Sandwell and West Birmingham Hospitals **NHS**
NHS Trust

Report Title	Monthly Risk Register Report		
Sponsoring Executive	Kam Dhami, Director of Governance		
Report Author	Allison Binns, Deputy Director of Governance		
Meeting	Trust Board	**Date**	5th September 2019

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

At its meeting last week the Clinical Leadership Executive (CLE) reviewed all of the risks reported on Safeguard (electronic risk management system) which have a **current high risk rating** (graded red). 24 of these risks are being presented to the Board to agree to oversee efficient delivery of risk mitigation plans.

Nine of the red risks have been judged to be of an adequate quality to be proposed for addition to the list of risks the Board already sees each month. Fifteen red risks need more work, some of which will include a proposal for archiving as they appear to be issues. The Risk Management Committee and CLE will review the reframed risks and present any which remain a current rating of red to the Board in October 2019.

With this work done the focus can turn to the management actions being taken to reduce the risks to an acceptable level, with success evidenced through downward movement in risk ratings.

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 *[specify in the paper]*	X

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

CLE 27 August 2019

4. Recommendation(s)

Trust Board is asked to:

a.	**DISCUSS** the status and plans for red rated risks
b.	**NOTE** the shift in focus on pursuing the correct actions to address the risks in order to achieve the target risk rating

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

Trust Risk Register		x	Risk Number(s):				
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: 5th September 2019

Monthly Risk Register Report

1.0   INTRODUCTION

1.1   This report provides Trust Board with an update on the risks they monitor. 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   RISK ASSESSMENT REVIEW

2.1   The Clinical Leadership Executive (CLE), at its August meeting, had a discussion about those risks that had a current risk rating of red or amber.

2.2   The purpose was to evaluate if the actions defined to mitigate the risk would enable the risk to be reduced to meet the target risk rating. CLE were then asked to review and address those risks currently rated as red prior to presentation to and acceptance for Board monitoring.

2.3   The important areas for their review were; the risk statement, actions and scoring. The actions should address the risk so it is important that the risk statement is articulated correctly.

Risk statement element	Leading /linking words	Example
Uncertain event	There is a risk that:	we may not be able to acquire the new purchasing system
Risk cause	as a result of:	lack of funds in the company
Risk effect	which may lead to:	being unable to realise the benefits of efficiency e.g. less staff required to track the purchase orders

2.4 Following this review, there are 26 risks from across the Trust which now have a current risk rating of 15 and above (red). These are presented in two appendices. **Appendix B** contains those risks which have been assessed as acceptable to put forward to be monitored by the Board.

2.5 One risk in this list (**Risk 3640**: Neonatal Unit relocation) is being presented for Board monitoring, although the target score requires review. There are actions which address an articulated risk statement and most will be achieved before the Board meets.

2.6 Two of the risks in Appendix B are already being monitored by the Board (**Risk 325**: impact of a cyber attack, and **Risk 666**: lack of Tier 4 beds) , so nine are being proposed for addition at this time.

2.7 **Appendix C** contains those risks which need further work as they have, for example, an incomplete risk statement, the scoring needs review or the status is not correct for the actions or score documented. Some of the risks are issues and will likely need to be archived and addressed separately.

2.8 The 24 risks which have a current risk rating that the Board is being presented with relate to Surgery, Women & Child Health, Strategy & Governance (Informatics) and Corporate Operations. All other Clinical Groups and corporate directorates have mitigated their risks to Amber or lower.

3.0 **WEB HOLDING INCIDENTS**

3.1 25 incidents waiting to be managed within web holding are over 21 days old and have been escalated for priority action.

3.2 Work continues to address this overdue practice.

4.0 **RECOMMENDATIONS**

Trust Board is asked to:

a) **DISCUSS** the status and plans for red rated risks
b) **NOTE** the shift in focus on pursuing the correct actions to address the risks in order to achieve the target risk rating.

