Risk No.	Clinical Group	Department	Risk	Initial Risk Rating (LxS)	Existing controls	OWNER / Execut ive lead	Last Review Date	Current Risk Rating (LxS)	Gaps in control and planned actions	Target Risk Rating (LxS)	Review frequency	Status
1. 215 27/03/2019	Corporate Operations	Bed Management (S)	There are significant number of Delayed Transfers of Care (DTOC) 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 community beds.	4x4=16	1. DTOC meeting to review progression of patients requiring social care support for discharge 2. regular MADE event led by the Chief Nurse and focus on reducing patients with a LOS > 21 days	Rachel Barlow Rachel Barlow	27/03/2019	2x4=8	1. Development work needed to optimize on site function and contribution of social care team at city hospital . COO agreed improvement focus with BCC leadership team (Target date: 28/02/2019) 2. audit high bed day pathways to inform focus for improvement via A&E delivery board (Target date: 30/04/2019)	2x4=8	Quarterly	Live (Monit or)
2. 3110 22/03/2019	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 Rachel Barlow	20/03/2019	4x4=16	1. CIO to complete the final review of improvement plan (Target date: 30/04/2019) 2. Implement recommendations of Logicalis Review Update versions on switches Change rules for routers, remove spanning tree issues. (Target date: 26/04/2019) 3. Stabilise failing systems by addressing root causes. (Target date: 31/05/2019) 4. Upgrade or replace out of date systems (Target date: 30/06/2019) 5. With industry expertise advise fully document technical architecture (Target date: 26/04/2019) 6. Document a robust IT infrastructure plan with well defined scope, delivery milestones and measurable outcomes signed off via digital committee (Target date: 30/05/2019)	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. 3. Achieve outcomes of discharge project: 10 before 10 discharge project day before discharge TTAs readiness Criteria led discharge meet ward discharge goals	Rachel Barlow	27/03/2019	5x4=20	1. discharge project in train with aim to : discharge 10 patients before 10am all TTOs ready day before discharge meet ward discharge goals (Target date: 31/03/2019) 2. Focus on weekend discharge rate and planning for Monday; design in Q1 approach to sustain a 7day equal discharge flow in Q£ and Q4. (Target date: 30/06/2019) 3. PCCT to design and implement a hotel booking system to reduce avoidable stay in acute beds; aim for 80% of beds to be pre-booked and 50% of admissions to be achieved by 12pm. (Target date: 30/04/2019) 4. optimize LOS improvement from imaging sustainability plans (Target date: 31/07/2019)	2x3=6	Quarterly	Live (With Actions)
4. 214 20/12/2018	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 Rachel Barlow	27/03/2019	3x3=9	1. Complete full validation of open referrals and 'C state' (Target date: 31/03/2019)	1x3=3	Monthly	Live (With Actions)
5. 3021 28/02/2019	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 Toby Lewis	28/02/2019	2x4=8	1. Maintain oversight of approval process for FBC to ensure that July 2019 deadline for approval is met (Target date: 01/07/2019)	2x4=8	Quarterly	Live (With Actions)
6. 3020 28/02/2019	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 Toby Lewis	28/02/2019	3x4=12	1. 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: 30/04/2019)	3x4=12	Monthly	Live (With Actions)
7. 3234 25/03/2019	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)	Dinah Mclanna	25/03/2019	4x4=16	1. Ensure necessary and sufficient capacity and capability to deliver scale of improvement required (Target date: 31/03/2019) 2. Strengthen the capacity and capability of the income and contracting function to support delivery of Trust's financial plans (Target date: 31/03/2019)	3x4=12	Monthly	Live (With Actions)

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					1. Internal audit review of key financial controls (IAM) 2. Regulator scrutiny of financial plans (IAM) 3. Regular scrutiny of delivery by FIC and Trust Board (IAM) 4. Weekly CIP Board (IAM) 5. Fortnightly Finance PMO and bi-monthly group review meetings (IAM) 6. Weekly ICS meetings (IAM)				1. Ensure sufficient early identification and management of emergent cost pressures outwith the financial plan (Including Unity delay pressures for 2018/19) (Target date: 31/03/2019) 2. 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) - Secure market opportunities to drive financial margin gain - Enhance the opportunity for CIP delivery as a result of Model Hospital / GIRFT opportunities (Target date: 31/03/2019) 3. 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: 31/03/2019) 4. Develop a production recovery plan. (Target date: 31/03/2019) 5. Ensure the Trust remains linked to the national processes to access capital funding (STP route, loans) (Target date: 31/03/2019) 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: 31/03/2019) 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: 31/03/2019)			
8. 3109 22/03/2019	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 *Rachel Barlow*	20/03/2019	4x3=12	1. Implement on-call rota as per consultation. (Target date: 30/06/2019)	3x4=12	Monthly	Live (With Actions)
9. 534 20/12/2018	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*	21/03/2019	1x4=4	1. Now being monitored. Individual incidents will be reported and followed up with appropriate risk assessment review if realised. (Target date: 20/12/2019)	1x4=4	Quarterly	Live (Monitor)

