

<b>Report Title</b>	Monthly Risk Register Report		
<b>Sponsoring Executive</b>	Kam Dhami, Director of Governance		
<b>Report Author</b>	Allison Binns, Deputy Director of Governance		
<b>Meeting</b>	Trust Board	<b>Date</b>	6 <sup>th</sup> December 2018

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

Elements of the Risk Register presented this month include:

- Update on the post mitigated red risks accepted as requiring further monitoring;
- Update on the risks affecting Midland Met;
- Plan for revision of Informatics risks
- Information on incidents overdue in web-holding

### 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?]*

Risk Management Committee on 12<sup>th</sup> November 2018  
CLE on 27<sup>th</sup> November 2018

### 4. Recommendation(s)

Trust Board is asked to:

- NOTE** the positive movement with risks associated with Midland Met.
- APPROVE** the plan to review all informatics risks for more robust actions and current risk rating
- NOTE** the decrease in overdue incidents in web-holding

### 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, 3020 & 3021				
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 Trust Board: 6<sup>th</sup> December 2018

### Monthly Risk Register Report

#### 1.0 INTRODUCTION

- 1.1 This report provides Trust Board with an update on risks monitored at Board level. 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 RISKS REQUIRING COMMITTEE ATTENTION

- 2.1 Board level risks have been updated to provide an accurate position against their progress in mitigating the risks.
- 2.2 Risk owners and Executive leads 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 November's Risk Management Committee (RMC) and Clinical Leadership Executive (CLE).
- 2.3 The risks monitored at Board level 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.
- 2.4 The Informatics risks, including those monitored at Trust Board level, (**Risks, 221, 325, 3109 and 3110**), are being reviewed in their entirety to ensure the risks adequately address the current state, are scored appropriately and have robust mitigation plans in place that will actively reduce the risk of occurrence or its impact, if realised. These will be overseen by the Executive Digital Committee.
- 2.5 Two risks relating to Midland Metropolitan Hospital (**Risks 3020 and 3021**) have been revised to reflect the current position which demonstrates positive progress with mitigations and this is reflective of the current risk status which is at the target risk rating (12).

## **2.6 High severity / low likelihood risks**

- 2.6.1** The 24 risks in this category, identified as Estates risks, are being considered by the Estates MPA next month. Of the remaining 18, Clinical Groups and Corporate Directorates are reviewing these. There has been a reduction in 3 Groups/Directorates numbers, showing a review is underway. Three Groups/Directorates remain the same and one (Surgery) has increased from 4 to 11. The Risk Management team will review the risks and work with Groups and Directorates over the next weeks to ensure all risks are correct.

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

- 2.7.1** Work continues to review the risks that have not been reviewed in the past 12 months with a decrease from 275 (at the beginning of November) to 234 (as at report date). Clinical Groups have been asked to provide assurances that these risks are still applicable and assessments need to accurately reflect the current position. Risk owners need to focus on whether there is any indication that these risks have materialised and how actively they are being managed. An update on progress will be provided to RMC in December.

## **2.8 Post mitigated 'red' risks**

- 2.8.1** Six post mitigated 'red' risks, previously presented required review of the risk assessments to ensure agreement on risk rating and consequently their monitoring level.

<b>Risk</b>	<b>Directorate</b>	<b>Title</b>	<b>Review Outcome</b>
3001	Admitted Care	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.	Awaiting new equipment due in Dec 18 then suggested monitoring 6 monthly at directorate level.
2660	Maternity	There is a risk of data entry omissions, inaccuracies & duplication when EPR (UNITY) goes live, if there is no interface between the Maternity & Neonatal records. This may impact upon clinical care and the directorate's financial position. Merged with 2658	This risk is being considered for mitigations as part of the EPR work stream before risk rating can be reviewed.
3220	Operations Management	There is a potential risk of Evacuation, 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	This risk is being tolerated and monitored annually and suggests this is amended to being Live with monitoring unless mitigations are available. Review of risk rating depends on mitigations.

