

Report Title	Monthly Risk Register Report		
Sponsoring Executive	Kam Dhami, Director of Governance		
Report Author	Allison Binns, Deputy Director of Governance		
Meeting	Public Trust Board	Date	7 th November 2019

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

Risks being monitored at Board level are being subjected to more rigorous review at Clinical Group and Directorate level, ensuring the adequacy of mitigations and that they are reviewed consistently.

Following review of those risks with a current rating of red, some have now been added, for approval, to the risks the Board monitors, with some still requiring discussion or review.

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, 14th October 2019, Clinical Leadership Executive, 22nd October 2019

4. Recommendation(s)

Trust Board is asked to:

- ACCEPT** the changes to the risks that it has oversight on
- NOTE** that current risks within the SBAF are now on the risk register

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 Executive: 7th November 2019

Monthly Risk Register Report

1.0 INTRODUCTION

- 1.1 This report provides the Board with an update on the risks which it monitors. 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 and monitored by the Trust Board is available in **Appendix A**, all of which are in date for their review.

2.0 RISKS MONITORED BY THE BOARD

- 2.1 As the electronic patient record has now been deployed, CLE are proposing that risk **221** be archived and removed from the risk register. The risk statement was *"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"*.
- 2.2 There may be risks identified with Unity in the future, which will be assessed and may require Board oversight.
- 2.3 **Appendix A** has been updated to include red rated risks which are also identified on the Strategic Board Assurance Framework (SBAF), namely **SBAF 14** (reducing amenable mortality) and **SBAF 17** (Unity Optimisation)
- 2.4 All risks from the SBAF have been entered onto Safeguard and are handled in the same way as all other risks.

3.0 RISKS WITH A CURRENT RED RISK RATING

- 3.1 A number of the risks identified as having a current risk rating of red have been reviewed.
- 3.2 Some of those risks, previously shared with the Board, have been mitigated or identified as an issue rather than a risk and have therefore been removed from the report at **Appendix B**.

- 3.3** **Risks 1762** (Ophthalmology OPD capacity) and **3588** (Neonatal consultant cover) have now been added to the list of those risks which the Trust Board has oversight of, so are included within Appendix A.
- 3.4** **Risk 3160** (air conditioning in the computer rooms) has been retained for Board oversight whilst it is further reviewed.
- 3.5** **Risks 2784** (Midland Met / Capital programme) and **3212** (BMEC visual function) require further discussion before they are proposed for Board monitoring or not. Risk 3212 will be discussed as part of the Digital MPA meeting, together with all other risks which relate to informatics.
- 3.6** **Risk 3689** (contracting and payment) is a recent addition to the risk register.
- 3.7** **Risk 3668** (Cath Lab) has been resolved because McKesson have been granted 24/7 instant access to the Haemodynamic monitoring systems by IT so any faults occurring can be rectified in a timely manner. The situation now requires local monitoring.
- 4.0** **RISKS RELATING TO INFORMATICS**
- 4.1** The Digital MPA monitors those risks which are based on technology and require informatics to either resolve or assist with mitigating.
- 4.2** **Appendix D** presents those risks Informatics, Clinical Groups and Corporate Directorates have raised, some of which are new additions and in the process of being worked up.
- 4.3** Three of the risks have a current risk rating of red, all of which are being monitored by the Trust Board.

RECOMMENDATIONS

Trust Board is asked to:

- a) **ACCEPT** the changes to the risks that it has oversight on
- b) **NOTE** that risks within the SBAF are now on the risk register
- c) **NOTE** the risks that Digital MPA is monitoring.

