

Report Title	Monthly Risk Register Report		
Sponsoring Executive	Kam Dhami, Director of Governance		
Report Author	Refeth Mirza, Head of Risk Management		
Meeting	Trust Board	Date	4 th October 2018

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

Elements of the Risk Register presented this month include the risks monitored at Board level (Trust Risk Register), risks which if they materialised have a high severity but are deemed unlikely to occur and those risks that have not been reviewed for over a year.

Risks are by their nature dynamic and so are likely to either be mitigated to a point where we tolerate them, or tolerate them and monitor any occurrences. The Board is advised that Clinical Groups/Corporate Directorates have been directed to focus on the following points:

- Have these high severity risks materialised?
- Should risks without mitigations (where none exist) be tolerated and monitored?
- Local processes need to be strengthened to ensure risks are reviewed at the appropriate times, and checks put in place to ensure that this happens.

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

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

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

None

4. Recommendation(s)

The Board is asked to:

- RECEIVE** and **NOTE** the updated Trust Risk Register in line with the Trust Risk Management Strategy
- NOTE** the planned revision to **Risks 221, 325, 3109, 3110 and 3021**
- NOTE** that there will be review and robust confirm and challenge on the mitigating actions for the high severity/low likelihood risks
- RECEIVE** the **ASSURANCE** that risks not managed within the last 12 months will receive attention.

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

Trust Risk Register		Risk Number(s): 221, 325, 3109 & 3110				
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: 4 October 2018

Monthly Risk Register Report

1.0 INTRODUCTION

- 1.1 This report provides Trust Board with an update on the Risk Register for the Trust including those monitored at Board level, known as the Trust Risk Register (TRR). The report outlines progress in improving the robustness of the Trust's risk management arrangements with a review of the Risk Register.
- 1.2 The Trust has identified a range of significant risks that 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**.

2.0 TRUST RISK REGISTER RISKS HIGHLIGHTED FOR DISCUSSION

- 2.1 Those risks on the TRR have been and updated to provide an accurate position against their progress in mitigating the risks.
- 2.2 Risk owners and Executive leads have had the opportunity to review their risks to ensure that the 'Gaps in control and planned actions' are appropriate and will reduce the chance of the risk materialising. These were discussed at length at September Risk Management Committee (RMC) and Clinical Leadership Executive (CLE).
- 2.3 The 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
- 2.4 There are four risks on the TRR which relate to Informatics (**Risks, 221, 325, 3109 & 3110**). The Major Projects Authority, following review of the mitigating actions for these risks, has requested a full review of these risks as they relate to our infrastructure and the EPR project. The new Chief Informatics Officer has been tasked to oversee this work.
- 2.5 **Risk 3021** – was discussed at September RMC and it was agreed that this risk will be archived and a new risk will be drafted to reflect the revised financial position with regards to Midland Metropolitan Hospital. The new version of the risk will be presented to the October Board meeting.

2.6 High severity / low likelihood risks

- 2.6.1** A summary of those risks on our register which have been assessed as having a high severity but a low likelihood of occurrence is presented at **Appendix B**.
- 2.6.2** The severity for these risks may have been rated as high because they are perceived to be high impact if they occur. The impact relates to: potential numbers of patients or staff affected, organisational impact, potential penalties or loss of income, level of harm etc.
- 2.6.3** There are a total of 42 risks on the register that have a high severity, of which just over 50% relate to Estates.

Clinical Group/Corporate Division	Number of Risks
Corporate Operations	2
Estates	24
Medical Directors Office	4
Medicine & Emergency	4
Organisational Development	2
Pathology	1
Surgery	4
Women & child Health	1
Total	42

- 2.6.4** The majority of the high risks that do not feature on the TRR have control potential “Treat” which indicates that there are actions in progress or planned. “Tolerate” relates to risks that may be reliant on actions from other areas not related to the service affected. “Terminate” relates to risks where the actions are intended to completely resolve the matter.
- 2.6.5** Clinical Groups and Corporate Directorates are being asked to review these risks with a view to see if these are treatable or if they should be tolerated. If they are treatable, are the actions in place on track and will they reduce the risks. Consideration also needs to be given to whether there is any indication that these risk have materialised and how actively they are being managed.
- 2.6.6** Of the 42 high severity low likelihood occurrence risks, there are 18 clinical risks. 10 of these are for annual review with a control potential of “Treat”. The Clinical Groups are required to review these risks and confirm at the October Risk management Committee (RMC) whether these should remain as being “Treated”, and if so provide updated identifiable actions to reduce the risk. It is recommended that these risks are actively monitored and therefore should be reviewed more frequently; monthly or bi-monthly at the very least.
- 2.6.7** As explained above risks should only have the control potential as “Tolerate” when it is to the point that no further mitigation action can be taken by the Group, however these should be reviewed annually as a minimum.

2.7 Risks that have not been reviewed in the past 12 months

- 2.7.1** The Ulysses electronic database, used for the management of risk registers, has been explored for those risks which have not been reviewed in the last 12 months (**Appendix C**).
- 2.7.2** Clinical Groups and Corporate Directorates have been asked to review these risks and to update them on the system appropriately. Assurances need to be provided that these risks are still applicable and assessments need to accurately reflect the current position. Consideration needs to be given to whether there is any indication that these risk have materialised and how actively they are being managed.

Clinical Group/Corporate Directorate	Number of Risks
Surgery	81
Medicine & Emergency Care	58
Estates & New Hospital Project	31
Primary Care & Community Therapies	25
Women & Child Health	19
Corporate Operations	18
Medical Director Office	12
Organisation Development	8
Corporate Nursing Services	3
Finance	2
Strategy & Governance	2
Imaging	1
Pathology	1
Blank: under review by the Risk team	14
Total	275

3.0 Trust Board is asked to;

- RECEIVE and NOTE** the updated Trust Risk Register in line with the Trust Risk Management Strategy
- NOTE** the planned revision to **Risks 221, 325, 3109, 3110 and 3021**
- NOTE** that there will be review and robust confirm and challenge on the mitigating actions for the high severity/low likelihood risks
- RECEIVE** the **ASSURANCE** that risks not managed within the last 12 months will receive attention.

LEVEL OF RISK	
Green	Manage risk locally on Department / Team Risk Register
Yellow	Manage risk locally and add to Directorate Risk Register
Amber	Manage risk locally and add to Group Risk Register
Red	Manage risk locally; add to Group Risk Register; and submit to Risk Management Committee monthly

Refeth Mirza, Head of Risk Management
4 October 2018

TRUST RISK REGISTER - August 2018

Risk No.	Clinical Group	Department	Risk	Initial Risk Rating (LxS)	Existing controls	Owner <i>Executive Lead</i>	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 <i>Rachel Barlow</i>	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 <i>Rachel Barlow</i>	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 <i>Rachel Barlow</i>	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 <i>Mark Reynolds</i>	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)	<i>David Carruthers</i>	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)
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 <i>Rachel Barlow</i>	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)

TRUST RISK REGISTER - August 2018

Risk No.	Clinical Group	Department	Risk	Initial Risk Rating (LxS)	Existing controls	Owner <i>Executive Lead</i>	Review Date	Current Risk Rating (LxS)	Gaps in control and planned actions	Target Risk Rating Score (LxS)	Completion date for actions	Status
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 <i>Rachel Barlow</i>	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 <i>Rachel Barlow</i>	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 be 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 <i>David Carruthers</i>	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 <i>Rachel Barlow</i>	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	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 <i>Rachel Barlow</i>	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)
114 04/04/2016	Workforce And Organisation al 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	Raffaella Goodby <i>Raffaella Goodby</i>	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)

TRUST RISK REGISTER - August 2018

Risk No.	Clinical Group	Department	Risk	Initial Risk Rating (LxS)	Existing controls	Owner <i>Executive Lead</i>	Review Date	Current Risk Rating (LxS)	Gaps in control and planned actions	Target Risk Rating Score (LxS)	Completion date for actions	Status
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 Ophthalmology 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 <i>Rachel Barlow</i>	10/10/2018	3x4=12	Poor building design of SGH Ophthalmology 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 <i>Toby Lewis</i>	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 procurement process for the replacement financier and contractor does not result in a compliant bid in 2019 because of insufficient market availability resulting in Midland Met delivery delay beyond 2022 and creating further unsustainable services	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 <i>Toby Lewis</i>	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)
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 <i>Rachel Barlow</i>	27/07/2018	4x5=20	Inadequate IT Infrastructure 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 through 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 <i>Rachel Barlow</i>	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 COMPLETED 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)

TRUST RISK REGISTER - August 2018

Risk No.	Clinical Group	Department	Risk	Initial Risk Rating (LxS)	Existing controls	Owner <i>Executive Lead</i>	Review Date	Current Risk Rating (LxS)	Gaps in control and planned actions	Target Risk Rating Score (LxS)	Completion date for actions	Status
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)
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	3x4=12	31/12/2018	Live (With Actions)	

Appendix B

HIGH SEVERITY / LOW LIKELIHOOD RISKS						
Risk No.	Division	Title	Risk Rating (sXL)	Review Date	Target Date	Review Frequency
2861	Corporate Operations	Use of motor vehicles (in-house and contracted) in Trust activities may involve collision with pedestrian/vehicle/premises can result in major injury/fatality and damage.	5x1=5	/ /	/ /	Annually
2726	Corporate Operations	Use of physical restraint may result in major injury/fatality of those being restrained and major injury to those carrying out the restraint	5x2=10	/ /	31/12/2017	Annually
76	Estates & New Hospital Project	EMERGENCY LIGHTING Risk of harm or injury to patients, staff or visitors from failure of the emergency lighting system leading to delayed / compromised evacuation. Risk of harm to patients from inability to continue clinical activity in the event of failure of the emergency lighting.	5x1=5	05/11/2017	31/08/2017	Quarterly
80	Estates & New Hospital Project	ENERGY CENTRE SYSTEMS: Risk of building / Site closure due to catastrophic failure of plant and equipment. Risk of explosion and or fire leading to potentially multiple casualties due to failure of pressure systems.	5x1=5	30/12/2018	30/09/2017	Six-Monthly
82	Estates & New Hospital Project	VENTILATION Failure or Poor Maintenance of Critical Ventilation Plant could lead to risk of infection due to air born contaminants.	5x1=5	28/09/2018	31/03/2018	Quarterly
83	Estates & New Hospital Project	SAFE HOT WATER (CORPORATE) Hot water presents a risk of scolding/burning. All trust water outlets must provide water at suitable temperature for its use. All pipework carrying hot water must be controlled so that it is not possible under normal conditions to receive a burn from touching its surface.	5x1=5	16/08/2017	31/08/2017	Quarterly
63	Estates & New Hospital Project	EXTERNAL FABRIC & STRUCTURE: Neglect through lack of planned maintenance and not responding to damage of the fabric of the estates will lead to determination of buildings, exterior drive and walkways. The estate will become unsafe and hazardous to all users. Serious structural failure or instability could lead to closure / decant of building Likelihood low however effect on business continuity and patient care could be significant.	5x2=10	28/09/2018	31/03/2019	Quarterly
64	Estates & New Hospital Project	SECURITY: Risk of compromising many of the site infrastructure systems from unauthorised entry to estates plant areas. Potential to interrupt power, water, heating services leading to risk to business continuity and patient harm. Risk of financial loss / loss of business continuity from theft of equipment or valuable infrastructure items ie copper cable.	5x2=10	30/08/2018	31/10/2018	Quarterly
65	Estates & New Hospital Project	SLIPS, TRIPS & FALLS (From Height) (CORPORATE) Risk of fall from height leading to serious injury or death of an Trust Estates staff or contractor.	5x2=10	28/09/2018	30/09/2018	Quarterly
66	Estates & New Hospital Project	FIRE (CORPORATE) There is a potential for a fire to start (accidentally or deliberately) and take hold on the Trust site. Fire can result in a catastrophic outcome for services, buildings and individuals.	5x2=10	05/11/2017	31/12/2017	Quarterly