Risk	Directorate	Title	Review Outcome
		relocation of patients to alternative hospitals / Care site	
2894	Paediatrics	There is a risk that children & young people will not receive Physiotherapy caused by vacanciesx1, maternity leave x4, LTSx1. This will result in a significantly reduced Children's Physiotherapy Service, additional pressure on the remaining team members, loss of patient activity with financial implications.	Monitored quarterly and actions in train. Suggest monitoring at Directorate or Group level.
3242	Cancer Management	There is a risk that the breakdown of the trusts 3 old Video Conferencing Kits, caused by age, and lack of access to alternative solutions, will result in inability of core MDT members to input into treatment option discussions for our cancer patients.	In the process of being reviewed.
545	Emergency & Acute Medicine	There is a risk that security staff will be unable to respond to emergency requests to attend ED due to the significant number of times that the Hospital Security team are on Escalation because of staff shortages which could result in patients and staff being harmed in the ED department	Mitigating actions have now been added as part of treating this risk so the post mitigation rating is under review.

**Risk 3211** (ENT service risk) mitigations will be monitored by the Trust Board on a monthly basis.

## 2.9 Clinical Groups/ Corporate Directorates risk mitigation plans

- 2.9.1** To raise the focus of achieving mitigations to reduce risks, RMC will in future ask Clinical Groups/ Corporate Directorates to present these plans where both actions and target dates can be respectfully challenged.

## 3.0 **WEB HOLDING INCIDENTS**

- 3.1** There are a total of 543 incidents in web-holding waiting to be managed as at 29 November 2018, of which 132 are over 21 days, a decrease from the number reported to CLE on 27 November 2018 (323).

	Overdue as at 29/11/2018	In Date as 29/11/2018
Corporate Nursing & Facilities	13	3
Corporate Operations	25	13
Estates & New Hospital Project	5	15
Finance	2	0
Imaging	1	4
Medical Director Office	20	3

	Overdue as at 29/11/2018	In Date as 29/11/2018
Medicine & Emergency Care	16	140
Organisation Development	1	1
Pathology	16	17
Primary Care & Community Therapies	0	67
Strategy & Governance	0	6
Surgery	16	63
Women & Child Health	17	80
<b>Total</b>	<b>132</b>	<b>412</b>

3.2 **Appendix B.** shows the trend in incidents in web holding, total incidents reported, total number of incidents in web-holding by Clinical Group and Corporate Directorate highlighting those which have gone above the 21 day deadline and a forward look to those which remain in date (providing they are managed in time).

3.3 Groups and Directorates continue to clear any incidents over 21 days and need to reassess current practices to ensure a consistent systematic way to ensure incidents are managed both in time but also effectively.

#### 4.0 RECOMMENDATIONS

Trust Board is asked to:

- a) **NOTE** the positive movement with risks associated with Midland Met.
- b) **APPROVE** the plan to review all informatics risks for more robust actions and current risk rating
- c) **NOTE** the decrease in overdue incidents in web-holding

