/2018**	Live (With Actions)

TRUST RISK REGISTER - August 2018

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114 04/04/2016	Workforce And Organisational D	Human Resources	The Trust may experience pay costs beyond that which is affordable as set out within the 18/19 financial plan if the delivery of the pay cost improvement programme is delayed or not delivered to the required timescale or financial value.	4x5=20	1-The Executive led delivery plan is progressing the reduction of WTEs alongside a change management programme and formal consultation, including TUPE or other statutory requirements. 2 - Executive led pay cost reduction programme for 18/19 inclusive of 12 work streams tackling temporary and permanent spend. 3 -Scrutiny at Finance and Investment Committee 4 - Scrutiny at People and OD Board Committee 5 - Trust Board oversight of whole pay and non pay programme for 18/19	Raffaela Goodby ***Raffaela Goodby***	07/06/2018	3x5=15	**Delivery of Workforce Plan.** **1.** Groups required to develop and implement additional CIP plans to address identified CIP shortfall if schemes are not successful in year. Must replace schemes with others of same amount **- 31/03/2019** **2.** Weekly CIP Board developed and in effect, chaired by Chief Executive, with oversight of pay and non pay plans for 18/19 that are aligned and visible **- 01/09/2018** **3.** Implement Spring 2018 consultation and evaluate impact and plan for further consultation if temporary spend reductions are not made in line with the financial plan **- 30/06/2018** **4.** Identification of sufficient pay schemes to delivery 18/19 pay position, phased via quarter **- 30/04/2018** **5.** Identification of pay CIP's for 18/19 that are detailed via group with a risk log, effective programme management and executive led oversight **- 31/05/2018** **6.** Implementation of 2nd year of the 16-18 CIP's monitored via TPRS **- 31/03/2019*** **7.** Plans to be developed with a view to commencing an open and transparent consultation process in the spring of 2018 **- 31/03/2018 - COMPLETED** **8.** Implementation of pay improvement plans that are detailed on TPRS with a clear delivery plan via group **- 31/03/2018 - COMPLETED**	3x3=9	31/03/2019	Live (With Actions)
410 04/10/2016	Surgery	Outpatients - EYE (S)	Risk of Breach of Privacy and Dignity Standard, Information Governance Risk and Infection Control Risk at SGH Opthalmology Outpatient Department as a consequence of poor building design which can result in financial penalties and poor patient outcomes.	5x4=20	Staff trained in Information Governance and mindful of conversations being overheard by nearby patients / staff / visitors	Laura Young ***Rachel Barlow***	10/10/2018	3x4=12	**Poor building design of SGH Ophthamology OPD** **1**-Review of moving the community dental rooms. Plans being drawn up - should be available for consultation mid Sept 2017 - potential for renovation around mid 2018. **(21/12/2018)** **2**-Review plans in line with STC retained estate **(21/12/2018)**	2x2=4	21/12/2018	Live (With Actions)
3020 05/04/2018	Estates & New Hospitals Project	Midland Metropolitan Hospital	There is a risk that Mid Met opens after April 2020 caused by the collapse of Carillion Construction which will result in delays to our wider vision, clinical risks leading to potential reconfiguration, new and unexpected expenditure, significant bandwidth issues for senior leaders, and recruitment and retention workforce difficulties.	4x4=16	**1.** Weekly senior management core group, supported by weekly meetings with THC and with lenders. **2.** Clinical oversight of seven Board level hazards will be confirmed by 11/4/2018	Toby Lewis ***Toby Lewis***	29/07/2018	3x4=12	**1.** complete clinical analysis of options and makes choices by the end of July on our preferred option (working group and CLE undertaken detailed work. now need to finalise locations and sequence and confirm nature of retained ED function at SGH) - **(31/07/2018)** **2.** Detailed costing incorporated into STP and other plans to meet costs to be incurred in executing any City based option (assuming zero cost to Homes England delay, price both IT infrastructure and physical estate costs from bringing wards back into use) - **(18/07/2018)** **3.** Complete analysis of interim site reconfiguration options if Midland Met delayed to 2022 - **(15/06/2018)** **4.** Establish agreed approach to land release with Homes England - **(16/04/2018) - COMPLETED** **5.** Price new estate and IT investments required for interim reconfiguration - (**16/04/2018) - COMPLETED**	4x3=12	31/07/2018	Live (With Actions)
3021 05/04/2018	Estates & New Hospitals Project	Midland Metropolitan Hospital	There is a risk that the potential insolvency of THC caused by the collapse of Carillion construction leads to contractual changes in the provider of funds, construction and FM to the Midland Metropolitan project resulting in delay and increased cost, after a prolonged period of uncertainty and stasis	5x4=20	**1.** weekly liaison with DHSC and THC **2.** engagement of industry experts in appraising option A, B or C **3.** use of formal contractual processes	Toby Lewis ***Toby Lewis***	29/08/2018	3x5=15	**1.** extend work on 2019 changes to specify what delay beyond 2022 might necessitate - **(30/09/2018)** **2.** Issue detailed market engagement programme, seek to establish contractual framework which retains contractor prior to finance house conclusion - **(31/07/2018)** **3.** Complete option appraisal & assist Board and DHSC and HMG in choosing between options A, B and C - **13/04/2018 - COMPLETED** **4.** Finish analysis of contract remedies available under standard PF2 contract - **13/04/2018 - COMPLETED**	3x5=15	30/09/2018	Live (With Actions)