Allison Binns
Deputy Director of Governance

25 October 2019

Trust Board Level Risks - October 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
214 17/10/2019	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	17/10/2019	2x3=6		1x3=3	Six-Monthly	Live (Monitoring)
3021 23/10/2019	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 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 2. Approval received from Treasury, DH and NHSI/E for funding for continued build of Midland Met Hospital. 3. Contracted Balfour Beatty to carry out remedial work/building whilst awaiting to award full contract 4. CEO keeps BB up to date with all developments in relation to obtaining government approval.	Alan Kenny Toby Lewis	23/10/2019	3x4=12	1. Continue to work with Balfour Beatty to ensure design and build can continue to planned target date. (Target date: 31/01/2020) 2. Agree contract terms and both parties sign (Target date: 29/11/2019) 3. Utilities and infrastructure are incorporated into the build project plan in conjunction with BB (Target date: 31/01/2020)	2x4=8	Quarterly	Live (With Actions)
3689 16/10/2019	Finance	Financial Management (S)	There is a risk that the mechanism for contracting and payment in the NHS caused by a failure of national bodies to require adoption of capitation based contracting will result in the Trust not achieving its aim to be the best integrated care provider in the NHS by not allowing money to flow freely around local system.	4x4=16	1. ICS Board held weekly. 2. STP Board attendance. 3. STP DoFs meetings. 4. STP DoFs attendance. 5. APMS and other non-NHS contracts for patient care taken on for 19/20 indicating the direction of travel for the Trust. 6. DoF sits on HFMA Payment Systems & Specialised Commissioning Committee ensuring we are sighted on integration opportunities.	Dinah McLannan Dinah McLannan	16/10/2019	4x4=16	1. Board development session is required. There will be a presentation to CLE in October 19 before date of Board Development Session is set. (Target date: 31/10/2019) 2. DB and DM to set up Capitation S&WB Working Group. (Target date: 31/10/2019) 3. Need to begin to explore place based resource allocation between Sandwell & West Birmingham. Part of mitigation plan in the event that Sandwell & West Birmingham CCG separate. Need to join up with CCG's work on place based allocation. (Target date: 31/01/2020)	2x4=8	Bi-Monthly	Live (With Actions)
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	18/09/2019	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	Bi-Monthly	Live (Monitoring)
2642 07/10/2019	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. Post Unity some radiology reports need acknowledgement in CSS and will be monitored. 2. New report in Unity for compliance of pathology and radiology endorsement, by location, by patient, by person 3. Policy: Validation Of Imaging Results That Require Skilled Interpretation Policy SWBH/Pt Care/025 4. SOP - Results from Pathology by Telephone (attached)	David Carruthers David Carruthers	28/08/2019	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) 3. Update existing eRA policy to reflect practice in Unity (Target date: 30/11/2019)	1x5=5	Quarterly	Live (With Actions)
3693 16/10/2019	Medical Director Office	Medical Director's Office(S)	SBAF 14 - There is a risk that the Trust is unable to reduce amenable mortality to the timescale set out in our plans because we do not identify interventions of sufficient heft to alter outcomes.	5x3=15	1. Management structure substantially in place to support LfD programme. Deputy Medical Director in post 8/12 Medical Examiners in post Medical Examiner officer post agreed. Mortality Manager appointed. Admin support agreed. 2. Learning from deaths programme in place with sub-streams set out below. 3. 1. Mortality reduction plan in Quality Plan relating to Sepsis, VTE, Acute MI, Stroke, #NOF, High risk abdominal surgery and Peri-natal mortality. QI projects identified. 4. 2.Data analysis programme focussing on alerts arising from clinical areas and/or conditions. Coding processes improved. 5. 3.External mortality alerts from CQC or CCGs. 6. 4. Medical examiners are substantially in place. MEs and judgmental reviewers will provide 3 monthly analysis of amenable mortality.	David Carruthers David Carruthers	16/10/2019	4x4=16	1. Recruitment is ongoing and 2 ME posts should be filled by July 2019. Recruitment ongoing for Medical Officer post - interviews are scheduled for October 19. (Target date: 31/10/2019) 2. Development of feedback process ongoing. WeLearn programme developed and being implemented. (Target date: 31/03/2020) 3. Further improvements in coding underway focusing on palliative care data, weekend admissions and site specific. (Target date: 31/03/2020) 4. National picture from Learning from Deaths is constantly changing as more evidence becomes available. Evidence continues to be monitored and inputted into system as and when available. (Target date: 31/03/2020) 5. Morbidity/Mortality reviews by services need more support/uptake from clinicians. Training has been scheduled for June/July 19. (Target date: 31/10/2019)	3x4=12	Monthly	Live (With Actions)