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

Allison Binns  
Deputy Director of Governance  
29 November 2018

## Trust Board Level Risks - November 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 (LxS)	Review frequency	Status
7. 215 09/08/2018	Corporate Operations	Bed Management (S)	There are significant number of Delayed Transfers of Care (DTC) patients remaining in acute beds and community beds, due to a lack of nursing and residential care placements and waits for onward home based care through social services. This results in an increased demand on acute beds.	4x5=20	1. New joint team with Sandwell is in implementation phase.	Rachel Barlow <i>Rachel Barlow</i>	31/03/2019	2x4=8		2x4=8	Quarterly	Live (Monitoring)
2. 3110 22/11/2018	Corporate Operations	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	5x4=20	1. IT infrastructure plan is documented and reports to CLE through the Digital Committee ( but has slippage on delivery dates)	Martin Sadler <i>Rachel Barlow</i>	31/03/2019	5x4=20	1. CIO to complete by November 12th final review of improvement plan (Target date: 12/11/2018) 2. Implement recommendations of Logicalis Review  Update versions on switches  Change rules for routers (Target date: 28/12/2018) 3. Stabilise failing systems by addressing root causes. (Target date: 30/11/2018) 4. Upgrade or replace out of date systems (Target date: 31/03/2019) 5. Replace WiFi on retained estate. (Target date: 30/11/2018) 6. With industry expertise advise fully document technical architecture (Target date: 30/11/2018) 7. Document a robust IT infrastructure plan with well defined scope, delivery milestones and measurable outcomes signed off via digital committee (Target date: 30/11/2018)	3x3=9	Monthly	Live (With Actions)
3. 2849 22/03/2018	Corporate Operations	Medical/Surgical Team (C)	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	1. 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 2.	Rachel Barlow	31/03/2019	5x4=20	1. implement at pace the improvement programme to reduce LOS and improve EDD compliance - red to green focus in Q3 2018 and management of stranded patients to free up equivalent of 17 beds (Target date: 31/03/2019) 2. design local improvement work with clinical teams to reduce bed days in LOS up to 3 days in medicine - Consultant of the week and clinical teams to manage 7-14 day LOS reduction locally (Target date: 31/03/2019) 3. LAI actions to be completed (Target date: 30/11/2018)	2x3=6	Frequency Not set!	Live (With Actions)
4. 214 28/11/2017	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. training completed with competency assessment for operational teams involved in RTT pathway management 4. ongoing audit and RCA process to learn and provide assurance	Liam Kennedy <i>Rachel Barlow</i>	31/12/2018	3x3=9	1. E-learning module for RTT with a competency sign off for all staff in delivery chain - review at November OMC (Target date: 31/12/2018) 2. Data quality process to be audited - confirm date within audit programme. All 52 week breaches have a root cause analysis which is documented via OMC (Target date: 31/12/2018)	2x2=4	Frequency Not set!	Live (With Actions)
5. 3020 29/06/2018	Estates & New Hospital Project	Midland Metropolitan Project	There is a risk that we are unable to reconfigure sufficient acute services in 2019, linked to the Midland Met delay to 2022, owing to a lack of funding and/or process delays in gaining necessary consents, leading to unsustainable services even after unfunded revenue investment	4x4=16	1. weekly senior management core group, supported by weekly meetings with THC and with lenders. clinical oversight of seven Board level hazards will be confirmed by 11/4/2018  board level governance now delegated to revised weekly MPA	Toby Lewis <i>Toby Lewis</i>	30/11/2018	3x4=12	1. assuming zero cost to Homes England delay, price both IT infrastructure and physical estate costs from bringing wards back into use (Target date: 30/11/2018) 2. Complete clinical analysis of options - working group and CLE undertaken detailed work. now need to finalise locations and sequence and confirm nature of retained ED function at SGH (Target date: 30/11/2018)	3x4=12	Monthly	Live (With Actions)
6. 3021 26/10/2018	Estates & New Hospital Project	Midland Metropolitan Project	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. procurement process complies with statutory regulations and implemented with commercial and legal advice	Alan Kenny <i>Toby Lewis</i>	31/12/2018	3x4=12	1. issue detailed market engagement programme seek to establish contractual framework which retains contractor prior to finance house conclusion (Target date: 30/11/2018) 2. extend work on 2019 changes to specify what delay beyond 2022 might necessitate (Target date: 30/11/2018) 3. Issue finalised procurement commencing in November 2018 after 'soft' market engagement (Target date: 12/11/2018)	3x4=12	Bi-Monthly	Live (With Actions)
7. 3234 25/07/2018	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.	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)	Dinah Mclannan	31/12/2018	4x4=16	1. Deliver operational performance consistent with delivery of financial plans to mitigate further cash erosion  - Monthly monitoring of CIP delivery through reporting, weekly tracking through CIP Board, and forecasting - Monthly monitoring of Patient related income and other income and forecasting - Ensure commissioner QIPP is aligned to Trust CIP wherever possible and where it is not, ensure any potential financial impact is mitigated through system cost reduction framework (ICS, alignment of Trust and CCG financial plans)	3x4=12	Monthly	Live (With Actions)