TRUST RISK REGISTER - August 2018

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3109 01/06/2018	Medical Director Office	Informatics(C)	There is a risk that IT infrastructure service provision is inadequate Trust-wide, caused by the insufficient 24/7 workforce resilience, skills and change governance processes, which results in planned and unplanned changes being made to the IT infrastructure leading to loss of IT service provision to run clinical and non clinical services safely and effectively.	4x5=20	24/7 on call IT support in place but with variable skills and competence change control processes documented but compliance variable	Mark Reynolds ***Rachel Barlow***	27/07/2018	4x5=20	**Inadequate IT Infrasructure service provision trustwide.** **1.** Assess skills gaps and design workforce plan to ensure sustainable high quality service internally or with 3rd party support **COMPLETED** **2.** Implement operational / executive led change control process **COMPLETED** **3.** Design 24/7 iT support proposal to mitigate immediate support risk **COMPLETE** **4.** Secure external professional expert capacity to mitigate immediate risk **(14/06/2018) in progress, End September** **5.** All staff meeting to engage and communicate new ways of working **COMPLETED** **6.** Implement full change freeze with only changes to be authorised though new change control process **COMPLETED**	2x3= 6	31/07/2018	Live (With Actions)
3110 01/06/2018	Medical Director Office	Informatics(C)	There is a risk that the technical infrastructure, Trust-wide is not robust nor subject to compliance against formal technical architecture and is therefore suboptimal. Combined with areas of legacy technology currently without a full plan to update or replace, there is an impact of loss of IT provision to run clinical and non clinical services safely and effectively	4x5=20	IT infrastructure plan is documented and reports to CLE through the Digital Committee (but has slippage on delivery dates)	Mark Reynolds ***Rachel Barlow***	27/07/2018	4x5=20	**Inadequate technical infrastructure trustwide.** **1.** Map infrastructure components to organisational services and ensure comprehensive monitoring and early warning alert process for critical IT infrastructure and impact at clinical / non clinical service level **(31/07/2018)** **2.** With industry expertise advice fully document technical architecture **(31/07/2018)** **3.** Ensure change process is documented and auditable **COMPTLETED** **4.** Document a robust IT infrastructure plan with well defined scope, delivery milestones and measurable outcomes signed off via digital committee **(31/07/2018)** **5.** Implement clinical group and directorate impact reporting **COMPLETED**	3x3=9	31/07/2018	Live (With Actions)
3132 05/07/2018	Surgery	Opthamology	There is the potential risk that children who attend BMEC ED do not receive timely or appropriate treatment due to limited availability of out of hours paediatric ophthalmologists. ***NEW REVISED RISK - PREVIOUS RISK 1738 ARCHIVED***	3x4=12	1. Current paediatric ophthalmologist will take calls when possible to provide support to staff with queries. 2. New non training medical staff will attend paediatric clinics as part of their induction to improve skills, knowledge and confidence with caring for children with ophthalmic conditions. 3. The expectation of the department is that a general ophthalmologist should be able to deal competently with the majority of paediatric cases that present to BMEC ED. This has been discussed at QIHD and audit of cases show the majority of cases are routine and within clinicians expected sphere of knowledge. 4. Any 4 hour breaches, incidents and complaints relating to children are reviewed at weekly directorate meetings and quarterly at POGSM to ensure learning is applied to improve care / processes 5. Bi annual audit of paediatric cases (sequential 70 sets of electronic case notes audited) will take place to assure the Trust that care provided is appropriate and safe, with escalation to paediatric experts occurring within appropriate time frames (next audit - Q4)	Bushra Mushtaq ***Rachel Barlow***	09/09/2018	3x4=12	**Additional paediatric consultant appointment approved to support the current service provision** **1 -** Agreement obtained by TL for further post to be advertised. Unfortunately no suitable candidates came forward. Agreement to alter to 2 x paed fellows for a fixed term in the interim and advertise next year - 28/09/2018	1x4=4	28/09/2018	Live (With Actions)