Risk No.	Division	Title	Risk Rating (sxL)	Review Date	Target Date	Review Frequency
67	Estates & New Hospital Project	<p>ASBESTOS (CORPORATE)</p> <p>Asbestos is a very hazardous material. It is incorporated in buildings used by the Trust. If asbestos is disturbed, either intentionally or accidentally then asbestos dust/fibre becomes airborne and could be breathed in by anyone there is a risk that the individual could develop a life limiting or lethal condition. The effects are usually of a chronic nature and can take many years show.</p>	5x2=10	28/09/2018	30/09/2018	Quarterly
71	Estates & New Hospital Project	<p>ELECTRICAL (Generators) (CORPORATE)</p> <p>Risk of harm to patients, visitors and staff from failure of standby generation. Risk of loss of lighting, heating. Risk of fire and or explosion from generator malfunction leading to harm or loss of life. Risk of break to business continuity from loss of power leading to reputational and financial harm to the Trust. Risk of electric shock leading to serious injury or death. Risk of hearing damage due to high sound levels in generator rooms.</p>	5x2=10	30/12/2018	31/03/2017	Six-Monthly
72	Estates & New Hospital Project	<p>ELECTRICAL (LV System) (CORPORATE)</p> <p>The low voltage (LV) electrical systems provide electrical power throughout the sites. The risks are failure of the system, which would result in critical life sustaining equipment not functioning and danger to persons working on or near equipment associated with the LV system Risk of serious injury or death to estates staff or contractors from electric shock</p>	5x2=10	30/12/2018	30/11/2017	Six-Monthly
73	Estates & New Hospital Project	<p>ELECTRICAL - UPS/IPS (CORPORATE)</p> <p>Risk of harm or injury to patients reliant on electrical systems for life support should there be a failure of the electricity supply. It is imperative that electrical power is always available to life sustaining medical equipment being used. Uninterruptable Power Supplies (UPS) and Isolated Power Supplies (IPS) connected to acute clinical areas ensures that there is a reliable electrical power supply when there is a sudden loss of electrical power from the national grid.</p>	5x2=10	30/12/2018	31/03/2018	Six-Monthly
74	Estates & New Hospital Project	<p>ELECTRICAL HV SYSTEMS</p> <p>Risk of serious injury or death of estates staff or contractors due to equipment malfunction or incorrect operation.</p>	5x2=10	30/12/2018	31/03/2023	Six-Monthly
75	Estates & New Hospital Project	<p>LIFTS (CORPORATE)</p> <p>The Trust is reliant on passenger and goods lifts across the estate. Lift safety features need to be maintained and statutory safety testing must be carried out to ensure reliable function and to safeguard against dangers such as non-levelling of car, doors opening when no car present (interlocks), entrapment, cable breaking and breaks not operating.</p>	5x2=10	05/11/2017	31/03/2018	Quarterly
79	Estates & New Hospital Project	<p>PIPED MEDICAL GASES (CORPORATE)</p> <p>Failure to manage and maintain the Piped medical gas system across Trust sites in accordance with HTM02-01 could put patients and staff at risk of harm.</p>	5x2=10	28/09/2018	30/11/2017	Quarterly
81	Estates & New Hospital Project	<p>COSHH (WATER SAFETY - LEGIONELLA) (CORPORATE)</p> <p>If the risk from water borne pathogens is not managed then there is a health risk to patients, visitors and staff. There is an absolute legal duty placed on the Trust to manage risk of Legionella</p>	5x2=10	05/11/2017	31/07/2017	Six-Monthly

Risk No.	Division	Title	Risk Rating (sXL)	Review Date	Target Date	Review Frequency
2511	Estates & New Hospital Project	EQUIPMENT (MEDICAL) (Gas) Medical Gas outlets on Priory 4 and Newton 4 (SGH) are at increased risk of damage due to their mounting height. Damage to the oxygen outlet could lead to uncontrolled release of oxygen and therefore a significantly greater fire risk. 90% of all med gas outlets damaged by beds occur on P4 and N4	5x2=10	28/09/2018	31/12/2018	Quarterly
2727	Estates & New Hospital Project	FLOODING Risk of buildings or facilities becoming unusable due to flooding	5x2=10	30/12/2018	01/08/2018	Six-Monthly
2767	Estates & New Hospital Project	Delay in gaining access to a room that has been barricaded resulting in an individual self-harming or harming another individual.	5x2=10	15/02/2018	15/02/2018	
2814	Estates & New Hospital Project	MES - Access to MMH equipment is required regularly by Siemens from installation until operational to maintain equipment. If there is no access, equipment cannot be maintained adequately.	5x2=10	10/05/2018	01/09/2019	Monthly
2815	Estates & New Hospital Project	MES - IT Network (including PACS) not available for equipment to be commissioned. Therefore equipment cannot be commissioned as planned. Note PACS go live early 2018	5x2=10	24/05/2018	/ /	Monthly
2816	Estates & New Hospital Project	MES - Resource for clinical commissioning - There are currently only two RPA resources (+ ? one student) who can perform clinical commissioning of imaging equipment. This could cause a delay in equipment being commissioned. One is leaving the Trust in December 2017 and one is reducing hours.	5x2=10	10/05/2018	/ /	Monthly
3046	Estates & New Hospital Project	There is a risk that the Midland Met infrastructure will not be ready in time for the planned enabling works and installation of large imaging equipment.	5x2=10	24/05/2018	/ /	Monthly
3047	Estates & New Hospital Project	There is a risk that in making significant workforce changes ahead of other local NHS organisations , staff will not recognise the need for change and may be resistant, resulting in incomplete benefits realisation of workforce change programme	5x2=10	24/10/2018	/ /	Six-Monthly
761	Medical Director Office	If the Trust were inspected by the MHRA, the lack of Trust-wide standard operating procedures for research governance and delivery could result in all research being stopped.	5x1=5	02/10/2016	31/03/2018	Quarterly
2582	Medical Director Office	There is a risk that a catastrophic failure of services to the switchboard (e.g. power, network, telephony, building) would result in a complete loss of service for telephony and switchboard services including alarm management. By design the only location currently for these services is the City switchboard	5x2=10	16/11/2017	31/03/2018	Quarterly
2642	Medical Director 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.	5x2=10	30/11/2018	31/12/2018	Quarterly
3013	Medical Director Office	Inability to print labels at bedside poses risk of incorrect sample labelling "In line with NPSA guidance, blood samples should, where possible, be labelled at patient's side or bedside.	5x2=10	/ /	30/04/2018	
2369	Medicine & Emergency Care	There is a risk that inappropriate usage, exposure and storage of hazardous substances, may result in harm to both patients and staff.	5x1=5	10/06/2020	30/09/2017	Biennially
2926	Medicine & Emergency Care	EMG studies involve using Concentric EMG needles electrodes	5x1=5	/ /	/ /	
380	Medicine & Emergency Care	There is a risk that staff may be harmed in undertaking management of Bariatric Patients through lack of appropriate equipment and training	5x2=10	02/02/2019	12/05/2017	Quarterly
2160	Medicine & Emergency Care	There is a risk that cardiac rhythm downloads from pacemaker and complex implantable rhythm management devices, are not being analysed in a timely fashion, as a result of staffing shortages. This may result in life threatening arrhythmias remaining untreated and device malfunctions remaining undetected, which could result in serious harm to patients or even death.	5x2=10	24/07/2019	01/09/2019	Annually
1795	Organisation Development	That an unauthorised intruder may gain access to the day nursery and pose a risk to the children in the cae of the day nursery.	5x1=5	14/06/2019	/ /	Annually

Risk No.	Division	Title	Risk Rating (sxL)	Review Date	Target Date	Review Frequency
3146	Organisation Development	risk of fire in the nursery due to poor maintenance, inappropriate storage plus risk of a Missing child, Smoke inhalation, Slips, trips and falls, Major injury and Burns if a fire broke out	5x1=5	15/06/2019	/ /	Annually
2930	Pathology	This risk assessment is to facilitate the cross site out of hours haematology/blood transfusion service	5x1=5	30/01/2019	30/01/2019	Annually
2387	Surgery	Lack of privacy,dignity and confidentiality due to the design and layout of the department at BMEC OPD	5x1=5	12/07/2019	/ /	Annually
2388	Surgery	Lack of privacy,dignity and confidentiality due to the design and layout of the department at BMEC A&E.	5x1=5	12/07/2019	12/06/2020	Annually
2459	Surgery	COSHH Compressed medical oxygen from cylinders and piped from walls (BOC)	5x1=5	25/01/2019	/ /	Annually
186	Surgery	Risk of surgical Never Event and patient harm due to wrong side/site listed on the Ormis theatre system as a result of incorrect side/procedure on EDTA form (Elective Surgery) Incorrect transcribing for emergency / trauma Surgery	5x2=10	06/11/2018	/ /	Quarterly
329	Women & Child Health	Current sonography capacity is restricted resulting in a number of women having dating USS performed > 12/40 and some being outwith the screening window and therefore not receiving screening as per National NSC guidelines which results in the potential for an inequitable service for those women choosing to book at SWBH.	5x1=5	04/10/2018	30/09/2018	Monthly