# Trust Board Level Risks - November 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 (LxS)	Review frequency	Status
					1. Regulator scrutiny of financial plans (IAM) 2. Regular scrutiny of delivery by FIC and Trust Board (IAM) 3. Weekly CIP Board (IAM) 4. Fortnightly Finance PMO and bi-monthly group review meetings (IAM) 5. Weekly ICS meetings (IAM)				- Secure market opportunities to drive financial margin gain - Enhance the opportunity for CIP delivery as a result of Model Hospital / GIRFT opportunities (Target date: 30/11/2018) 2. 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 (Target date: 31/12/2018) 3. 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. (Target date: 30/11/2018) 4. 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 (Target date: 31/12/2018) 5. Ensure the Trust remains linked to the national processes to access capital funding (STP route, loans) (Target date: 31/12/2018) 6. Develop and secure alternative funding and contracting mechanisms with commissioners secure income recovery and drive the right long term system behaviours; - Establish ICS board - Hold commissioners to account on system behaviours linked to contract management - Ensure timely resolution of contract challenges and effectively mitigate financial risk associated with this (Target date: 31/12/2018) 7. 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 (Target date: 31/12/2018) 8. Secure borrowing to bridge any financial gap (Target date: 31/12/2018) 9. Ensure necessary and sufficient capacity and capability to deliver scale of improvement required (Target date: 31/12/2018) 10. Strengthen the capacity and capability of the income and contracting function to support delivery of Trust's financial plans (Target date: 31/12/2018) 11. Ensure funding streams for costs in relation to Midland Met delay are identified (Target date: 31/12/2018) 12. Ensure sufficient early identification and management of emergent cost pressures outwith the financial plan (Including Unity delay pressures for 2018/19) (Target date: 30/11/2018)			
3109 26/11/2018	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	1. 24/7 on call IT support in place but with variable skills and competence 2. change control processes documented but compliance variable 3. There is now an established Change Control and approval system.  All proposed changes to the infrastructure are logged and approved by the IT Change Management Group.  Some trusted changes are pre-approved by the IT Change management group.  Changes are logged for request, approval and completion.  The IT change management group meets weekly and approves emergency changes outside of this occurrence but within the procedure. 4. We have reviewed who has access to make changes to infrastructure and we have removed access from some individuals.	Martin Sadler  <i>Rachel Barlow</i>	31/01/2019	4x5=20	1. Implement changes to contracts to align with service expectations (Target date: 30/11/2018) 2. Implement on-call rota as per consultation. (Target date: 31/01/2019)	3x4=12	Monthly	Live (With Actions)