Trust Board Level Risks - October 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
3696 16/10/2019	Strategy & Governance	Chief Executive Department	SBAF 17 - There is a risk that we do not automate our processes, standardise them safely and reduce errors and duplication because not all our staff develop and retain the necessary skills and confidence to optimise our new electronic patient record (Unity).	4x4=16	<ol style="list-style-type: none"> 1. Unity implementation plan comprising of Technical Readiness, People (development) and Go Live and Optimisation. 2. IT Hardware implementation plan tracked against a 14 point infrastructure plan. 3. Weekly tracking of end user training. 4. Digital champion and super user training designed 5. Workforce development plan setting out competencies/KPIs for individual staff to meet. Reporting to start in June. 6. Departmental readiness criteria agreed. Includes future work flow processes. Reporting to start in June. 7. Optimisation KPIs agreed. 	Rachel Barlow <i>Rachel Barlow</i>	16/10/2019	4x4=16	1. Optimisation reports to be written and tested - This is still in process and will be ready for going live (Target date: 31/10/2019)	2x4=8	Monthly	Live (With Actions)
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 leading to loss of IT service provision to run clinical and non clinical services safely and effectively	4x5=20	<ol style="list-style-type: none"> 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. <p>All proposed changes to the infrastructure are logged and approved by the IT Change Management Group.</p> <p>Some trusted changes are pre-approved by the IT Change management group.</p> <p>Changes are logged for request, approval and completion.</p> <p>The IT change management group meets weekly and approves emergency changes outside of this occurrence but within the procedure.</p> <ol style="list-style-type: none"> 4. Reviewed who has access to make changes to infrastructure, have removed access from individuals where not appropriate. 5. Introduced a monitoring tool provides early warning of potential issues. The tool is PRTG and monitors the network, IP telephony and systems 	Martin Sadler <i>Rachel Barlow</i>	26/09/2019	2x4=8	<ol style="list-style-type: none"> 1. The work to fill the third line team needs to continue. <p>We need offers out by the end of September. (Target date: 29/10/2019)</p>	2x4=8	Quarterly	Live (With Actions)
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 to the operational running of the Trust.	4x4=16	<ol style="list-style-type: none"> 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 <i>Martin Sadler</i>	11/10/2019	4x4=16	<ol style="list-style-type: none"> 1. Conduct a review of staff training (Target date: 31/03/2020) 2. Hold cyber security business continuity rehearsal. <ol style="list-style-type: none"> 1. Agree scope with Emergency Planning Lead 2. Plan and hold rehearsal 3. Review lessons learned (Target date: 31/07/2020) 3. Upgrade servers from version 2003. (Target date: 15/03/2020) 4. Implement security controls (VLAN, IPSEC) to stop access to and from restricted devices. (Target date: 31/03/2020) 	2x4=8	Quarterly	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	<ol style="list-style-type: none"> 1. IT infrastructure plan is documented and reports to CLE through the Digital Committee (but has slippage on delivery dates) 2. Infrastructure monitoring and alerting implemented following the installation of a system called PRTG. 3. Supplier warranted support contracts in place. 4. 3rd party contracts for provision of spares in place for equipment where a supplier warranted break/fix contract is not available. 	Martin Sadler <i>Rachel Barlow</i>	26/09/2019	3x4=12	<ol style="list-style-type: none"> 1. Upgrade and replace out of date systems. <p>We have spares and contracts for our older systems. (Target date: 31/03/2020)</p> <ol style="list-style-type: none"> 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: 14/02/2020) 	2x4=8	Quarterly	Live (With Actions)
3160 18/10/2019	Strategy & Governance	Informatics (C)	<p>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.</p> <p>Any damage to the computer rooms could lead to a catastrophic IT failure with no way of recovering.</p>	4x4=16	<ol style="list-style-type: none"> 1. Jacarta units installed by IT into the rooms to monitor temperature 2. Estates team have installed temperature monitoring equipment into the room with alerting 	Mick Dodd	17/10/2019	2x4=8	<ol style="list-style-type: none"> 1. Install additional air conditioning unit into the computer rooms (Target date: 13/03/2020) 2. Review computer rooms to switch off and removed equipment which is not in use (Target date: 30/11/2019) 	1x4=4	Quarterly	Live (Monitoring)