RISK WITHOUT A REVIEW WITHIN THE LAST 12 MONTHS

Appendix C

Number	Department Division	Department	Last Review Date	Review Date	Title	Status	Reviewed By
127	Corporate Nursing Services	Nursing Management (C)	20/06/2017	20/08/2017	Potential harm to vulnerable adults if staff do not recognise safeguarding concerns - training at level 2 below mandatory training levels	Live (With Actions)	Debbie Talbot
2509	Corporate Nursing Services	Nursing Management (C)	/ /	/ /	Due to two members of staff being on long term sick leave there is currently no learning disability nurses working within the trust to provide the learning disability liaison service	Live (With Actions)	
1886	Corporate Nursing Services	Nursing Management (C)	/ /	08/09/2016	evidence from audit of wards and focused care activity illustrates staff are failing to request DOL authorisations	Live (With Actions)	
1218	Corporate Operations	Transport General (S)	18/04/2016	18/04/2017	Reduced Staffing levels	Live (Monitor)	Dawn Hall
1219	Corporate Operations	Transport General (S)	18/04/2016	18/04/2017	Lone Worker	Live (Monitor)	Dawn Hall
1959	Corporate Operations	Portering (C)	/ /	/ /	Assess transportation of medical records from BTC to the medical records department on the back drive, DGM building and Sheldon block using a large records trolley	Live (Monitor)	
2491	Corporate Operations	Outpatients (S)	/ /	/ /	STF (INTERNAL) There is a risk that patients, staff or visitors could slip, trip or fall within Trust premises because of environmental hazards and personal illness/disability	Live (Monitor)	
2492	Corporate Operations	Outpatients - BTC	/ /	/ /	STF (INTERNAL) There is a risk that patients, staff or visitors could slip, trip or fall within Trust premises because of environmental hazards and personal illness/disability	Live (Monitor)	
2497	Corporate Operations	Outpatients (S)	/ /	/ /	MOVING & HANDLING The risk of injury to patients/staff/others due to poor manual handling techniques which results in injuries, sickness absence, amended duties and employer liability claims.	Live (With Actions)	
2755	Corporate Operations	Security (C)	/ /	/ /	The neglect or lack of physical security measures may lead to an increase in theft, damage, violence or fraud against the Trust culminating in financial loss or injury to staff.	Live (With Actions)	
2804	Corporate Operations	Security (C)	/ /	/ /	SECURITY - WARDS & DEPARTMENTS Wards and departments are at risk of theft or violence and aggression from intruders without adequate security in place	Live (Monitor)	

Number	Department Division	Department	Last Review Date	Review Date	Title	Status	Reviewed By
3219	Corporate Operations	Emergency Planning	/ /	/ /	"There is a potential risk to the Trust that it will be negatively impacted by severe weather. Patients unable to access services Loss of Workforce being able to attend work or discharge from work Potential surge emergency attendances / admissions during or after adverse weather Inability to continue with normal business for various services across the Trust"	Live (With Actions)	
3220	Corporate Operations	Emergency Planning	/ /	/ /	There is a potential risk of Invacuation, Partial Evacuation or Total Site Evacuation as a result of loss of premises, terrorism, loss of utilities movement of patients to alternate area loss of an area reduction of hospital services Closure of Hospital site Required relocation of patients to alternative hospitals / Care site	Live (With Actions)	
1243	Corporate Operations	Portering (C)	/ /	01/12/2016	Risk to staff whilst handling of clinical and non-clinical waste / soiled laundry which could result in a needlestick injury	Live (With Actions)	
1634	Corporate Operations	Portering (C)	/ /	01/12/2016	Failure to follow procedure in the removal of clinical waste may result in waste being consigned incorrectly or being found outside of the waste stream which is a risk to staff, patients, visitors and other external person (eg linen contractor)	Live (With Actions)	
2726	Corporate Operations	Security (C)	/ /	/ /	Use of physical restraint may result in major injury/fatality of those being restrained and major injury to those carrying out the restraint	Live (With Actions)	
3074	Corporate Operations	Portering (S)	/ /	/ /	That the current practice of staff completing 8 hour bank shifts after completing a scheduled 8 hour shift is in breach of the working time directive as they are not having the required 11 hours of rest between shifts which is putting both staff and the Trust at risk of harm.	Live (With Actions)	
1633	Corporate Operations	Portering (C)	/ /	01/12/2016	Failure to segregate waste at ward level could result in waste being mis-consigned and posing a risk to Trust staff and others (external waste provider staff)	Live (With Actions)	
2861	Corporate Operations	Security (C)	/ /	/ /	Use of motor vehicles (in-house and contracted) in Trust activities may involve collision with pedestrian/vehicle/premises can result in major injury/fatality and damage.	Live (Monitor)	

Number	Department Division	Department	Last Review Date	Review Date	Title	Status	Reviewed By
693	Estates & New Hospital Project	Midland Metropolitan Project	/ /	23/09/2016	Where adjacent rooms contain doorsets on to a corridor or circulation area, if it is not possible to incorporate acoustic doors to these rooms from the circulation areas this may result in the sound insulation performance between the rooms failing to achieve the room to room sound insulation performance requirements due to flanking transmission that would occur around the non-acoustic doorsets. This would be expected to occur where it is not possible to install doors with acoustic seals for functionality reasons (e.g. undercuts required to the door as part of ventilation strategy or incompatibility of the use of acoustic seals with hygiene and maintenance requirements.)	Live (With Actions)	
694	Estates & New Hospital Project	Midland Metropolitan Project	/ /	23/09/2016	HTM 06 -01 recommends IPS are located on same floor and just outside the medical department clinical risk category area it serves. Where this is not practical, derogation may be given to locating the equipment on the floor immediately above or below, or within 30 m on the same floor as the clinical risk category area.	Live (Monitor)	
695	Estates & New Hospital Project	Midland Metropolitan Project	/ /	23/09/2016	It is not recommended that noise and vibration generating plant be housed directly adjacent to the clinical risk category area.	Live (With Actions)	
697	Estates & New Hospital Project	Midland Metropolitan Project	/ /	/ /	Door opening forces not to exceed 30N from the leading edge of the door from the clinical risk category area.	Live (With Actions)	
699	Estates & New Hospital Project	Midland Metropolitan Project	/ /	/ /	4800mm wide revolving entry doors will be required at the main Hospital entrance along with automated pass through doors	Live (With Actions)	
705	Estates & New Hospital Project	Midland Metropolitan Project	/ /	/ /	Air handling units shall each be selected to supply a maximum of 7m ³ /s to give ease of handling	Live (With Actions)	
759	Estates & New Hospital Project	Midland Metropolitan Project	/ /	/ /	Internal noise levels within Winter Garden during heavy rainfall. HTM 08-01; Clause 2.18, 2.19 ~ Table 1 Internal Noise Levels from External Sources from LA eq=65dB to LA eq=75dB	Live (With Actions)	
1740	Estates & New Hospital Project	Midland Metropolitan Project	/ /	/ /	The air should be heated using a constant or variable temperature source, but generally only to the space air temperature. In most instances, the low pressure hot water (LPHW) heating system should offset any fabric loss so that set-back room temperatures can be maintained during unoccupied periods without the need for the ventilation system to operate	Live (With Actions)	

Number	Department Division	Department	Last Review Date	Review Date	Title	Status	Reviewed By
1741	Estates & New Hospital Project	Midland Metropolitan Project	/ /	/ /	Where it is necessary to locate auxillary heater batteries in false ceilings consideration should be given to the use of electric heaters. If this is not practicable a catch tray should be installed under both the battery and the control valve assembly to protect the ceiling from leaks	Live (With Actions)	
1742	Estates & New Hospital Project	Midland Metropolitan Project	/ /	/ /	Batteries that are significantly wider than 1m should be split to permit withdrawal from both sides	Live (With Actions)	
1743	Estates & New Hospital Project	Midland Metropolitan Project	/ /	/ /	Units greater than 1 m wide should preferably have access from both sides	Live (With Actions)	
1746	Estates & New Hospital Project	Midland Metropolitan Project	/ /	/ /	Auxiliary fan-coil units should not be installed in the ceiling above an occupied space	Live (With Actions)	
1747	Estates & New Hospital Project	Midland Metropolitan Project	/ /	/ /	Supply and extract grilles and diffusers should be fitted with opposed-blade dampers for fine balancing purposes.	Live (With Actions)	
1748	Estates & New Hospital Project	Midland Metropolitan Project	/ /	/ /	All control valves must fail-safe, that is, close in the event of power or air-flow failure, with the exception of the fog/frost battery control valve which should open upon power or air-flow failure.	Live (With Actions)	
1749	Estates & New Hospital Project	Midland Metropolitan Project	/ /	/ /	The use of Modular UCV systems can be used.	Live (With Actions)	
305	Estates & New Hospital Project	Waste Services (C)	01/07/2014	/ /	Non conformance of HTM07-01	Live (With Actions)	
1750	Estates & New Hospital Project	Midland Metropolitan Project	/ /	/ /	HTM 04-01 Some of the clauses contradict each other and may conflict with other more recent guidance	Live (With Actions)	
1751	Estates & New Hospital Project	Midland Metropolitan Project	/ /	/ /	Water Meters - Appropriate bypass arrangements with valves immediately upstream and downstream should be provided	Live (With Actions)	
1752	Estates & New Hospital Project	Midland Metropolitan Project	/ /	/ /	Hot and cold water pipework should be sized using the procedure outlined in CIBSE Guide G: 'Public health engineering	Live (With Actions)	
1754	Estates & New Hospital Project	Midland Metropolitan Project	/ /	/ /	HTM 06-01 references MEIGaN	Live (With Actions)	
1755	Estates & New Hospital Project	Midland Metropolitan Project	/ /	/ /	HTM 07-02 The building fabric performances for U, g, light transmittance and air leakage quoted by Trust	Live (With Actions)	

Number	Department Division	Department	Last Review Date	Review Date	Title	Status	Reviewed By
1756	Estates & New Hospital Project	Midland Metropolitan Project	/ /	/ /	HTM 03-01 Where local control is provided, an indication of temperature will be required locally or at a staff base (if appropriate) using an analogue or digital indicator. The indicator should be large enough to be read from the normal working position (for example at the operating table in a theatre). This may be mounted in a supervisory control panel, with the signal repeated on the main system control	Live (With Actions)	
1757	Estates & New Hospital Project	Midland Metropolitan Project	/ /	/ /	Flexibility Strategy for dealing with future change	Live (With Actions)	
1793	Estates & New Hospital Project	Waste Services (C)	/ /	16/08/2016	The safe management of Healthcare waste Waste containers (770 & 360 Litre clinical yellow containers).	Live (With Actions)	
1787	Estates & New Hospital Project	Waste Services (C)	/ /	15/08/2016	To ensure that waste streams are managed in accordance with safe practice and in accordance with legislation and the law..	Live (With Actions)	
2415	Estates & New Hospital Project	Waste Services (S)	/ /	/ /	To review the operational practices associated with the waste compactor at Sandwell General Hospital for health and safety principles and associated pest issues.	Live (With Actions)	
1791	Estates & New Hospital Project	Waste Services (C)	/ /	15/08/2016	WASTE MANAGEMENT The safe management of healthcare waste	Live (Monitor)	
83	Estates & New Hospital Project	Estates Building (C)	18/05/2017	16/08/2017	SAFE HOT WATER (CORPORATE) Hot water presents a risk of scolding/burning. All trust water outlets must provide water at suitable temperature for its use. All pipework carrying hot water must be controlled so that it is not possible under normal conditions to receive a burn from touching its surface.	Live (With Actions)	Stephen Kingscott
692	Estates & New Hospital Project	Midland Metropolitan Project	/ /	23/09/2016	MMH Acoustic noise level between interconnecting doors. HTM 08-01 Table 4	Live (With Actions)	
2803	Estates & New Hospital Project	Estates (MMH)	/ /	/ /	No space in MMH for Microbiology ESL activity.	Live (With Actions)	
2720	Estates & New Hospital Project	Waste Services (C)	/ /	/ /	That the process of decanting waste from bins into cages to transfer the waste to the external corrals in the main building at City Hospital may result in a slip, trip or fall hazard If the black refuse bags are damaged in the process of transferring the waste which may result in an injury to a patient, staff member or visitor.	Live (With Actions)	