## Trust Board Level Risks - November 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 (LxS)	Review frequency	Status
534 29/08/2018	Medical Director Office	Medical Director's Office (C)	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	1. Withdrawal of UHB oncologists confirmed, however assurance given around attendance at MDT meetings. Gaps remain due to simultaneous MDT meetings. 2. Oncology recruitment ongoing.	Jennifer Donovan  David Carruthers	01/08/2019	2x4=8	1. Patients who are considered for Oncology are referred to the tertiary centres at QE and Royal Wolverhampton to prevent pathway delay. (Target date: 01/08/2019)	1x4=4	Quarterly	Live (With Actions)
2642 29/08/2018	Medical Director Office	Medical Director's Office (C)	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 required to keep HCR up to date - Actions related to results are updated in HCR 5. SOP - Results from Pathology by Telephone (attached)	David Carruthers  David Carruthers	31/12/2018	2x5=10	1. All staff to comply with the updated Management of Clinical Diagnostic Tests policy (Target date: 01/12/2018) 2. To review and update Management of Clinical Diagnostic Tests (Target date: 31/12/2018) 3. Implementation of EPR in order to allow single point of access for results and audit (Target date: 01/12/2018)	1x5=5	Bi-Monthly	Live (With Actions)
566 21/11/2018	Medicine & Emergency Care	Accident & Emergency (S)	There is an actual risk that the ED Consultant rota is unable to be filled with the existing workforce establishment in post.  The Consultant rota is carrying a current vacancy of 6.3wte cross-site. The risk associated with the rota gaps is impacted by the lack of ED Consultants available for employment.  The impact of the risk is that shifts will not be filled by substantive or locum staff, leaving shifts vacant. This will directly impact on patient care and operational delivery, i.e. delays in senior medical assessments, decision making regarding treatment and delays in referrals to specialist treatment pathways which may lead to compromising patient safety; affect patient outcomes and adverse publicity.	4x5=20	1. Recruitment campaign through local networks, national adverts, head-hunters and international recruitment expertise. 2. Robust forward look on rotas are being monitored through leadership team reliance on locums and shifts are filled with locums; 3. Leadership development and mentorship programme in place to support staff development.	Michelle Harris  Rachel Barlow	28/12/2018	4x5=20	1. Recruitment ongoing with marketing of new hospital. Attendance at annual AGM (Target date: 31/12/2018) 2. Development of an overarching recruitment strategy for all ED clinical staff. (Target date: 31/08/2018) 3. Review JD and advert for Consultant in Emergency Medicine. Advertise before advert requires review by Regional officer. (Target date: 18/06/2018)	3x4=12	Quarterly	Live (With Actions)
1643 23/01/2018	Medicine & Emergency Care	Medical A Management (C)	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.	5x4=20	1. Use of intelligent nursing rosters across clinical group and bank staff including block bookings 2. Close working with partners in relation to reducing DTOCs LOS 3. lead clinician appointed to ward to oversee quality standards with ward manager and completeness of necessary medical rota 4. patient flow programme designed to reduce LOS and close beds includes consultant of the week model for admitting specialties from November to provide consistency of medical decision making and focus on EDD / LOS. PMO chaired by COO established to oversee delivery .	Rachel Barlow  Rachel Barlow	31/12/2018	4x4=16	1. COW and clinical teams to focus on 7-14 day LOS reduction through implementing red to green and owning local improvement opportunities. central improvement approach via a pan directorate meeting to support LOS reduction in the cross cutting reds (Target date: 30/11/2018) 2. stranded patient focus to reduce LOS in patients staying over 21 days by equivalent to 27 beds (Target date: 30/11/2018)	2x4=8	Monthly	Live (With Actions)
114 06/04/2018	Organisation Development	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. Delivery of the Trust's CIP Plan is overseen via a CIP Board formal project structure, reporting to the Trust Board. 2. The Executive led delivery plan is progressing the reduction of WTEs alongside a change management programme and formal consultation in accordance with statutory requirements. This includes learning from previous consultation, relevant legislative change and increased joint working with Staff side partners. 3. Scrutiny at Finance and Investment Committee 4. Scrutiny at People and OD Board Committee 5. Trust Board oversight of whole pay, non pay and income programme for 18/19	Raffaella Goodby  Raffaella Goodby	31/03/2019	3x5=15	1. Implementation of 2nd year of the 16-18 CIP's monitored via TPRS. (Target date: 31/03/2019) 2. Identification of pay CIP's for 18/19 that are detailed via group with a risk log, effective programme management and executive led oversight (Target date: 31/03/2019) 3. 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 (Target date: 31/03/2019)	3x3=9	Quarterly	Live (With Actions)
221 22/11/2018	Strategy & Governance	Informatics(C)	There is a risk of delay to a trust wide implementation of a new EPR, due to insufficient IT infrastructure or delay in meeting gateway criteria to proceed to go live on time, which would result in quality, financial and reputational risks.	5x4=20	1. Recruitment of suitably skilled specialist resources for EPR Programme and Infrastructure stabilisation and embed effective leadership for implementation 2. Delivery risk partially shared with supplier through contract 3. Project prioritised by Trust Board, MPA and group leadership 4. Project governance including Unity implementation committee, integrated governance in place. weekly reporting by exception to the major projects authority 5. Focus on defining resources to deliver the implementation including business change, training and champions.	Martin Sadler  Rachel Barlow	31/01/2019	4x4=16	1. review go live date and programme via Digital MPA (Target date: 13/11/2018) 2. Embed Informatics implementation and change activities in Group PMOs and production planning (Target date: 15/11/2018) 3. create end to end programme to 3 months post go live required for October and January go live dates (Target date: 18/11/2018) 4. ensure mitigation plans are delivered against timelines (this will be tracked through UIC) (Target date: 31/12/2018)	2x4=8	Monthly	Live (With Actions)