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

Allison Binns
Deputy Director of Governance

29 August 2019

Risk No.	Clinical Group	Department	Risk	Initial Risk Rating (LxS)	Existing controls	OWNER / Executive lead	Last Review Date	Current Risk Rating (LxS)	Gaps in control and planned actions	Target Risk Rating (LxS)	Review frequency	Status
1. 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 i 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	MMH 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 Me 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	22/08/2019	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. 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)
4. 2642 28/08/2019	Medical Director Office	Medical Director's Office (C)	There is a risk that results not being seen and acknowledged by individual clinicians due to process and system issues will lead to patients having treatment delayed or omitted.	3x5=15	1. There is results acknowledgment available in CDA only for certain types of investigation. 2. Results acknowledgement is routinely monitored and shows a range of compliance from very poor, in emergency areas, to good in outpatient areas. 3. Policy: Validation Of Imaging Results That Require Skilled Interpretation Policy SWBH/Pt Care/025 4. Clinical staff are require to keep HCR up to date - Actions related to results are updated in HCR 5. SOP - Results from Pathology by Telephone (attached)	David Carruthers / David Carruthers	09/06/2019	3x4=12	1. To review and update Management of Clinical Diagnostic Tests (Target date: 01/03/2020) 2. Implementation of EPR in order to allow single point of access for results and audit (Target date: 01/03/2020)	1x5=5	Quarterly	Live (With Actions)
5. 3109 21/08/2019	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 leadin to loss of IT service provision to run clinical and non clinical service 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. 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. 5. We have introduced a monitoring tool that gives us early warning of potential issues. The tool is PRTG. This monitors the network and other systems	Martin Sadler / Rachel Barlow	23/08/2019	2x4=8	1. The work to fill the third line team needs to continue. We need offers out by the end of September. (Target date: 29/10/2019)	2x4=8	Quarterly	Live (With Actions)
6. 325 21/08/2019	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 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	Martin Sadler / Martin Sadler	23/08/2019	4x4=16	1. Conduct a review of staff training (Target date: 31/03/2020) 2. Hold cyber security business continuity rehearsal. 1. Agree scope with Emergency Planning Lead 2. Plan and hold rehearsal 3. Review lessons learned (Target date: 31/07/2020)	2x4=8	Quarterly	Live (With Actions)

A Trust Board Level Risk Register

Risk No.	Clinical Group	Department	Risk	Initial Risk Rating (LxS)	Existing controls	OWNER Executive lead	Last Review Date	Current Risk Rating (LxS)	Gaps in control and planned actions	Target Risk Rating (LxS)	Review frequency	Status
					1. Trust Business Continuity plans 2. CareCERT NHS wide and Trust specific alerting received from NHS Digital				1. Upgrade servers from version 2003. (Target date: 15/03/2020) 2. Implement security controls (VLAN, IPSEC) to stop access to and from restricted devices. (Target date: 31/03/2020)			
221 23/08/2019	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 8. financial review in train to mitigate project overspend	Martin Sadler Rachel Barlow	23/08/2019	3x4=12	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: 06/09/2019)	2x4=8	Monthly	Live (With Actions)
3110 28/08/2019	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	23/08/2019	3x4=12	1. Upgrade and replace out of date systems. We have spares and contracts for our older systems. (Target date: 31/03/2020) 2. With industry expertise advise fully document technical architecture (Target date: 20/12/2019) 3. Document a robust IT infrastructure plan with well defined scope, delivery milestones and measurable outcomes signed off via digital committee (Target date: 31/10/2019)	2x4=8	Quarterly	Live (With Actions)
9 121 06/08/2019	Women & Child Health	Labour Ward	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.	Helen Hurst Rachel Barlow	06/08/2019	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: 30/09/2019)	2x4=8	Bi-Monthly	Live (With Actions)
10 666 14/06/2019	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 peadiatric environment.	Rajesh Pandey Rachel Barlow	14/06/2019	4x4=16		4x4=16	Quarterly	Live (Monitor)