Number	Department Division	Department	Last Review Date	Review Date	Title	Status	Reviewed By
5	Finance	Financial Management (S)	30/12/2015	30/06/2016	Financial reporting is reliant on a version of Oracle for which only a basic level of support is available. The risk is twofold: 1. that third party software is released that the current Oracle version is not compatible with 2. The Trust finds a bug not previously identified.	Live (With Actions)	
174	Finance	Supplies	01/07/2014	31/07/2016	Financial reporting is reliant on Access 97 database. Failure of this system will undermine the Trust's ability to report to internal and external stakeholders.	Live (With Actions)	
1864	Imaging	Imaging Management (C)	09/08/2017	16/08/2017	Delays in CT biopsy. High waiting times. Patient breach 31/52 cancer targets. Could lead to increase in complaints plus high waiting times.	Live (With Actions)	Yasir Malik
760	Medical Director Office	Research and Development	04/07/2016	02/10/2016	The R&D department is entirely dependant on income generation, which is complex and unpredictable; therefore financial and resource management is difficult.	Live (With Actions)	Jocelyn Bell
762	Medical Director Office	Research and Development	04/07/2016	02/10/2016	The Trust will not be able to report on the newly introduced NIHR benchmark requirements due to lack of resources to collect the relevant data which could result in financial penalties to the Trust.	Live (With Actions)	Jocelyn Bell
763	Medical Director Office	Research and Development	04/07/2016	02/10/2016	Lack of principal investigator oversight of research studies, due to a lack of investment of time, results in poor quality research and potential adverse impacts on patients and other members of the research team.	Live (With Actions)	Jocelyn Bell
764	Medical Director Office	Research and Development	04/07/2016	02/10/2016	There is a risk that R&D strategic objectives to increase activity will not be achieved due to a lack of staff which results in missed income opportunities.	Live (With Actions)	Jocelyn Bell
765	Medical Director Office	Research and Development	04/07/2016	02/10/2016	There is a risk that R&D quality standards are not being met, because of low staffing, which can put patients at risk ethically and findings could be misleading.	Live (With Actions)	Jocelyn Bell
2648	Medical Director Office	Informatics(C)	/ /	/ /	There is a risk that the EPR does not produces suitable statistics to support Trust performance reporting. This could result in dispute with the CCG, loss of revenue or a failure to meet national statutory reporting requirements.	Live (With Actions)	
3013	Medical Director Office	Informatics(C)	09/08/2018	/ /	Inability to print labels at bedside poses risk of incorrect sample labelling "In line with NPSA guidance, blood samples should, where possible, be labelled at patient's side or bedside.	Live (Monitor)	Sarah Cooke

Number	Department Division	Department	Last Review Date	Review Date	Title	Status	Reviewed By
3015	Medical Director Office	Informatics(C)	/ /	/ /	There is a risk that the clinical users will not be able to fully use the problem, diagnosis and procedure functions in Unity correctly due to lack familiarisation with Snomed CT as a tool for clinical terming. The function is available to all clinical users, including nurses, midwives, and therapists, who generally have little existing experience of terming using Snomed CT.	Live (Monitor)	
3016	Medical Director Office	Informatics(C)	09/08/2018	/ /	There is a risk that as users have access to the single document capture function which does not currently have a documented and approved workflow that there could be a lack of standardization in operation and clinical information.	Live (Monitor)	Sarah Cooke
3026	Medical Director Office	Informatics(C)	/ /	/ /	There is a risk that pathology IT systems are end of life before the move to BCP. This will occur end December 2019 and relates to the IT systems, operating systems and hardware.	Live (With Actions)	
758	Medical Director Office	Research and Development	04/07/2016	02/10/2016	There is a risk that departments supporting R&D (pharmacy, imaging, pathology, etc.) do not have capacity, which can result in delays and missed opportunities.	Live (With Actions)	Jocelyn Bell
761	Medical Director Office	Research and Development	04/07/2016	02/10/2016	If the Trust were inspected by the MHRA, the lack of Trust-wide standard operating procedures for research governance and delivery could result in all research being stopped.	Live (With Actions)	Jocelyn Bell
1707	Medicine & Emergency Care	Oncology Medical	/ /	11/03/2016	Risk that service continuity for patients is not secured through third party arrangements either through UHB or alternative providers due to timescales for medical/clinical oncologist recruitment processes and/or external providers service delivery models.	Live (With Actions)	
1703	Medicine & Emergency Care	Oncology Medical	10/03/2016	09/04/2016	There is a risk of not having required and compatible equipment in place in all MDT rooms required to make connections to external partners for MDTs.	Live (With Actions)	Roger Stedman
1934	Medicine & Emergency Care	Oncology Medical	22/08/2016	21/09/2016	Workforce review schemes likely to cause unrest within admin teams.	Live (With Actions)	Casper Fons
2215	Medicine & Emergency Care	D15	05/01/2017	12/01/2017	Risk of inability to provide safe and effective management of patients due to shift co ordinator having additional work load (caring for 8 patients)The shift coordinator is also responsible for managing the shift in addition to caring for 8 patients.	Live (Monitor)	Jill Barnes
2216	Medicine & Emergency Care	D16	05/01/2017	12/01/2017	Risk of inability to provide safe and effective management of patients due to shift co ordinator having additional work load (caring for 4 patients)The shift coordinator is also responsible for managing the shift in addition to caring for 4 patients.	Live (Monitor)	Jill Barnes

Number	Department Division	Department	Last Review Date	Review Date	Title	Status	Reviewed By
2224	Medicine & Emergency Care	D15	05/01/2017	04/02/2017	Risk of ability of provide safe and effective care due to high acuity of patients. For example patients requiring NIV will require 1:4 nurse to patient ratio. Current staffing model ratio 1:8.No additional funding in workforce budget to meet these fluctuating demands on service.	Live (With Actions)	Jill Barnes
2226	Medicine & Emergency Care	D16	05/01/2017	04/02/2017	Risk of violent/aggressive behaviour of patients or visitors due to clinical condition, alcohol/drug withdrawal, complaints, criminal intent, receiving bad news and mental health/capacity.	Live (With Actions)	Jill Barnes
2263	Medicine & Emergency Care	Priory 5	11/01/2017	10/02/2017	COSHH. Chlorclean tab 6.5g. Risk of inhalation or ingestion.	Live (With Actions)	Jacqueline Moore
2264	Medicine & Emergency Care	Priory 5	11/01/2017	10/02/2017	Moving and Handling. Physical injury from manual handling supplies and equipment.	Live (With Actions)	Jacqueline Moore
2265	Medicine & Emergency Care	Priory 5	11/01/2017	10/02/2017	New and Expectant Mothers. Physical Hazards, infection, chemical handling, eg. drugs. Working conditions.	Live (With Actions)	Jacqueline Moore
2266	Medicine & Emergency Care	Priory 5	11/01/2017	10/02/2017	Security. Criminal damage and theft.	Live (With Actions)	Jacqueline Moore
2267	Medicine & Emergency Care	Priory 5	11/01/2017	10/02/2017	Security. Information. Data loss. Theft of laptops and CDs.	Live (With Actions)	Jacqueline Moore
2268	Medicine & Emergency Care	Priory 5	11/01/2017	10/02/2017	Sharps. Clinical exposure to sharp use. Cleaning contamination equipment.	Live (With Actions)	Jacqueline Moore
2269	Medicine & Emergency Care	Priory 5	11/01/2017	10/02/2017	Slips, Trips and Falls. Environment. Patients on multiple medication. Medical conditions.	Live (With Actions)	Jacqueline Moore
2270	Medicine & Emergency Care	Priory 5	11/01/2017	10/02/2017	Stress. Pressures of life either at work or at home.	Live (With Actions)	Jacqueline Moore
2271	Medicine & Emergency Care	Priory 5	11/01/2017	10/02/2017	Violence and Aggression.	Live (With Actions)	Jacqueline Moore
2338	Medicine & Emergency Care	AMU 1	/ /	25/04/2017	Patients requiring in patient psychiatric beds are on occasion transferred to AMU1 under care of ED until appropriate bed is found.	Live (Monitor)	
2339	Medicine & Emergency Care	AMU 1	/ /	/ /	Patients admitted under medicine not having VTE done within specified time limit.	Live (With Actions)	
2358	Medicine & Emergency Care	Accident & Emergency (S)	/ /	08/03/2017	Missing GP letters for 0-18 Paediatric Attenders who either live out of area or attend an out of area school (Sandwell ED). Scope of assessment does not include GP letters generated for CYP outside of the above parameters. Incomplete discharge	Live (With Actions)	

RISK WITHOUT A REVIEW WITHIN THE LAST 12 MONTHS

Appendix C

Number	Department Division	Department	Last Review Date	Review Date	Title	Status	Reviewed By
2475	Medicine & Emergency Care	Ambulatory Medical Assessment	/ /	/ /	Patients are bedded overnight in the Ambulatory Medical Assessment Area on a regular basis which then stops the flow of the AMAA working sufficiently during the day . City Site only . Beds not funded for overnight use . AMU provide a qualified nurse for the night shift	Live (Monitor)	
2538	Medicine & Emergency Care	Lyndon 5	26/04/2017	26/05/2017	21% of patients on ward are on focused care and this is impacting on financial stability of ward.	Live (With Actions)	Joanne Thomas
2539	Medicine & Emergency Care	Lyndon 5	26/04/2017	26/05/2017	Slips, trips and falls. Environment. Patients on multiple medication. Medical conditions.	Live (With Actions)	Joanne Thomas
2540	Medicine & Emergency Care	Lyndon 5	26/04/2017	26/05/2017	Moving and Handling. Physical injury from manual handling supplies and equipment.	Live (With Actions)	Joanne Thomas
2541	Medicine & Emergency Care	Lyndon 5	26/04/2017	26/05/2017	Stress. Pressures of life either at work or at home.	Live (With Actions)	Joanne Thomas
2542	Medicine & Emergency Care	Lyndon 5	26/04/2017	26/05/2017	Violence and Aggression.	Live (With Actions)	Joanne Thomas
2543	Medicine & Emergency Care	Lyndon 5	26/04/2017	26/05/2017	Security. Information. Data loss, theft of laptops and CDs.	Live (With Actions)	Joanne Thomas
2544	Medicine & Emergency Care	Lyndon 5	26/04/2017	26/05/2017	Sharps. Clinical exposure to sharp use. Cleaning contaminated equipment.	Live (With Actions)	Joanne Thomas
2545	Medicine & Emergency Care	Lyndon 5	26/04/2017	26/05/2017	COSHH. Chlorclean tab 6.5g risk of inhalation or ingestion.	Live (With Actions)	Joanne Thomas
2546	Medicine & Emergency Care	Lyndon 5	26/04/2017	26/05/2017	New and Expectant Mothers. Physical hazards, infection, chemical handling, eg. drugs. Working conditions.	Live (With Actions)	Joanne Thomas
2547	Medicine & Emergency Care	Lyndon 5	26/04/2017	26/05/2017	Security. Criminal damage and theft.	Live (With Actions)	Joanne Thomas
1943	Medicine & Emergency Care	AMU 1	22/05/2017	29/05/2017	CLINICAL CARE - BED SPACE Patients having significant delays in waiting for beds on D12 for gold rooms (TB, CDiff) often waiting up to 14 days.	Live (With Actions)	Tajinder Virk-Dhugga
1945	Medicine & Emergency Care	AMU 1	23/05/2017	21/08/2017	Patients on AMU who require NIV may be at risk of harm due to staff numbers and skill/training.	Live (With Actions)	Tajinder Virk-Dhugga
2341	Medicine & Emergency Care	AMU 1	/ /	/ /	VIOLENCE & AGGRESSION Staff and patients at risk of violence and aggression	Live (Monitor)	
2537	Medicine & Emergency Care	Lyndon 5	16/06/2017	20/07/2017	To create a fully established staffed ward. To staff 34 beds and 16 beds (August -September 2017).	Live (With Actions)	Samantha Walden
2758	Medicine & Emergency Care	D15	04/06/2018	/ /	Risk of inability to provide safe and effective care due to unfunded capacity open, as reliant on agency staff to support. No substantive funding allocated	Live (With Actions)	Stephanie Coates

