

Trust Board Level Risks - June 2019

Risk No.	Clinical Group	Department	Risk	Initial Risk Rating (LxS)	Existing controls	OWNER <i>Executive lead</i>	Last Review Date	Current Risk Rating (LxS)	Gaps in control and planned actions	Target Risk Rating (LxS)	Review frequency	Status
7. 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	30/04/2019	3x3=9	1. Complete full validation of open referrals and 'C state' 30/4/19 - C-State records are now managed on a weekly basis from 01/04/2019 with all the historic episodes validated and actioned as appropriate. process to be reviewed in 6 months time (Target date: 28/11/2019)	1x3=3	Six-Monthly	Live (With Actions)
2. 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 Metropolitan 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)
3. 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 Metropolitan 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: 28/06/2019)	3x4=12	Monthly	Live (With Actions)
4. 2642 09/06/2019	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 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	09/06/2019	3x5=15	1. Implementation of EPR in order to allow single point of access for results and audit (Target date: 02/09/2019) 2. To review and update Management of Clinical Diagnostic Tests (Target date: 28/06/2019)	1x5=5	Quarterly	Live (With Actions)
5. 534 09/06/2019	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	09/06/2019	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)
6. 325 16/05/2019	Strategy & Governance	Informatics(C)	There is a risk a breach of patient or staff confidentiality caused by cyber attack 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. Monthly security reporting by Informatics Third Line Manager 4. Trust Business Continuity plans 5. CareCERT NHS wide and Trust specific alerting received from NHS Digital	Martin Sadler Martin Sadler	16/05/2019	4x4=16	1. Conduct a review of staff training (Target date: 31/03/2020) 2. Implement cyber security improvements as per penetration test (Target date: 30/09/2019) 3. Hold cyber security business continuity rehearsal. 1. Agree scope with Emergency Planning Lead 2. Plan and hold rehearsal 3. Review lessons learned (Target date: 31/07/2019) 4. Upgrade servers from version 2003. (Target date: 15/03/2020) 5. Implement security controls (VLAN, IPSEC) to stop access to and from restricted devices. (Target date: 31/03/2020)	2x4=8	Quarterly	Live (With Actions)
7. 3109 19/05/2019	Strategy & Governance	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 is now established and understanding of the need for compliance and adherence to this is accepted and understood by all members of the Informatics team 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.	Martin Sadler Rachel Barlow	15/05/2019	2x4=8	1. We have a staffed 24x7 standby workforce that is supplemented by contractors at present. (Target date: 02/08/2019)	3x4=12	Quarterly	Live (With Actions)

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					<p>The IT change management group meets weekly and approves emergency changes outside of this occurrence but within the procedure.</p> <p>2. We have reviewed who has access to make changes to infrastructure and we have removed access from some individuals.</p> <p>3. We have introduced a monitoring tool that gives us early warning of potential issues.</p> <p>The tool is PRTG. This monitors the network and other systems</p>							
3110	Strategy & Governance	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	25/04/2019	4x4=16	1. Stabilise failing systems by addressing root causes. (Target date: 31/07/2019) 2. Upgrade or replace out of date systems (Target date: 31/07/2019) 3. With industry expertise advise fully document technical architecture (Target date: 31/07/2019) 4. Document a robust IT infrastructure plan with well defined scope, delivery milestones and measurable outcomes signed off via digital committee (Target date: 31/07/2019)	3x3=9	Monthly	Live (With Actions)
221	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 8. financial review in train to mitigate project overspend	Martin Sadler Rachel Barlow	11/04/2019	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: 09/08/2019)	2x4=8	Monthly	Live (With Actions)
666	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.	Rajesh Pandey Rachel Barlow	14/06/2019	4x4=16		4x4=16	Quarterly	Live (Monitor)
121	Women & Child Health	Other (C)	There is a risk of financial deficit due to the unpredictable birth activity and the impact of cross charging from other providers against the AN / PN tariff.	4x4=16	1. Maximisation of tariff income through robust electronic data capture. Robust validation of cross charges from secondary providers.	Amanda Geary Rachel Barlow	05/06/2019	4x3=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: 30/09/2019)	2x4=8	Bi-Monthly	Live (With Actions)