A Trust Board Level Risk Register

◯ *Review in date*　◯ *Review overdue*　● *Action overdue*

Risk No.	Department	Risk Statement	Action(s)	Action due date	Current	Target
3160	◯ Informatics (C)	**Live (With Actions)** There is a risk that air conditioning will fail in the computer rooms / data centre, that other adverse conditions will impact the performance of the computer rooms. Any damage to the computer rooms could lead to a catastrophic IT failure with no way of recovering.	• Installation of second supply to DGM building in 2019/20 - £50K • Installation of a second supply at SGH - £40K by 2020 • / /	01/04/2020 01/11/2019	4 x 4	2 x 2
325	◯ Informatics (C)	**Live (With Actions)** 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.	• Conduct a review of staff training • Hold cyber security business continuity rehearsal. 1. Agree scope with Emergency Planning Lead 2. Plan and hold rehearsal 3. Review lessons learned • Upgrade servers from version 2003. • Implement security controls (VLAN, IPSEC) to stop access to and from restricted devices.	31/03/2020 31/07/2020 15/03/2020 31/03/2020	4 x 4	2 x 4
2639	◯ Ante-Natal (C)	**Live (With Actions)** The Interface between Pathology and BadgerNet has failed in testing, impacting on lack of failsafe for reviewing and acknowledging of results of tests taken. Failure or delay to identify and action abnormal results which may result in failure or delay in initiating further diagnostic testing or treatment. There is a potential for harm to unborn baby, mother and quality of service delivery. There is a risk of adverse media publicity and to the reputation of the Trust.	• To test new interface when available and undertake user acceptance testing. Testing currently in progress. • / /	31/10/2019	3 x 5	1 x 5
666	◯ Lyndon Ground	**Live (Monitor)** 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.	• / /		4 x 4	4 x 4
3640	◯ Neonatal Unit	**Live (With Actions)** There is a risk that neonatal care & treatment may be affected due to the relocation of the neonatal unit to D16 whilst extension & remedial works are being undertaken to existing unit , resulting in compromised patient	• plan to be agreed for both maternity & neonatal access to mobile imaging • Water testing successful and sign off fit for transfer / decant	29/08/2019 29/08/2019	4 x 5	3 x 5

○ *Review in date*   ○ *Review overdue*   ● *Action overdue*

Risk No.	Department	Risk Statement	Action(s)	Action due date	Current	Target
		safety .	• BMDI validation	29/08/2019		
			• Transfer of phone lines	29/08/2019		
			• See attached action plan	29/08/2019		
			• Markings for ambulance to be repainted on entrance to DS main entrance	01/09/2019		
			• Pharmacy to ensure stock available ahead of decant Thursday 29th am	29/08/2019		
			• / /			
3635	○ Neonatal Unit	**Live (With Actions)** There is a risk that if the neonatal unit was to go live with UNITY in its current build, patient safety would be compromised as a result of a system that is not fit for neonatal care provision.	• Escalation to CERNER team await feedback regarding changes made to system	20/09/2019	4 x 5	2 x 5
			• weekly meetings to review current position	20/09/2019		
			• / /			
2660	○ Neonatal Unit	**Live (With Actions)** There is a potential of harm to the neonate due to the lack of interface between Maternity & Neonatal records due to possible data entry omissions, inaccuracies & duplication when EPR (UNITY) goes live. UPDATE: No solution possible with the current version of Neo Badgernet. Risk to be mitigated.	• Neonatal and maternity staff continues to engage with the work stream leads for the new EPR system	30/09/2019	5 x 4	1 x 4
			• Maternity and neonates will have access to EPR system (Cerner Millennium)	30/09/2019		
			• / /			
3157	○ Neonatal Unit	**Live (With Actions)** There is a risk that a neonate will become infected causing significant harm, due to insufficient isolation rooms on the neonatal unit.	• The existing ventilation system serving the Little Cot Nursery is not suitable for containment of airborne infections. The cost to install a suitable ventilation system would be approx.. £80,000.	31/10/2019	3 x 5	1 x 5
			• Approximate cost to provide Oxygen, Medical Air and Vacuum at 4 no. cot spaces will be £12, 000.	31/10/2019		
			• / /			
3505	○ Neonatal Unit	**Live (With Actions)** There is a risk of STF caused by the uneven surface of the floor in bay 2 of ITU. This is also a potential infection control risk.	• Estate cover the affected area of the floor using the red tape to prevent further deterioration of the vinyl and screed.	30/11/2019	4 x 4	1 x 4
			• Repair of the floor in bay 2 ITU will require a decant of intensive care area. this has been discussed and will take place during the planned work to extend the	31/10/2019		