Number	Department Division	Department	Last Review Date	Review Date	Title	Status	Reviewed By
2025	Medicine & Emergency Care	Older Persons Assessment Unit	05/10/2016	/ /	10 bedded Old persons assessment unit to opened on Friday 9th September 2016- approval by corporate given Wednesday 7th September 2016 1 substantive staff on acting band 7-rest of qualified staff to take charge will be identified from medical wards to cover the unit with agency / bank HCA plus/minus qualified which poses a risk to safety and quality care which is provided to our patients No budget No cost code No VAF No SOP Draft Inclusion/exclusion criteria by consultant lead 24th May opau increased to 20 beds with insufficient staffing model Unit has budget and cost code	Live (With Actions)	Marion Freeman
2225	Medicine & Emergency Care	D16	05/01/2017	04/02/2017	Risk of providing safe and effective care due to high acuity of patients. For example patients requiring NIV will require 1:4 nurse to patient ratio. Current staffing model ratio 1:8.No additional funding in workforce budget to meet these fluctuating demands on service.	Live (Monitor)	Jill Barnes
2900	Medicine & Emergency Care	D16	05/01/2018	/ /	Increase in incidence of drug errors due to drug chart not being signed by administrating nurse.	Live (With Actions)	Stephanie Coates
2895	Medicine & Emergency Care	Neurophysiology	/ /	/ /	Identifying the correct patient for the procedure	Live (With Actions)	
2921	Medicine & Emergency Care	Neurophysiology	/ /	/ /	Managing an aggressive , violent and /restless patient can expose staff and other patients to risk from harm.	Live (With Actions)	
2926	Medicine & Emergency Care	Neurophysiology	/ /	/ /	EMG studies involve using Concentric EMG needles electrodes	Live (With Actions)	
2960	Medicine & Emergency Care	Cardiology Diagnostics Service	24/07/2018	/ /	There is a risk that there may be a significant staff shortage due to severe weather conditions, that may result in the provision of limited services in the Cardiology Diagnostics department, which could lead to delays in patient care and potential harm to patients.	Live (With Actions)	Amanda Nadeem
3001	Medicine & Emergency Care	Cardiology Diagnostics Service	24/07/2018	/ /	There is a risk that Cardiology Diagnostic Investigations will breach the agreed 5weeks 6 days waiting time due to staff shortages, a lack of equipment and an insufficient number of rooms within the department, which may result in delays in treatment and potential harm to patients.	Live (With Actions)	Amanda Nadeem

Number	Department Division	Department	Last Review Date	Review Date	Title	Status	Reviewed By
3088	Medicine & Emergency Care	Cardiology Diagnostics Service	24/07/2018	/ /	There is a risk that patient's exercise tolerance test results and some pacemaker and implantable loop recorder reports, will not be reviewed or acted upon appropriately, as currently only paper copies are available with no electronic storage solution, which may result in incorrect or delayed treatment and medico-legal issues.	Live (With Actions)	Amanda Nadeem
3119	Medicine & Emergency Care	Lyndon 4	/ /	/ /	staffing establishment changes : newly reviewed staffing/establishment numbers impact on patient care and quality of care and safety	Live (With Actions)	
3189	Medicine & Emergency Care	Lyndon 5	/ /	/ /	Currently 12.29 band 5 vacancies. High bank and agency usage, potential risk of compromising patient safety	Live (With Actions)	
3194	Medicine & Emergency Care	Lyndon 5	/ /	/ /	New and expectant mothers. Minimise risk to new/expectant mothers working on Lyndon 5	Live (With Actions)	
3195	Medicine & Emergency Care	Lyndon 5	/ /	/ /	SECURITY- Risk of theft, criminal damage, assault, verbal abuse, V&A to staff/patients/visitors, trust property and private property	Live (Monitor)	
3196	Medicine & Emergency Care	Lyndon 5	/ /	/ /	Slips, Trips and falls. Risk to staff, visitors and patients re spillages, wet cleaning methods, shoes/clothing, condensation, poor balance or uneven flooring	Live (With Actions)	
3199	Medicine & Emergency Care	Lyndon 5	/ /	/ /	Falls. Falls risk within speciality of elderly care. Potential risk to patient of harm/injury	Live (With Actions)	
3200	Medicine & Emergency Care	Lyndon 5	/ /	/ /	Staffing establishment changes:newly received staffing /establishment numbers impact on patient care and safety	Live (With Actions)	
3202	Medicine & Emergency Care	Cardiology Diagnostics Service	24/07/2018	/ /	There is a risk that patients will not receive their Tilt Table Test due to inadequate provision of staff training, equipment and clinician support, which will result in patients experiencing significant delays in diagnosis and treatment, causing potential harm to patients or even death.	Live (With Actions)	Amanda Nadeem
3230	Medicine & Emergency Care	Endoscopy Unit (C)	/ /	/ /	Lack of provision of Medical Records support Post Unity go live will impact endoscopy Admin procedures as much of Endoscopy process will remain paper based and as such will still require episodic folders prior to clinic and scanning facility onto clinical data archive. This has potential knock on effects to pts safety if not mitigated as documents relating to endoscopy procedures will not be available	Live (With Actions)	
3235	Medicine & Emergency Care	Bowel Cancer Screening (C)	/ /	/ /	implementation of new FIT test may require increased capacity for BCSP	Live (Monitor)	

Number	Department Division	Department	Last Review Date	Review Date	Title	Status	Reviewed By
3238	Medicine & Emergency Care	Endoscopy Unit (C)	/ /	/ /	Move of clinics to General Surgery specialty code has meant that clinics are no longer visible on one screen for clerks to book efficiently and effectively in order to manage capacity well. This could potentially lead to lost capacity and thus longer waiting times for pts with a possible detrimental effect on DM01	Live (Monitor)	
2975	Medicine & Emergency Care	Endoscopy Unit (C)	23/08/2018	/ /	Current ADAM Reporting System not fit for purpose - risk to JAG compliance. procurement of new Unisof system underway but will take time and may not be within JAGs Expected timescales	Live (With Actions)	April Hawkins
1739	Medicine & Emergency Care	Accident & Emergency (C)	27/04/2017	27/05/2017	MOVING AND HANDLING Manual handling of transfer of patients on trolleys in A&E at City. Due to the design of the area, transferring a patient on a trolley within the adjacent corridors from Majors\Minors\cubicles to X-Ray achieved by porter (Nursing staff additionally observed as achieving activity on their own, without assistance). Transfer of patient on a trolley to a ward achieved by a porter with nurse escort.	Live (Monitor)	Antoinette Cummings
1894	Organisation Development	Nursery (S)	/ /	09/08/2017	risk of harm to staff working alone if correct measures are not in place	Live (With Actions)	
3303	Organisation Development	Nurse Bank (S)	/ /	/ /	Monitoring of Working Time Directive (WTD) for all staff groups currently not recorded or monitored Payment of WTD to Doctors not currently identified on payslip May lead to breach of the regulations	Live (With Actions)	
3306	Organisation Development	Communications	/ /	/ /	Poor staff engagement levels that could be contributed to by ineffective team communications systems and lack of senior manager visibility, leading to lack of understanding of the Trust's vision and objectives, lack of ability to share good practice and improve services.	Live (Monitor)	
3307	Organisation Development	Communications	/ /	/ /	Regular IT outages often lead to loss of access to Connect. This has serious implications for clinical referral forms and pay roll information that are accessed through Connect.	Live (Monitor)	
3308	Organisation Development	Communications	/ /	/ /	Communications is wholly reliant on internal IT network. This means when the network goes down there is nothing in place for work to continue outside of the network.	Live (Monitor)	
3314	Organisation Development	Trust Charity	/ /	/ /	Reputation risk is a strategic risk especially in the age of social media. The Charity depends on the goodwill of its stakeholders, negative Videos and news can go viral in a very short space of time and damage support of the charity.	Live (Monitor)	

Number	Department Division	Department	Last Review Date	Review Date	Title	Status	Reviewed By
3322	Organisation Development	Trust Charity	/ /	/ /	Technology & Data Risk - The legislation of recent years has put data governance firmly in the forefront of risk management. The Charity is heavily dependent on the Trust's IT infrastructure to process transactions and record correspondence, IT systems can be susceptible to breach, hacking loss of data etc that can affect the reputation of the charity	Live (Monitor)	
3323	Organisation Development	Trust Charity	/ /	/ /	Impact on the safety of patients, staff or public (physical / psychological harm) the charity organises various fundraising events which involves internal and external volunteers working on behalf of the charity. Measures are in place to mitigate risk of harm.	Live (Monitor)	
2947	Pathology	Toxicology (C)	/ /	/ /	There is a risk that the Alcohol service may not be able to continue to function if funding is withdrawn by the Trust. The service is currently funded by charitable funds and is supporting achievement of the two public health objectives: 1. reduce alcohol related admissions by at least a fifth against 2013-14 baselines 2. 50% increase in referrals from the Trust to partner alcohol support agencies	Live (With Actions)	
781	Primary Care & Community Therapies	Palliative And End Of Life Car	08/11/2016	10/05/2017	There is a risk of musculoskeletal disorders for staff with reported disorders or expectant mothers which could result in harm to members of staff.	Live (Monitor)	Tammy Davies
1315	Primary Care & Community Therapies	MSK & COS Lyng	04/10/2016	05/04/2017	There is a risk when providing a patient with medication under a patient group direction that they may suffer a severe allergic reaction.	Live (Monitor)	Kulwinder Johal
2493	Primary Care & Community Therapies	Outpatients (C)	/ /	/ /	MOVING & HANDLING The risk of injury to patients/staff/others due to poor manual handling techniques which results in injuries, sickness absence, amended duties and employer liability claims.	Live (With Actions)	
2498	Primary Care & Community Therapies	Outpatients (C)	/ /	/ /	STF (INTERNAL) There is a risk that patients, staff or visitors could slip, trip or fall within Trust premises because of environmental hazards and personal illness/disability	Live (Monitor)	
2525	Primary Care & Community Therapies	Foot Health Domiciliary	/ /	/ /	Sandwell joint equipment stores will no longer fund the provision of high specification pressure relieving foam mattresses and cushions in patients homes in Sandwell community. Currently the joint equipment store is forwarding invoices to SWBH financial department requesting payment. There has be no funding identified for this additional expenditure. The alternative to the provision of high specification foam mattress is to supply air alternating systems which is not cost effective and can be potentially detrimental to patients well being.	Live (With Actions)	