TRUST RISK REGISTER - August 2018

Risk No.	Clinical Group	Department	Risk	Initial Risk Rating (LxS)	Existing controls	Owner *Executive Lead*	Review Date	Current Risk Rating (LxS)	Gaps in control and planned actions	Target Risk Rating Score (LxS)	Completion date for actions	Status
3234 24/07/2018	Finance	Financial Management (S)	If the extensive 2018/19 cost improvement programme does not result in expenditure reduction in pay and non-pay to our quarter by quarter plan, the Trust will face a shortage of cash and not be able to afford, or without a loan, cash flow, our agreed capital programme resulting in service improvement delay. ***NEW REVISED RISK - PREVIOUS RISK 1603 ARCHIVED***	4x4=16	1. Routine and timely financial planning, reporting and forecasting, including cash flow forecasting (PPS) 2. Routine five year capital programme review and forecast (PPS) 3. PMO and service innovation and improvement infrastructure in place (PPS) 4. Internal audit review of key financial controls (IAM) 5. Regulator scrutiny of financial plans (IAM) 6. Regular scrutiny of delivery by FIC and Trust Board (IAM) 7. Weekly CIP Board (IAM) 8. Fortnightly Finance PMO and bi-monthly group review meetings (IAM) 9. Weekly ICS meetings (IAM)	Dinah Mclanahan	08/08/2018	4x4=16	**1.** Refresh Medium term financial strategy to confirm scale of cash remediation require consistent with level 2 SOF financial sustainability rating and including impact of Midland Met delay, ICS and STP view **- 31/12/2018** **2.** Develop and secure alternative funding and contracting mechanisms with commissioners secure income recovery and drive the right long term system behaviours **- 28/09/2018** **3.** Ensure the Trust remains linked to the national processes to access capital funding (STP route, loans) **- 28/09/2018** **4.** Secure borrowing to bridge any financial gap **- 28/09/2018** **5.** Deliver operational performance consistent with delivery of financial plans to mitigate further cash erosion **- 28/09/2018** **6.** Strengthen the capacity and capability of the income and contracting function to support delivery of Trust's financial plans **- 28/09/2018** **7.** Ensure funding streams for costs in relation to Midland Met delay are identified **- 31/08/2018** **8.** Monitor capital programme performance monthly through Capital Management Group with a specific focus on slippage and cost pressures. This review should be mindful of opportunities to reduce the programme if forecasts indicate that cash will not be available **- 31/08/2018** **9.** forward looking quarterly financial performance monitoring with a specific focus on the drivers of variance from plan to ensure targeted action through the Trust's governance processes **- 31/08/2018** **10.** Ensure necessary and sufficient capacity and capability to deliver scale of improvement required **- 31/07/2018** **11.** Develop a cash-flow in between the operational cash-flow forecast used to drive expected borrowing requirements (looks backwards only to ensure prudent view taken) and the FIC cash-flow which sticks to the NHSI submitted plan **- 31/07/2018** **12.** Ensure sufficient early identification and management of emergent cost pressures outwith the financial plan **- 31/07/2018**	3x4=12	**31/12/2018**	Live (With Actions)