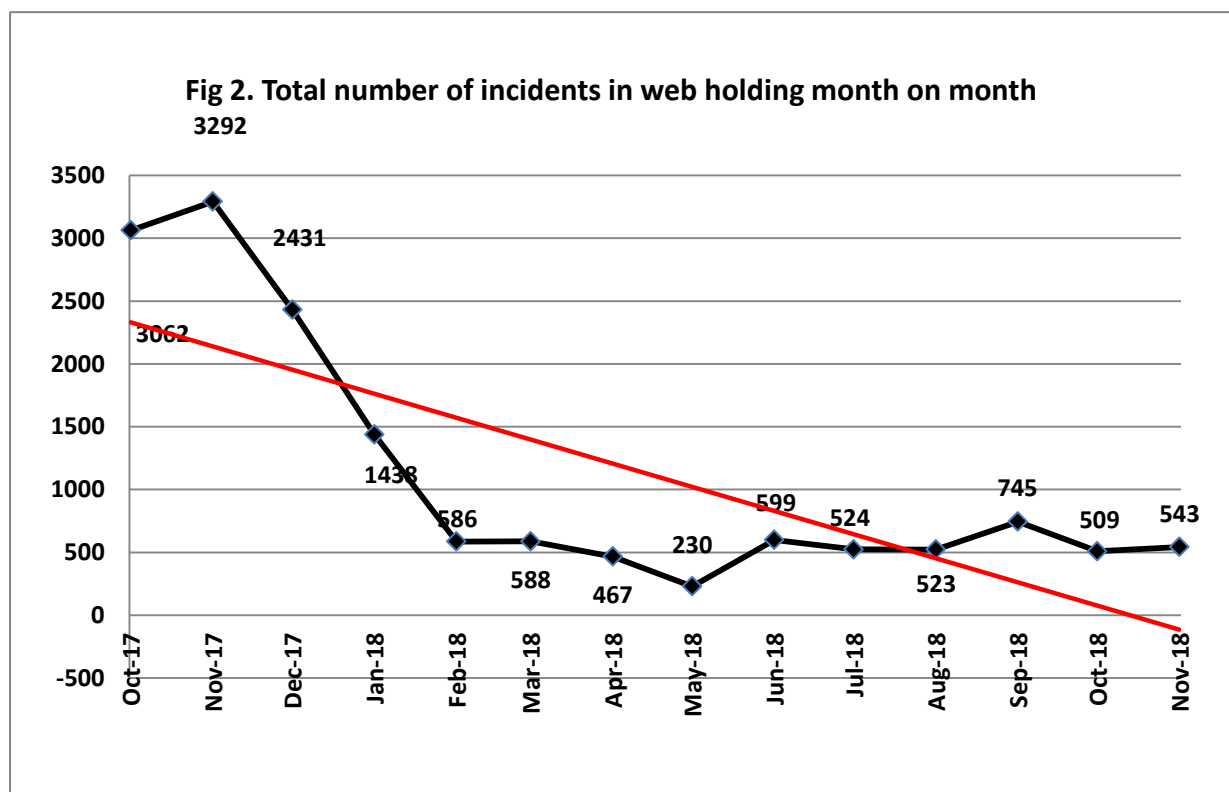
## Trust Board Level Risks - November 2018