Number	Department Division	Department	Last Review Date	Review Date	Title	Status	Reviewed By
2468	Primary Care & Community Therapies	Physiotherapy (S)	/ /	/ /	LONE WORKING There is a risk of damage to health, safety and of loss to members of staff involved in lone working.	Live (Monitor)	
2469	Primary Care & Community Therapies	Physiotherapy (S)	24/03/2017	/ /	SECURITY There is a risk to personal and patient security and to trust property if procedures designed to minimise security breaches are not followed.	Live (Monitor)	Justine Irish
2678	Primary Care & Community Therapies	D42 Medical Infusion Suite	/ /	/ /	Currently understaffed by 2.6 WTE Band 5 nurses.	Live (With Actions)	
2715	Primary Care & Community Therapies	D42 Medical Infusion Suite	/ /	/ /	There is a risk that treatment will be delayed being given to patients, if drugs are not prepared in a timely manner by Pharmacy, which will cause complaints, and an inefficient running of the Unit. Drug charts must be delivered to pharmacy with 2 weeks notice to ensure that the drugs will be prepared on time.	Live (Monitor)	
2845	Primary Care & Community Therapies	The Heart Of Sandwell Day Hosp	/ /	/ /	There is a risk that the Ambulance transporting patients will break down while end of life patients are on board.	Live (Monitor)	
2932	Primary Care & Community Therapies	Sandwell Sexual Health Service	/ /	/ /	The service must move the Lyng Health Centre in June when the Dartmouth Clinic is decommissioned. There is a risk that changes to the premises will not be ready, resulting in a poor service for patients without certain facilities.	Live (With Actions)	
2933	Primary Care & Community Therapies	D42 Medical Infusion Suite	/ /	/ /	Merging the service with OPAT is necessary but could confuse staff and result in an unclear referral pathway.	Live (Monitor)	
2934	Primary Care & Community Therapies	Diabetes & Endocr (S)	/ /	/ /	The CCG are reviewing the way that DiCE data is collected and recorded. There is a risk that changes to the way it is recorded will shift focus to quantity of patient rather than up-skilling and quality.	Live (Monitor)	
2824	Primary Care & Community Therapies	Speech & Language Therapy (C)	01/11/2017	/ /	Speech Studio voice analysis system is a software and hardware package integral to Voice assessment. It is compatible with Windows XP but not with Wondows 10. If the system is lost through "upgrade" to Windows 10 patient management will be detrimentally affected with a risk of much poorer outcomes.	Live (With Actions)	Eileen Kucharski
2968	Primary Care & Community Therapies	Diabetes & Endocr (S)	/ /	/ /	A delay in reorganising consultant job plans means mismatched demand and capacity for diabetes and endocrinology cannot be properly addressed. This means patients are turning up on other consultant's lists and building up on waiting lists when there is unused capacity elsewhere in the service.	Live (With Actions)	

Number	Department Division	Department	Last Review Date	Review Date	Title	Status	Reviewed By
3007	Primary Care & Community Therapies	Eliza Tinsley_Med Fit Ward	/ /	/ /	Conservatory internal doors could close behind the person using the conservatory and they would be unable to open them again from inside the conservatory.	Live (Monitor)	
3025	Primary Care & Community Therapies	Diabetes & Endocr (C)	/ /	/ /	On going dispute over suitable job plans means some areas are currently in limbo as to whose responsibility they are. There is a risk that some continuity is affected. Further service improvements cannot be made until this is resolved.	Live (Monitor)	
3032	Primary Care & Community Therapies	Stroke ESD_MAC_FES	/ /	/ /	Risk to letter turn around time and therefore RTT & patient information	Live (Monitor)	
3091	Primary Care & Community Therapies	Sandwell Sexual Health Service	/ /	/ /	A high proportion of false positives for HIV are being created through the preventx home testing service. This is causing a risk of alarm and anxiety to patients. There is also a risk that if these results are not reliable, others may not be either.	Live (Monitor)	
3102	Primary Care & Community Therapies	Sandwell Sexual Health Service	/ /	/ /	The chlamydia screening programme has been decommissioned and replaced with online test kits for Sandwell. This means the lab will not be able to process chlamydia tests sent in from Sandwell. Brooke have agreed to stop giving them out but the odd test may slip through where a client picks one up from an unmanned bucket. This means there is a risk of patients sending off a test but never receiving the results.	Live (Monitor)	
3103	Primary Care & Community Therapies	Sandwell Sexual Health Service	/ /	/ /	HIV tests are coming back from freetest.me with a high rate of false positive, this risks causing alarm to patients and invalidating other test results.	Live (Monitor)	
3136	Primary Care & Community Therapies	Diabetes & Endocr (S)	/ /	/ /	There is no registrar or core trainee for June and July, there is a risk that waiting lists will grow as a result.	Live (Monitor)	
3204	Primary Care & Community Therapies	Sandwell Sexual Health Service	/ /	/ /	Informatics have failed to provide support for the service. This risks formal action from the council as we have failed to deliver a number of elements of the service spec.	Live (Monitor)	
3256	Primary Care & Community Therapies	Diabetes & Endocr (S)	/ /	/ /	Our coordinator for XPERT and DAFNE has unfortunately become injured and cannot come to work for while. There is a risk that waiting lists will grow to an unmanageable size because there is no-one to book patients onto courses.	Live (Monitor)	
1549	Primary Care & Community Therapies	MSK & COS SGH	04/10/2016	05/04/2017	SECURITY (General):	Live (Monitor)	Kulwinder Johal
312	Strategy & Governance	Information Governance	03/10/2016	01/01/2017	There is a risk that IG Toolkit standards minimum level may not be achieved due to inadequate or old evidence which would result in potential financial impacts and reputation of the Trust.	Live (With Actions)	Mariola Smallman

Number	Department Division	Department	Last Review Date	Review Date	Title	Status	Reviewed By
795	Strategy & Governance	Complaints (C)	03/10/2016	01/01/2017	Risk of personal safety to staff when meeting complainants due to lack of : physical security measures, adherence to safety procedures and/or potential for challenging behaviours due to complainant dissatisfaction.	Live (Monitor)	Mariola Smallman
1278	Surgery	Lyndon 3	/ /	12/07/2017	COSHH -Clinell multi surface wipes resulting in potential harm as noted on COSHH data sheet	Live (With Actions)	
1280	Surgery	Lyndon 3	/ /	/ /	COSHH - Fresh Wild Berries (Evans Vandoline Int. plc.) resulting in potential harm if not used/stored correctly. Flammable	Live (With Actions)	
1281	Surgery	Lyndon 3	/ /	12/07/2017	COSHH - Videne Antiseptic solution 10% w/w cutaneous solution (Iodinated Povidine) (Ecolab) resulting in potential harm if not used correctly as noted on COSHH data sheet. Highly flammable	Live (With Actions)	
1283	Surgery	Lyndon 3	/ /	12/07/2017	COSHH - Sejem Toothpaste (J A Marketing) resulting in potential eye irritation if they come into contact with product.	Live (With Actions)	
1284	Surgery	Lyndon 3	/ /	12/07/2017	COSHH - Optilube lubricating jelly (Optimum medical solutions) resulting in potential irritation to skin and eyes if not used correctly	Live (With Actions)	
1334	Surgery	Newton 3	/ /	10/01/2017	COSHH û Alcohol foam stored at patient area and in easily accessible areas resulting in potential harm as noted on COSHH data sheet and identified as flammable	Live (With Actions)	
1359	Surgery	Newton 3	/ /	11/07/2017	Management of staff stress . Role, Change. Relationships, Control & Demand on Individual may result in personal anxiety and affect wellbeing and ultimately direct patient care	Live (With Actions)	
1484	Surgery	Day Case Surgical Ward (S)	/ /	12/07/2017	COSHH û Cutan Hand cream resulting in potential eye irritation or digestive discomfort and identified as non-flammable	Live (With Actions)	
1498	Surgery	Day Case Surgical Ward (S)	/ /	12/07/2017	Work stations Risk not being considered may result in muscular skeletal and upper limb damage leading to sickness absence and potential litigation..	Live (With Actions)	
1531	Surgery	Vascular Services	04/11/2016	02/02/2017	Delay in pt's having interventional radiology procedures at UHB	Live (With Actions)	Lisa Mallett
1642	Surgery	Anaesthetics (S)	10/06/2016	10/08/2016	Shortage of staff: Speciality Doctors (2 vacant slots - inability to recruit)	Live (With Actions)	Jaysimha Susarla
816	Surgery	Anaesthetics (C)	15/11/2016	13/02/2017	Failure to achieve TSP targets	Live (With Actions)	Jaysimha Susarla
1604	Surgery	Audiology (C)	04/07/2016	02/10/2016	Risk to Information Governance compliance as VNG PC and Balance Testing PC are not networked.	Live (With Actions)	Laura Young
1605	Surgery	Audiology (C)	04/07/2016	02/10/2016	Clinical risk of losing data from ABR testing as PC is not networked. Business risk as does not comply with Information Governance Standards.	Live (With Actions)	Laura Young

Number	Department Division	Department	Last Review Date	Review Date	Title	Status	Reviewed By
1606	Surgery	Audiology (C)	13/03/2017	11/06/2017	Paediatric patients not screened as per the pathway timeframe, due to lack of capacity in Audiology/ENT, which results in delays for treatment (e.g. hearing aid provision, grommets, etc.) and poor outcomes for patients (speech and language delays potentially leading to reduced educational attainment and behavioural issues).	Live (With Actions)	Kara Blackwell
1331	Surgery	Newton 3	/ /	09/10/2016	Language barrier where English is not spoken or clearly understood: resulting in delayed treatment and diagnosis and potential unnecessary deterioration of patient	Live (With Actions)	
1469	Surgery	Day Case Surgical Ward (S)	26/08/2016	26/08/2017	Reconfiguration of Gynaecological services resulting in reduced medical cover after 16:30 on SGH site.	Live (With Actions)	Mariola Smallman
1472	Surgery	Day Case Surgical Ward (S)	/ /	12/07/2017	Infection control issues occurring out of work activity, task, location etc. Staff, patients or visitors could be injured or harmed resulting in potential litigation claims and staffing issues if staff are unwell to work.	Live (With Actions)	
1473	Surgery	Day Case Surgical Ward (S)	/ /	12/07/2017	Lone working may result in potential harm to staff member	Live (With Actions)	
1474	Surgery	Day Case Surgical Ward (S)	/ /	12/07/2017	Young workers in SDU may result in Lack of awareness/ experience/maturity in connection with all workplace hazards	Live (With Actions)	
1475	Surgery	Day Case Surgical Ward (S)	/ /	12/07/2017	new and expectant mothers may results in reviewing and adjusting working arrangements until return to work following confinement	Live (With Actions)	
1477	Surgery	Day Case Surgical Ward (S)	/ /	12/07/2017	Security Resulting in compromised patient/staff/visitors safety and possible damage to environment	Live (With Actions)	
1478	Surgery	Day Case Surgical Ward (S)	/ /	12/07/2017	Violence and Aggression:- Violent/aggressive behaviour of patients/visitors in connection with complaints, criminal intent, alcohol/drug withdrawal. Mental Health/capacity resulting in damaged-staff, patients, visitors and possibly environment.	Live (With Actions)	
1479	Surgery	Day Case Surgical Ward (S)	/ /	12/07/2017	Safety/slips/trips and falls Assessments of patients, staff, visitors and environment to reduce the risk of injury to staff, patients, visitors due to slips, trips and falls	Live (With Actions)	