Sandwell and West Birmingham Hospitals NHS
NHS Trust

Risk Assessment

Risk Number: 49		**Status:**	*Live (With Actions)*
Site:	City Hospital	**Department:**	Ultrasound (Obs) (C)
Clin. Grp / Corp Dir:	Imaging	**Owner:**	Vanetta Brandrick
Directorate:	Diagnostic Imaging	**Assessor:**	Fiona Rotherham
Specialty:	Radiology	**RR Level:**	Clinical Group/Corporate Direc
Risk monitored by:	Clinical Group/Corporate Direc		

Initial Risk	Current Risk	Target Risk
Severity (4) x Likehood (5) = 20 Red	Severity (4) x Likehood (5) = 20 Red	Severity (3) x Likehood (2) = 6 Yellow

Risk Type: Operational Performance **Risk Sub-Type:** Performance

Risk Statement	Scope	Hazard
Risk that specialist Ultrasound services, including Obstetric and vascular services, may not be provided due to significant vacancies, pregnancies within the team, maternity leave and imminent retirement of a number of trained staff.	Risk that specialist Ultrasound services may not be provided due to insufficient skilled Sonographers. The service has had a number of leavers and suitably skilled and trained replacements are very hard to recruit. In addition, there are a significant number of staff aged 52+ and several of the staff are pregnant or on maternity leave.	Delays in diagnosis and patient treatment. Loss of service.

Existing Controls:

1	Existing staff working additional hours on Bank where possible.	Staff
2	Regular vacancy adverts released and Interviews undertaken.	Staff
3	Annual training post recruited to.	Staff

Actions:

1	Recruit to trainee sonographer post. PROGRESS: Interview process successful; trainee post appointed to. Start date: September 2018 Date Entered : 02/08/2018 12:52 Entered By : Jonathan Walters ---------- Interviews taking place on 05/07/18 and 12/07/18 Date Entered : 06/07/2018 13:20 Entered By : Fiona Rotherham	13/07/2018	Closed	Sally Berrington
2	Recruit permanent appropriately trained and skilled sonographers to existing vacancies PROGRESS: Several recruitment rounds have so far been unsuccessful in attracting appropriately skilled individuals. Recognised national shortage of sonographers impacting on ability to attract. Date Entered : 06/07/2018 13:19 Entered By : Fiona Rotherham	29/03/2019	Open	Sally Berrington
3	Recruit sonographers to Trust Bank PROGRESS: Sonographer bank rates recently reduced leading to poor uptake. Existing staff continue to take additional bank shifts where possible.	29/03/2019	Open	Sally Berrington

Risk Assessment

	Date Entered : 06/07/2018 13:22 Entered By : Fiona Rotherham			
4	Recruit Locum sonographers PROGRESS: Due to sonographer shortages, locums are negotiating higher than capped rates to secure bookings. SWBH will not permit engagement of locums above capped rates. Date Entered : 06/07/2018 13:26 Entered By : Fiona Rotherham	29/03/2019	Open	Sally Berrington
5	Deputy Chief Operating Officer supporting service leads in developing a robust business case and action plan to address recruitment issues e.g. the development of new roles to attract new individuals to the team PROGRESS: Sonography demand and capacity currently being explored to then overlay with activity and base line staffing numbers to determine way forward. Date Entered : 06/07/2018 13:38 Entered By : Fiona Rotherham	31/08/2018	Open	Sally Berrington

Review Dates:

Last Review Date: 02/08/2018 **Next Review Date:** 01/09/2018