○ *Review in date*   ○ *Review overdue*   ● *Action overdue*

Risk No.	Department	Risk Statement	Action(s)	Action due date	Current	Target
			neonatal unit. • / /			
3285	○ Neonatal Unit	**Live (With Actions)** There is a risk of cross infection in babies admitted to the neonatal unit due close proximity of cots.	• Plan for MMH(Midlands Metropolitan Hospital) took into consideration the lack of space on the neonatal unit between cots.	30/09/2022	3 x 5	2 x 5
			• This will reduce the capacity in special care where babies who requires suction and oxygen could be nursed in this room.	30/11/2019		
			• Due to delay in the move to MMH, to explore feasibility of extending the current neonatal unit space. Approval for extended build to increase spacing for ITU and HDU cots - this will reduce the likelihood. Work commences 29th August 19	30/11/2019		
			• / /			
3634	○ Neonatal Unit	**Live (With Actions)** There is a risk that neonatal patient safety may be compromised during the decant period due to inadequate medical staffing to cover all clinical areas.	• A review of prospective cover being undertaken. • Review and discussions regarding availability of funding to assist with additional medical staff.		3 x 5	2 x 5

Trustwide Risks - ratings Red - Report B

Sandwell and West Birmingham Hospitals NHS — NHS Trust

○ *Review in date*   ● *Review overdue*   ● *Action overdue*

Risk No.	Department	Risk Statement	Action(s)	Action due date	Current	Target
3262	● Pharmacy (S)	**Live (Monitor)** The current aseptic lab facilities at Sandwell are at least 20 years old. This includes the air handling unit, air conditioning, the room lining, airlock and isolators. Normal lifecycle for these items is 10-15 years. If one or more of these items were to fail, then manufacture of aseptic items would not be possible from within the unit until resolved and the unit re-validated and cleaned.	• daily inspections of lab to identify initial signs of deterioration and early escalation as needed. • EL Audit (Farwell) has been completed and the report supplied. From this, an action plan will need to be developed and monitored. Part of the EL recommendation was a formal declassification of the facility to a lower grade room, meaning requirement will be less strict. From this plan, robust; 1) monitoring plans and reporting structures for identifying and addressing defects and issues up front. 2) confirmation of robust maintenance contracts are in place and themselves maintained as an ongoing matter. 3) after the formal review of the radiopharmacy service, to investigate if there are options for sharing the lab facilities, our having bespoke lab facilities in MMH. • / /	01/01/2020 31/12/2019	3 x 5	2 x 4
3414	○ Adult Surgical Unit BTC	**Live (With Actions)** Lack of Radiological Support for Urological operations in ASU BTC.	• / /		5 x 4	3 x 2
1762	○ BMEC Outpatients - Eye	**Live (With Actions)** Clinical and business risk due to lack of capacity within current ophthalmic OPD clinics to see follow up patients in a timeframe that has been requested. Currently 12.3K backlog patients - with 6.6K made up of diagnostic appointments. (26.06.19) Clinical risk - potential loss of vision Business risk - potential for litigation, financial risk due to PRW solutions and reputational risk to the organisation.	• Effective monitoring and implementation of 42 week DCC activity across all clinicians, including robust flexi session monitoring • / /	31/12/2019	5 x 3	2 x 4
3212	○ BMEC Visual Function	**Live (With Actions)** Business and Information Governance Risk - The VNA solution to archive the live usg images remains unresolved and therefore these are saved on the hard drives of machines and do not go to the server. Old machine - not dicom compatible with PACS New machine - speaks to PACS but IT currently unable to find where this is being stored.	• TO CONTINUE TO EXPLORE AND PUSH FOR VNA SOLUTIONS • / /	31/10/2019	5 x 3	1 x 2