Number	Department Division	Department	Last Review Date	Review Date	Title	Status	Reviewed By
1481	Surgery	Day Case Surgical Ward (S)	/ /	12/07/2017	SECURITY (Information/Healthcare Records) Missing medical records on day of admission for proposed surgery resulting in Late theatre starts (potentially), Risk of on the day cancellations, Enforced nursing errors due to rushing, Unnecessary stress to all parties patients/ staff both medical and nursing	Live (With Actions)	
1482	Surgery	Day Case Surgical Ward (S)	/ /	12/07/2017	COSHH û Alcohol foam stored in dispensers by sinks resulting in potential harm as noted on COSHH data sheet and identified as flammable	Live (With Actions)	
1485	Surgery	Day Case Surgical Ward (S)	/ /	12/07/2017	COSHH û Cutan Foaming Hand Soap resulting in potential eye irritation or digestive irritation if taken in large amounts (diarrhoea and vomiting) Noted as non-flammable	Live (With Actions)	
1486	Surgery	Day Case Surgical Ward (S)	/ /	12/07/2017	COSHH û Acetone resulting in potential harm as noted on COSHH data sheet and identified as flammable	Live (With Actions)	
1487	Surgery	Day Case Surgical Ward (S)	/ /	12/07/2017	COSHH û Chlorclean resulting in potential harm as noted on COSHH data sheet and identified as harmful	Live (With Actions)	
1488	Surgery	Day Case Surgical Ward (S)	/ /	12/07/2017	COSHH -Clinell multi surface wipes resulting in potential harm as noted on COSHH data sheet	Live (With Actions)	
1489	Surgery	Day Case Surgical Ward (S)	/ /	12/07/2017	COSHH ûChlorhexidine Mouthwash 0.2% resulting in potential harm as noted on COSHH data sheet	Live (With Actions)	
1490	Surgery	Day Case Surgical Ward (S)	/ /	12/07/2017	COSHH - HAZ Tabs resulting in release of toxic gas and explosion if not stored/used correctly	Live (With Actions)	
1491	Surgery	Day Case Surgical Ward (S)	/ /	12/07/2017	COSHH - Piped Oxygen and portable cylinders (BOC) resulting in potential harm if not used correctly as noted on COSHH data sheet. Highly flammable	Live (With Actions)	
1492	Surgery	Day Case Surgical Ward (S)	/ /	12/07/2017	COSHH - Sani-Cloth CHG 2% (PDI) resulting in inadequate decontamination of medical devices or harm if not used correctly as noted on COSHH data sheet .	Live (With Actions)	
1493	Surgery	Day Case Surgical Ward (S)	/ /	12/07/2017	COSHH - HAZ Tab GRANNULES may result in release of toxic gas and explosion if not stored/used correctly	Live (With Actions)	
1494	Surgery	Day Case Surgical Ward (S)	/ /	12/07/2017	COSHH - ChloraPrep 3ml applicator resulting in inadequate skin decontamination or harm if not used correctly or accidentally makes contact with eyes or heat/sparks/fire as noted on COSHH data sheet .	Live (With Actions)	

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Appendix C

Number	Department Division	Department	Last Review Date	Review Date	Title	Status	Reviewed By
1497	Surgery	Day Case Surgical Ward (S)	/ /	12/07/2017	Understanding of English language. Language barrier where English is not spoken or clearly understood :resulting in delayed treatment and diagnosis and potential unnecessary distress to patient and potential wastage of theatre time	Live (With Actions)	
1468	Surgery	Day Case Surgical Ward (S)	/ /	12/07/2017	Infection Control: Needle-Stick/ sharps Injuries. Potential to affect the following groups: Patients and visitors, All Trust staff. Risk of acquiring blood borne infections e.g. Hepatitis B & C, H.I.V., Tuberculosis, Other viruses and Bacterium on SDU	Live (With Actions)	
843	Surgery	Anaesthetics (C)	/ /	16/10/2016	Unfunded theatre sessions, unplanned overruns and waiting list initiatives resulting in over spend.	Live (With Actions)	
1832	Surgery	Anaesthetics (C)	/ /	11/10/2016	Lack of ultrasound machine in obstetrics theatre	Live (With Actions)	
1833	Surgery	Anaesthetics (C)	/ /	12/08/2016	Lack of point of care testing facility in maternity	Live (With Actions)	
1257	Surgery	General Surgery - Colorectal	/ /	31/10/2016	Proctology (RADIOLOGY) reporting resulting in delay in diagnosis and treatment. There is a risk that of delay in diagnosis and treatment of patients due to delay in reporting of CT/MRI scans which results in poor care, increase risk of morbidity and complaints.	Live (With Actions)	
2011	Surgery	Plastic Surgery (S)*	/ /	08/11/2016	Support CNS capacity is misaligned with need - this has resulted in a capacity reduction within some clinics so that dressings can be conducted by consultant colleagues	Live (With Actions)	
1517	Surgery	Urology	/ /	31/01/2017	Lack of Purpose-designed Software to record outcomes of Urology Endoscopy procedures: All patients who undergo Flexible cystoscopy in the Trust should have clear and precise recording of findings with captured endoscopic images of finding when needed. These should be available for review on EPR as well as a record of outcome and recommendations to GP and patient as well as the case notes.	Live (Monitor)	
817	Surgery	Anaesthetics (S)	15/11/2016	16/04/2017	Anaesthetic machines and monitors more than 10 years old	Live (With Actions)	Andrew Jinks
818	Surgery	Anaesthetics (S)	15/11/2016	13/02/2017	Lack of Level 1 area for surgical patients post-operatively	Live (With Actions)	Jaysimha Susarla
819	Surgery	Anaesthetics (S)	10/02/2017	11/05/2017	Shortage of TCI pumps in theatres	Live (With Actions)	Andrew Jinks
822	Surgery	Anaesthetics (C)	/ /	11/10/2016	Lack of EtCO2 monitors in recovery	Live (With Actions)	
821	Surgery	Anaesthetics (C)	13/07/2016	01/12/2016	Shortage of Ultrasound Machine	Live (With Actions)	Jaysimha Susarla

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837	Surgery	Anaesthetics (C)	13/07/2016	12/08/2016	Serious untoward events Wrong side blocks in anaesthetics	Live (Monitor)	Subash Sivasubramani
841	Surgery	Anaesthetics (C)	/ /	15/12/2016	Reduction in trainees numbers leading to vacant slots on the on call rota	Live (With Actions)	
1968	Surgery	SAU (Surgical Assessment Unit)	/ /	04/03/2017	There is a risk of cross infection / harm to patients because of a lack of silver and bronze side rooms on SAU which results in harm to patients, potential outbreak or reduction in patient flow.	Live (With Actions)	
2344	Surgery	Surgery A Management (C)	/ /	26/04/2017	"The hospital environment must be visibly clean; free from essential items and equipment, dust dirt; and acceptable to patients, visitors and staff." http://www.his.org.uk/files/3113/8693/4808/epic3_National_Evidence-Based_Guidelines_for_Preventing_HCAI_in_NHSE.pdf Noted that ward window apertures do not currently have a Trust wide cleaning program and are visibly, dirty/dusty with insects and cobwebs resulting in potential clinical and non-clinical IC hazards.	Live (With Actions)	
1427	Surgery	Pain Services (C)	/ /	09/05/2017	Unable to provide single sex areas for procedure lists	Live (With Actions)	
2277	Surgery	Pain Services (C)	/ /	09/05/2017	Unable to load images to PACS or print.	Live (With Actions)	
2375	Surgery	Pain Services (C)	/ /	11/05/2017	Increase in pain referrals by approximately 20% over the last year.	Live (With Actions)	
866	Surgery	Adult Surgical Unit BTC	/ /	12/07/2017	COSHH - Chlorhexidine Mouthwash 0.2% resulting in potential harm as noted on COSHH data sheet	Live (With Actions)	
826	Surgery	Anaesthetics (S)	22/11/2016	09/05/2017	Risk of inability to maintain anaesthetic record due to lack of appropriate printers in theatres meaning that patient anaesthetic monitoring cannot be printed. accurate record	Live (With Actions)	Kara Blackwell
2554	Surgery	Vascular Services	/ /	31/07/2017	No provisions for patients seen in out-patients who require non urgent transfer to UHB	Live (With Actions)	
1526	Surgery	Urology	/ /	16/06/2017	Lack of suitable secretarial support leading to delay in correspondence getting to GPs	Live (Monitor)	
1275	Surgery	Lyndon 3	/ /	12/07/2017	COSHH - Piped Oxygen and portable cylinders (BOC) resulting in potential harm if not used correctly as noted on COSHH data sheet. Highly flammable	Live (With Actions)	
1860	Surgery	Breast Unit - Surgery BTC	/ /	24/09/2016	Biopsies not on MDM	Live (Monitor)	
883	Surgery	Breast Unit - Surgery BTC	/ /	/ /	Junior Staff Availability	Live (Monitor)	