Trust Board Level Risks - October 2019

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					1. Review of the air cooling capacity in the rooms has been undertaken and highlighted need to add additional units							
1762 25/09/2019	72: Surgery	BMEC Outpatients - Eye Centre	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 18.1K backlog transactions - with 12K made up of diagnostic appointments. (the latter having increased by 6k between 26.06.19 and 31.08.19 - partly due to open referrals project i.e. diverted resources & additions to the backlog from that project) Clinical risk - potential loss of vision Business risk - potential for litigation, financial risk due to PRW solutions and reputational risk to the organisation.	5x3=15	1. daily monitoring of situation occurs through Group PTL structures. 2. Additional PRW clinical sessions undertaken, authorisation process with exec team followed 3. Introduction of daily 'tail gunning' report to EAT to support booking of vacant slots to increase capacity effectively.	Hilary Lemboye <i>Rachel Barlow</i>	25/09/2019	5x3=15	1. Effective monitoring and implementation of 42 week DCC activity across all clinicians, including robust flexi session monitoring (Target date: 31/05/2020) 2. improve room capacity within BMEC OPD (Target date: 30/09/2020)	2x3=6	Bi-Monthly	Live (With Actions)
121 06/08/2019	73: 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 <i>Rachel Barlow</i>	18/09/2019	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: 30/11/2019)	2x4=8	Quarterly	Live (With Actions)
666 14/06/2019	74: 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 <i>Rachel Barlow</i>	18/09/2019	4x4=16		4x4=16	Quarterly	Live (Monitor)
3588 29/08/2019	75: Women & Child Health	Neonatal Unit	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	4x4=16		Shanmu gasunda <div>Review overdue</div>	18/09/2019	4x4=16	1. Individual stress risk assessments (Target date: 31/12/2019) 2. Scope alternative fill for junior rota staffing ANP NHS locum (Target date: 31/12/2019)	1x4=4	Monthly	Live (With Actions)
3640 17/10/2019	76: Women & Child Health	Neonatal Unit	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 safety .	5x5=25	1. Regular meetings with MMH project team 2. Gases & Vacuum requirements confirmed on D16 3. ongoing acoustic monitoring to identify times when noise level exceeds agreed limit 4. Nitric oxide storage identified - on d14 with spare cylinders in windmill theatres 5. 2 transport incubators in full commission 6. Decontamination storage identified D14 & drying cabinet ordered 7. Milk Kitchen identified in ward kitchen area 8. waste location & flow identified 9. Digilock set to identified numbers - (airlock procedure in place) to mitigate no baby tagging system during decant 10. M1 milk fridge & freezer location identified 11. securing medication trolley on M1 for neonates 12. Bed layout design & bed head elevations signed off. Pendant layout & design completed 13. Communication with transport - 2 ambulances arranged for the move date 14. Location for decontamination of ambulance agreed 15. Regular porters assigned in hours to assist 16. discussion with relevant specialities 17. neonatal network informed	Helen Hurst	17/10/2019	3x5=15	1. Training of nursing staff on transport incubator increased (Target date: 31/10/2019) 2. Training during induction, on-going support. Now familiar with environment and processes (Target date: 30/11/2019)	2x5=10	Monthly	Live (With Actions)

Trust Board Level Risks - October 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
					1. communication with all local units							