○ *Review in date*　● *Review overdue*　● *Action overdue*

Risk No.	Department	Live (Monitor)	Risk Statement	Action(s)	Action due date	Current	Target
3612	○ Fracture Clinic (S)	*Live (Monitor)*	Unacceptable delay in providing Fracture Clinic appointments to New fracture patients referred from ED. Abhay Tillu has recently reviewed the waiting times and noted that 80% of this cohort of patients are waiting 5 days for their initial assessed by the T&O team. This is not up to the recommended standard of being seen within 72 hours of sustaining an acute orthopedic injury. BOAST 7 guideline states that, Following acute traumatic orthopedic injury, patients should be seen in a new fracture clinic within 72 hours of presentation with the injury. This includes referrals from emergency departments, minor injury units and general practice.This risk was assessed by T&O CD Mr Tillu and a rating of Red suggested.	• / /		4 x 4	x
3560	● Fracture Clinic (S)	*Live (Monitor)*	It has been noted of late that T&O Clinics in Sandwell and City are having a high percentage of staff with no experience in managing a fracture clinic or orthopaedic elective clinic. This has a significant impact on the smooth functioning of a clinic resulting in delays and difficulty carrying out routine clinical procedures in the clinic stetting causing undue stress for the Consultants. This can lead on to situations resulting in compromise of patient safety.	• / /		3 x 5	1 x 2
3641	● Theatres - 1st	*Live (Monitor)*	Lack of adequate EtCO2 monitors in recovery as per the AAGBI recommendations	• / /		4 x 4	x
3644	● Theatres - 1st	*Live (Monitor)*	Poor storage of medications in anaesthetic cupboards	• / /		4 x 5	1 x 1
3643	● Theatres - 1st	*Live (Monitor)*	Lack of adequate storage facilities for drugs in the anaesthetic room. Existing cupboard does not have enough space to house all essential medications in a safe manner. Limited space leads to storage of medications of different pharmacologic class in close proximity. For example local anaesthetics are stored along with intravenous medications. this is against national recommendations and is a serious safety issue.	• / /		4 x 4	1 x 1
3642	● Theatres - Windmill	*Live (Monitor)*	Lack of adequate neuromuscular monitoring devices (PNS) in theatre	• Buy the new NMT monitors. 1 per OR will be the most ideal situation but as a minimum number we need 1 for BMEC 3 for Windmill 3 for BMEC 2 for	● 31/01/2019		1 x 1

○ *Review in date*　　● *Review overdue*　　● *Action overdue*

Risk No.	Department	Risk Statement	Action(s)	Action due date	Current	Target
			Sandwell 1st Floor 1 For Sandwell 3rd floor 1 in Obs TOTAL 12. • / /			
3645	● Theatres - Windmill	**Live (Monitor)** Poor storage of medications in anaesthetic cupboards	• / /		4 x 5	1 x 1
3489	● Theatres - Windmill	**Live (Monitor)** Re-structure and organisation of surgical services across the BCS Theatres as part of the 2019/20 Surgical Production Plan under executive order and leadership of Liam Kennedy. Drive for increased productivity with increased sessions, longer days and a seven day service with current staffing levels which are below zero based levels. Large scale recruitment plan at risk due to market forces and availability of workforce at both a regional and national level. Inappropriate skill mix/levels to support all services safely. Increased risk of cancelled theatre session/lists across the BCS Theatres resulting in cancelled procedures and reduced income. Sessions already cancelled as a direct consequence of insufficient staffing levels with the appropriate skills to safely provide surgical services; particularly Orthopaedics, Eyes, Urology and Breast. Drive to start the 2019/20 Production Plan when considering the above may lead to a negative effect upon moral and alternately impact upon retention.	• Aggressive recruitment program. • - Additional training/education provided by specialist teams in the morning and evening. - Utilising third party services for additional training. - BCS cross site speciality experience events. • / /	31/12/2019 01/07/2020	4 x 4	1 x 3
2972	○ Neonatal Unit	**Live (With Actions)** When the new electronic prescribing system (Unity) goes live, there will be a risk for administration and dosing errors due to nurse or administrator presented with only the dose of the medication to be given. There will be no weight or calculation used to determine the dose presented, and Lack of electronic drug and infusion prescription in EPR for Neonates and not integrating existing electronic prescription excel sheets	• Work stream leads to explore the feasibility of calculation and working weight being displayed. Split screen not available. • / /	30/09/2019		1 x 5
3588	● Neonatal Unit	**Live (With Actions)** There is a risk of compromise to the health & wellbeing of the neonatal Consultant body due to the lack of consultant cover, which is caused by gaps in the junior doctors rotas, changes in pathways, acuity & nursing shortages. Link to risk 3558	• Individual stress risk assessments • Scope alternative fill for junior rota staffing ANP NHS locum	30/09/2019 26/09/2019	4 x 4	1 x 4

Sandwell and West Birmingham Hospitals **NHS**
NHS Trust

○ *Review in date*   ○ *Review overdue*   ● *Action overdue*

Risk No.	Department	Risk Statement	Action(s)	Action due date	Current	Target
		Live (Action)	• call bell system needs repair/review	19/08/2019	4x 5	1 x 5
3637	○ **Ante-Natal**	There is a risk to patient safety as a result of no call bell system (including emergencies) in the antenatal clinic, which may result in inability to call for assistance in an emergency situation.				