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10. 2642 21/02/2019	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 require to keep HCR up to date - Actions related to results are updated in HCR 5. SOP - Results from Pathology by Telephone (attached)	David Carruthe *David Carruthers*	21/03/2019	3x5=15	1. Implementation of EPR in order to allow single point of access for results and audit (Target date: 01/04/2019) 2. To review and update Management of Clinical Diagnostic Tests (Target date: 31/03/2019)	1x5=5	Quarterly	Live (With Actions)
11. 566 27/03/2019	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.	Bethany Hughes *Rachel Barlow*	27/03/2019	4x5=20	1. recruitment plan and trajectory in place (Target date: 31/03/2020)	3x4=12	Quarterly	Live (Monitor)
12. 1643 27/03/2019	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.	4x4=16	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 . 5. focus on discharge improvement and LOS reduction to reduce bed day demand	Rachel Barlow *Rachel Barlow*	04/12/2018	4x4=16	1. focus on 7 day discharge profiles and meeting goals including 10 patients home before 10am (Target date: 30/09/2019) 2. PCCT to design and implement hotel booking model; aim to pre book 80% of beds and to admit 50% of patients by 12pm (Target date: 31/05/2019) 3. optimize LOS benefits form imaging sustainability project (Target date: 31/07/2019)	2x4=8	Monthly	Live (Monitor)
13. 114 27/03/2019	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.	3x5=15	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	Raffaela Goodby *Raffaela Goodby*	19/02/2019	3x5=15		3x5=15	Quarterly	Live (Monitor)
14. 221 22/03/2019	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. 6. SRO role with CEO. 7. IT infrastructure review in train to stabilise infrastructure and user experience before go live	Martin Sadler *Rachel Barlow*	20/03/2019	4x4=16	1. Complete wifi, IT infrastructure and hardware deployment ahead of the go live time. The infrastructure plan is that we will be fit for purpose by the end of April (Target date: 30/04/2019)	2x4=8	Monthly	Live (With Actions)

Sandwell and West Birmingham Hospitals NHS Trust

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					1. financial review in train to mitigate project overspend							
15. 325 22/03/2019	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 / Martin Sadler	18/02/2019	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: 31/03/2019) 2. Implement cyber security improvements as per infrastructure plan (Target date: 31/03/2019) 3. 1. Agree scope with COO 2. Plan and hold rehearsal 3. Review lessons learned (Target date: 08/04/2019) 4. Upgrade servers from version 2003. (Target date: 15/03/2019) 5. 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: 31/03/2019) 6. We are commissioning another review to ensure that the actions required are complete and to check whether there are any further. (Target date: 30/04/2019)	2x4=8	Monthly	Live (With Actions)
16. 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	04/02/2019	1x4=4		1x4=4	Quarterly	Live (Monitor)
17. 3211 27/03/2019	Surgery	ENT(C)	ENT deficit in staffing due to vacancies. Inability to safely delivery services consistently without locum / agency support.	4x4=16	1. 1 x consultant appointed, awaiting start date ETA November 2018 1 x locum consultant appointed, started August 2018 2. Confirmation received from UHB that patients will be discussed at MDT without the presence of radiologist however pathologist support is expected. Jonathan Walters to review job plans to ensure availability of pathologists for Wednesday MDT. DC/LK to liase with UHB with regard to non-thyroid ?cancer referrals with a view to instigating tertiary referral with/without investigations requested.	Siten Roy	12/03/2019	4x4=16		4x4=16	Frequency Not set!	Live (With Actions)
18. 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 / Rachel Barlow	18/03/2019	3x4=12	1. Review plans in line with STC retained estate (Target date: 31/03/2019)	2x2=4	Quarterly	Live (With Actions)
19. 666 29/12/2018	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	Heather Bennett / Rachel Barlow	27/03/2019	4x4=16		4x4=16	Quarterly	Live (Monitor)

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					1. Children are managed in a peadiatric environment.							
20. 121 17/10/2017	Women & Child Health	Other (C)	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 / *Rachel Barlow*	20/02/2019	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)