Risk with a current risk rating of Red

Risk No	Department	Risk Statement	Actions	Action due date	Current	Target
2784	MMH Project	Delivery of Midland Met to plan may be compromised because of restrictions in capital programme budget (for variations) and /or specification changes which could result in increased revenue costs, project delay or an inefficient future estate.	Manage early warning and compensation event process in line with NEC 4 contract	31/03/2022	20	8
			Conclude design validation of MEP	31/12/2019		
			Regular update of cashflow and cost forecasting for project	31/03/2022		
3212	BMEC Visual Function	<p>There is a risk of patient care compromise in the event that the standalone hard-drives fails on which high levels of ophthalmic ultrasound patient diagnostic data resides. There is in addition the risk of information governance breach should that data be; lost/destroyed or stolen.</p> <p>specifically;</p> <p>a) the old machine - do not have the ability to be transferred over to modern systems (i.e. they are not dicom compatible with PACS)</p>	<p>to work with the IT Business Partner in the development of a business case for a vendor neutral achieve for ophthalmology in which the images can be stored.</p> <p>Business case to be submitted by the end of Jan2020</p> <p>Emma Berrow to set up the necessary project group to work this development through.</p>	31/01/2020	15	12

Risk No	Department	Risk Statement	Actions	Action due date	Current	Target
		b) the new machine can speak to PACS however IT are currently unable to locate the storage location.	1) IT to resolve themes preventing the images being moved onto PACs in order to mitigate the size of the current patient safety risk (i.e. volume) 2) IT to transfer the images to SWBH current PACs	30/11/2019		
			as part of your project group please explore whether suppliers have a solution for this enabling information to be safely copied over to the Trust server (or PACs)	31/01/2020		
3039	MMH Project	There is a risk that the delivery of retained estate to plan will be compromised because of restrictions in the capital programme budget and/or specification changes.	Develop a contingency plan for future STC schemes, planned to start once Midland Met has opened (therapies, intermediate care beds, neurophysiology, cardiophysiology, clinical admin, urgent care etc) - to include leaving services in current locations if at STC, delay schemes etc. Funding options for Hearing Services scheme in BTC to be explored further.	31/03/2021 30/04/2020	16	12

Risk No	Department	Risk Statement	Actions	Action due date	Current	Target
			Submit FBC for STP reconfiguration funding for 4th Wave (£15.4M)	31/08/2019		
			As new schemes are identified eg BMEC then Capital Programme to be re-prioritised or new funding sources identified	31/03/2021		
3050	MMH Project	There is a risk that the Trust will not have the management capacity and capability to deliver the workforce changes resulting in the potential for redundancy costs which are not currently provided for			15	15
3640	Neonatal Unit	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 safety .	Training of nursing staff on transport incubator increased	31/10/2019	10	10
			Training during induction, on-going support. Now familiar with environment and processes	30/11/2019		

Risk No	Department	Risk Statement	Actions	Action due date	Current	Target
3668	Catheter Lab (c)	There is a risk that a fault will occur on the McKesson Haemodynamic monitoring systems in the Cardiac Catheter Lab, that cannot be rectified in a timely manner as a result of the remote McKesson support team being denied access to the systems, which will lead to a serious clinical incident.	IT to allow McKesson to have immediate remote access to the McKesson Haemodynamic monitoring systems in the Catheter labs, to ensure that any faults occurring are rectified in a timely manner.	31/10/2019	20	6
3689	Financial Management (S)	There is a risk that the mechanism for contracting and payment in the NHS caused by a failure of national bodies to require adoption of capitation based contracting will result in the Trust not achieving its aim to be the best integrated care provider in the NHS by not allowing money to flow freely around local system.	Board development session is required. There will be a presentation to CLE in October 19 before date of Board Development Session is set.	31/10/2019	16	8
			DB and DM to set up Capitation S&WB Working Group.	31/10/2019		
			Need to begin to explore place based resource allocation between Sandwell & West Birmingham. Part of mitigation plan in the event that Sandwell & West Birmingham CCG separate. Need to join up with CCG's work on place based allocation.	31/01/2020		