Number	Department Division	Department	Last Review Date	Review Date	Title	Status	Reviewed By
880	Surgery	Breast Unit - Surgery BTC	/ /	/ /	Missed Biopsies results	Live (Monitor)	
881	Surgery	Breast Unit - Surgery BTC	/ /	/ /	delays in obtaining HER-2 results results in delay in systemic therapy with potential poorer outcomes. Currently test sent to other trusts for testing. Not meeting NICE breast cancer clinical standards	Live (Monitor)	
2887	Surgery	Surgery A Management (S)	/ /	/ /	There are only two Imaging Intensifiers at Sandwell. To be able to work safely and ensure that we can have access to Imaging in all theatres when required we need a third Imaging Intensifier	Live (Monitor)	
2273	Surgery	Fracture Clinic (C)	/ /	25/01/2017	Overbooking of Fracture Clinics has been a repeated feature of the fracture clinic and is deemed unsafe posing unnecessary risks in the system. This is caused both through: - ED access / ability to amend clinics and add slots to clinics - walk-ins to service without permission - failures to correctly change clinic templates	Live (With Actions)	
873	Surgery	Adult Surgical Unit BTC	/ /	12/07/2017	Capacity issues:- No discharge / step down area. Resulting in - Confidentiality breaches, privacy and dignity, single sex breach, patient complaints, unit resources stretched including requirement for safe staffing at short notice, affecting staff morale / stress and standard of optimal patient care with potential of on day cancellations.	Live (With Actions)	
872	Surgery	Adult Surgical Unit BTC	/ /	12/07/2017	Infection control - exposure to biological contaminants by direct contact, inhalation, ingestion and injection. Staff, patients or visitors could be injured or harmed by; incorrect storage or disposal of clinical waste, incorrect decontamination of equipment or incorrect storage of clinical equipment	Live (With Actions)	
1338	Surgery	Newton 3	/ /	10/01/2017	COSHH Chlorhexidine Mouthwash 0.2% resulting in potential harm as noted on COSHH data sheet	Live (With Actions)	
1340	Surgery	Newton 3	/ /	10/01/2017	COSHH - Videne Antiseptic solution 10% w/w cutaneous solution (Iodinated Povidine) (Ecolab) resulting in potential harm if not used correctly as noted on COSHH data sheet. Highly flammable	Live (With Actions)	
1342	Surgery	Newton 3	/ /	11/07/2017	COSHH - Sejem Toothpaste (J A Marketing) resulting in potential eye irritation if they come into contact with product.	Live (With Actions)	
1344	Surgery	Newton 3	/ /	11/07/2017	COSHH Cutan Hand cream resulting in potential eye irritation or digestive discomfort and identified as non-flammable	Live (With Actions)	
1345	Surgery	Newton 3	/ /	11/07/2017	COSHH Cutan Foaming Hand Soap resulting in potential eye irritation or digestive irritation if taken in large amounts (diarrhoea and vomiting) Noted as non-flammable	Live (With Actions)	
1364	Surgery	Newton 3	/ /	11/07/2017	COSHH - Hydro-caine lubricating jelly (Clinisupplies LTD) resulting in minimal harm if not used correctly as noted on COSHH data sheet .	Live (With Actions)	

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Appendix C

Number	Department Division	Department	Last Review Date	Review Date	Title	Status	Reviewed By
1360	Surgery	Newton 3	/ /	11/07/2017	Security - Newton 3. Unauthorised entry to ward due to tailgating or use of pak swipes. Potential result in theft of ward stock, stationery, equipment and staff personal belongings. Unsupervised access and egress to department esp. at times of reduced staff numbers/out of hours	Live (With Actions)	
2008	Surgery	Plaster Room (C)	/ /	/ /	The Plaster Service currently has high levels of agency capacity due to sickness and required workplace adjustments - the potential for short notice loss of capacity places a risk on the safety of the service	Live (With Actions)	
2950	Surgery	Pain Services (C)	/ /	/ /	Psychology appointments slots can not be booked up 6 weeks in advance. Meeting with Psychologist identified that this is a quality and service provision matter. New patient and review sessions need to be identified on 1:2:1 basis per client needs as identified after new Psychology assessment.	Live (Monitor)	
2874	Surgery	Critical Care (C)	/ /	/ /	Since the closure of D12 there is a lack of HBNO4 rooms within the organisation to meet demand. Both HBNO4 rooms are currently full with TB patients	Live (Monitor)	
207	Surgery	Fracture Clinic (C)	/ /	/ /	13/11/13 T & O 14	Live (With Actions)	
2700	Surgery	Critical Care (C)	/ /	13/08/2017	Failure to implement Bedside Medical Device Integration (BMDI) in Critical Care will require nursing staff to manually enter physiological data into EPR	Live (With Actions)	
1079	Women & Child Health	D17	/ /	/ /	Slips, Trips & Falls due to admitting or pre existing condition which may result in injury and to reduce risks of more serious events resulting in potential quality controls and reduction of litigation action and resource depletion.	Live (Monitor)	
1080	Women & Child Health	D17	/ /	/ /	New and Expectant Mothers: Resulting in occupational harm if individual risk assessments not completed .	Live (With Actions)	
1088	Women & Child Health	D17	/ /	22/07/2017	Prescription of medication on admission Incident reports trend for Patients missing medication as not prescribed on admission, resulting in potential medication errors/omissions.	Live (With Actions)	
1099	Women & Child Health	D17	/ /	27/01/2017	Capacity issues necessitating admission of outliers Resulting in delay in treatment /potential of patient deterioration	Live (With Actions)	

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2315	Women & Child Health	D17	/ /	20/04/2017	<p>"The hospital environment must be visibly clean; free from essential items and equipment, dust dirt; and acceptable to patients, visitors and staff."</p> <p>http://www.his.org.uk/files/3113/8693/4808/epic3_National_Evidence-Based_Guidelines_for_Preventing_HCAI_in_NHSE.pdf</p> <p>Noted that ward window apertures do not currently have a Trust wide cleaning program and are visibly, dirty/dusty with insects and cobwebs resulting in potential clinical and non-clinical IC hazards.</p>	Live (Monitor)	
2316	Women & Child Health	D17	/ /	11/08/2017	Assurance of safe staffing & ability to deliver safe care.	Live (With Actions)	
2346	Women & Child Health	D06	/ /	11/08/2017	Assurance of safe staffing & ability to deliver safe care.	Live (With Actions)	
2364	Women & Child Health	D06	10/03/2017	09/08/2017	<p>he hospital environment must be visibly clean; free from essential items and equipment, dust dirt; and acceptable to patients, visitors and staff."</p> <p>http://www.his.org.uk/files/3113/8693/4808/epic3_National_Evidence-Based_Guidelines_for_Preventing_HCAI_in_NHSE.pdf</p> <p>Noted that ward window apertures do not currently have a Trust wide cleaning program and are visibly, dirty/dusty with insects and cobwebs resulting in potential clinical and non-clinical IC hazards.</p>	Live (Monitor)	Mariola Smallman
2485	Women & Child Health	D19 PAU	/ /	/ /	STF (INTERNAL) There is a risk that patients, staff or visitors could slip, trip or fall within Trust premises because of environmental hazards and personal illness/disability	Live (With Actions)	
2490	Women & Child Health	D19 PAU	/ /	/ /	SHARPS/SPLASHES There is a risk of sharps or splash incidents due to unsafe needle/devices (and/or improper handling/disposal) or direct contact via splashes of contaminant during procedure/care which could result in exposure to biological contaminants, blood and other potentially infectious materials.	Live (With Actions)	
1101	Women & Child Health	D17	/ /	03/02/2017	Security (Information/HCR) Resulting in breach of Information Governance/confidentiality/Damage Trust reputation and public confidence and potential litigation.	Live (With Actions)	

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1117	Women & Child Health	D06	/ /	08/06/2017	SECURITY (Access Control Out-of-Hours) Unauthorised entry to Ward D6 - PAU with swipe card access out of hours, sign applied to theatre side door entrance Resulting in potential theft of ward stock, stationery, equipment and staff / patient personal belongings Confused patients entering or exiting ward without being detected	Live (With Actions)	
2899	Women & Child Health	Community - Paeds (S)	/ /	/ /	Birmingham Childrens' Hospital have changed their pathway for the surgical management of gastrostomy insertion to a 23 hour admission. This has been done without consultation. The community teams and dieticians are now expected to do all the preparation for surgery and the after care and teaching required.	Live (With Actions)	
3094	Women & Child Health	Paediatric OPD (S)	/ /	/ /	New ways of working may lead to Paediatric OPD departments at Sandwell and Birmingham treatment centre children opd.	Live (Monitor)	
3095	Women & Child Health	Paediatric OPD (S)	/ /	/ /	New ways of working may lead to Paediatric OPD departments at Sandwell and Birmingham treatment centre children opd.	Live (Monitor)	
3326	Women & Child Health	Community - Midwifery (C)	/ /	/ /	Due to the high volume of socially complex maternity cases and under establishment of the safeguarding team there is a risk delay in CMW receiving specialist advice and support when referring to Childrens services, producing court reports and other safeguarding activity.	Live (With Actions)	
3343	Women & Child Health	Neonatal Unit	/ /	/ /	There is a risk that the door in isolation cubicles may at times be left open due to insufficient staffing numbers on shift which will result in inappropriate isolation of neonates	Live (With Actions)	
3344	Women & Child Health	Neonatal Unit	/ /	/ /	There is a risk that neonates will be colonised with Pseudomonas Aeruginosa following the emerging outbreak within the neonatal unit.	Live (With Actions)	
3345	Women & Child Health	Neonatal Unit	/ /	/ /	There is a risk that the portable heating In the family room outside the neonatal unit could overheat the room.	Live (With Actions)	
847			/ /	11/08/2016	Administrative processes not optimised for theatre scheduling Poor administrative processes in theatre scheduling due to late cancellations, late uptake of lists and 6-4-2 process not being followed. This may result in theatre sessions and clinics not covered appropriately.	Live (With Actions)	
1834			/ /	12/08/2016	Reluctance to pick up consultant on-call locum sessions	Live (With Actions)	
1835			/ /	12/08/2016	Lack of adequate temperature monitoring facilities in theatres	Live (With Actions)	
1885			28/07/2017	27/08/2017	patients are developing pressure damage and some of this damage is preventable (approx. 50%)	Live (With Actions)	Debbie Talbot

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1969			/ /	16/09/2016	There is a no access to some job-planned daycase theatre lists within general surgery resulting in delays to treatment and increased waiting times for surgery	Live (With Actions)	
1972			/ /	01/12/2016	There is a risk that the Colorectal / Stoma Cancer patients will not receive physiological / physical support, education from the CNS team due to a gap in the team which equates to 0.8wte plus junior staff which results in reduced care, poor patient satisfaction and increase in team stress.	Live (With Actions)	
1973			/ /	02/11/2016	There is a risk that Colorectal end of treatment summary CQUiN will not be achieved due to lack of engagement resulting in loss of Trust income.	Live (With Actions)	
2499			/ /	27/04/2017	Epidural Pumps - decommissioned by company.	Live (With Actions)	
2570			11/07/2017	20/07/2017	Maintaining patient safety due to change in the approach to caring for patients who require focussed care across all Elderly Care wards.	Live (With Actions)	Deborah Fretwell
206			/ /	/ /	Consent: As per new consent rules we are taking consent in clinic and filing our self in notes. But still on the day of surgery consent is missing on several occasions.	Live (Monitor)	
3005			/ /	/ /	There is a significant risk to patient safety due to inadequate provision of middle grade doctors within general surgery for both elective and emergency care.	Live (Monitor)	
3162			/ /	/ /	There is a risk of not being able to cover resuscitation and the Children's room within ED with the appropriate staffing and skill mix due to the employment of 2 newly qualified pediatric nurses into a band 6 role.	Live (With Actions)	
3163			/ /	/ /	There is a risk of not being able to provide cover for resuscitation and Children's area's within ED with the appropriate staffing and skill mix due to the employment of 2 newly qualified pediatric nurses into a band 6 role.	Live (With Actions)	
1587			02/09/2016	12/06/2017	There is no system in place to acknowledge alarms, on the temperature monitoring system (Comark), out of routine hours. 1. Risk of failure of UKAS inspection. This could result in loss of income and harm to Trust reputation due to withdrawal of 'referred in' specialist services. 2. Risk of deterioration / loss of reagents and quality control material, used in analysis of patient samples. This could lead to downtime or reduced quality of service, as well as significant cost implications. 3. Risk of deterioration of stored patient samples. This may lead to inability to perform required analysis or inaccurate results.	Live (With Actions)	Diane Edwards