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 (LxS)	Review frequency	Status
					1. SRO role with CEO. 2. IT infrastructure review in train to stabilise infrastructure and user experience before go live 3. financial review in train to mitigate project overspend				1. Complete wifi, IT infrastructure and hardware deployment on time (Target date: 30/01/2019)			
75. 325 22/11/2018	Strategy & Governance	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. Annual Cyber Security Assessment 3. Information Security Forum 4. Monthly security reporting by Informatics Third Line Manager 5. System Center Operations Manager alerting 6. Trust Business Continuity plans 7. CareCERT NHS wide and Trust specific alerting	Martin Sadler <i>Martin Sadler</i>	31/03/2019	4x4=16	1. 1. Conduct a review of staff training. 2. Undertake training for Informatics staff in cyber security using NHS Digital courses. 3. Verify all staff confident in cyber security (Target date: 31/12/2018) 2. Implement cyber security improvements as per infrastructure plan (Target date: 31/03/2019) 3. 1. Agree scope with COO, Caroline Rennals, Mark Reynolds 2. Plan and hold rehearsal 3. Review lessons learned (Target date: 27/10/2018) 4. Remove Windows XP (Target date: 30/11/2018) 5. Upgrade servers from version 2003. (Target date: 30/11/2018) 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 (Target date: 13/11/2018) 7. Resolve additional actions from cyber security review (4 to complete) (Target date: 30/11/2018)	2x4=8	Monthly	Live (With Actions)
76. 3132 06/11/2018	Surgery	BMEC Accident & Emergency (C)	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.	1x4=4	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	28/02/2019	1x4=4		1x4=4	Quarterly	Live (Monitor)
77. 410 17/10/2017	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	1. Reviewing plans in line with STC retained estate	Laura Young <i>Rachel Barlow</i>	21/12/2018	3x4=12	1. Review plans in line with STC retained estate (Target date: 21/12/2018)	2x2=4	Quarterly	Live (With Actions)
78. 666 23/10/2018	Women & Child Health	Lyndon Ground	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 monitored for internal and external monitoring purposes. 3. Awareness training for Trust staff to support management of patients is in place 4. Children are managed in a paediatric environment.	Heather Bennett <i>Rachel Barlow</i>	31/12/2018	4x4=16		x=0	Quarterly	Live (Monitor)
79. 121 17/10/2017	Women & 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. Robust validation of cross charges from secondary providers.	Amanda Geary <i>Rachel Barlow</i>	30/09/2018	3x4=12	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. (Target date: 28/02/2019)	2x4=8	Bi-Monthly	Live (With Actions)

## Incident Report Status

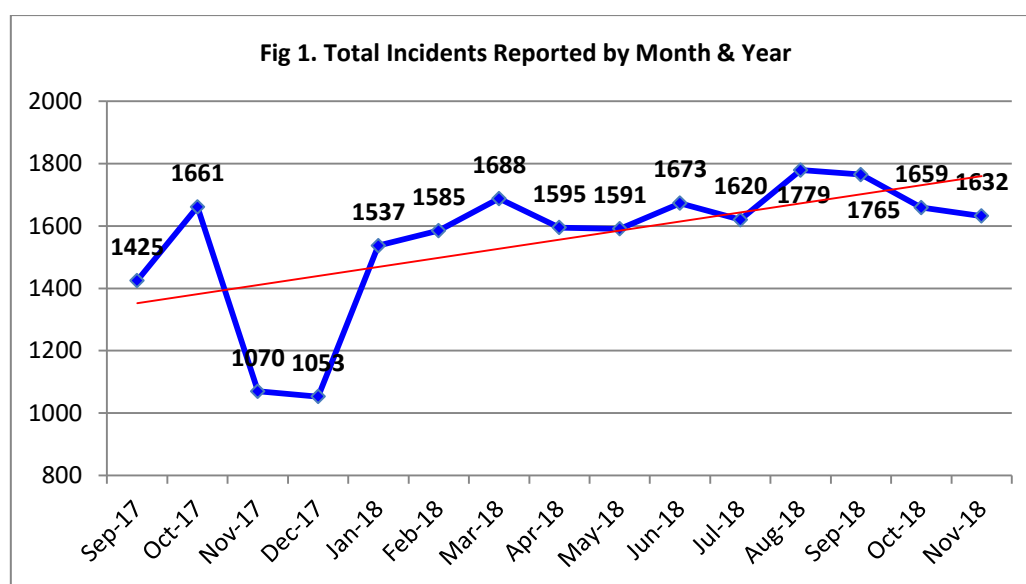
## 1. Total Incidents in Web Holding (Month-on-Month)

Figure 1 shows month-on-month numbers of incidents in the system waiting to be processed.



## 2. Total Incidents Reported (By Month &amp; Year)

Figure 2 shows the total number of incidents reported over the last 13 months. During November 2018 there were 1632 incidents reported compared to 1070 in November 2017.



**3. Total number of incidents over 21 days by Group/Directorate by number of weeks overdue (29/11/18).**

**Figure. 3**

<b>Count of Reported Date</b>	<b>1 week Overdue:</b>	<b>2 weeks Overdue:</b>	<b>3 weeks Overdue:</b>	<b>4 weeks Overdue:</b>	<b>5 weeks + Overdue:</b>	<b>Grand Total</b>
Corporate Nursing Services	1	0	0	2	10	<b>13</b>
Corporate Operations	4	3	3	4	11	<b>25</b>
Estates & New Hospital Project	1	0	0	0	3	<b>4</b>
Finance	0	0	0	0	2	<b>2</b>
Imaging	0	0	0	0	1	<b>1</b>
Medical Director Office	1	1	0	0	14	<b>16</b>
Medicine & Emergency Care	1	0	0	0	4	<b>5</b>
Organisation Development	0	0	0	0	1	<b>1</b>
Pathology	1	0	0	0	10	<b>11</b>
Primary Care & Community Therapies	0	0	0	0	0	<b>0</b>
Strategy & Governance	0	0	0	0	0	<b>0</b>
Surgery	0	0	0	0	12	<b>12</b>
Women & Child Health	6	0	0	0	2	<b>8</b>
<b>Grand Total</b>	<b>15</b>	<b>4</b>	<b>3</b>	<b>6</b>	<b>70</b>	<b>98</b>

**4. Total number of incidents in date, but not completed, as at 29 November 2018 with details of when they will become overdue.**

**Figure. 4**

<b>Clinical/Corporate Group</b>	<b>6/12/18</b>	<b>13/12/18</b>	<b>20/12/18</b>	<b>Grand Total</b>
Corporate Nursing & Facilities	1	0	2	3
Corporate Operations	6	4	3	13
Estates & New Hospital Project	6	1	8	15
Imaging	0	2	2	4
Medical Director Office	1	1	1	3
Medicine & Emergency Care	20	32	88	140
Organisation Development	0	0	1	1
Pathology	8	7	2	17
Primary Care & Community Therapies	5	18	44	67
Strategy & Governance	2	1	3	6
Surgery	10	10	43	63
Women & Child Health	21	25	34	80
<b>Grand Total</b>	<b>80</b>	<b>101</b>	<b>231</b>	<b>412</b>