

<b>Report Title</b>	Monthly Risk Register Report		
<b>Sponsoring Executive</b>	Kam Dhami, Director of Governance		
<b>Report Author</b>	Allison Binns, Deputy Director of Governance		
<b>Meeting</b>	Public Trust Board	<b>Date</b>	5 <sup>th</sup> December 2019

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

Some new red risks have been escalated for Board oversight following review and challenge at the Risk Management Committee (RMC) and discussion at the Clinical Leadership Executive (CLE).

The Board will have its annual look at all risks which are rated as low likelihood / high impact in January seek assurance that robust mitigations plans are in place. Also in January, the Board will be presented with a list of risks that remain a current red rating, with a dated plan of the additional steps to be taken to reduce the risk potential.

### 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, 11<sup>th</sup> November 2019, Clinical Leadership Executive, 26<sup>th</sup> November 2019

### 4. Recommendation(s)

Trust Board is asked to:

- a. **DISCUSS** the changes to the risks that it has oversight on
- b. **NOTE** the continued monitoring of current red risks
- c. **NOTE** the areas for Board oversight in 2020

### 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: 5<sup>th</sup> December 2019

### Monthly Risk Register Report

#### 1.0 INTRODUCTION

- 1.1 This report provides Trust Board with an update on the risks held within the Trust's risk register, which 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 monitored by the Trust Board is available in **Appendix A<sub>1</sub>** (in date) and **Appendix A<sub>2</sub>** (overdue).

#### 2.0 RISKS MONITORED BY THE BOARD

- 2.1 CLE is proposing two additional risks for Trust Board oversight and these have been added to the report at Appendix A.
- 2.2 The first is **Risk 2784** (3. Midland Met contingency funding) and remains a current red with mitigations that will not see this reducing within the next couple of years.
- 2.3 The second is **Risk 3212** (14. Diagnostic data being held on one machine) relates to Ophthalmology who are working closely with Informatics team to identify a solution.

#### 3.0 RISKS WITH A CURRENT RED RISK RATING

- 3.1 CLE were advised about two risks which have been identified as having a current risk rating of red. **Risk 2625** (Nurse staffing on NNU) has been reviewed and the current risk rating increased from 12 to 20, indicating a deteriorating position in mitigating the risk.
- 3.2 **Risk 3734** (infection on NNU) is a new risk. Both risks will be discussed further at RMC in December 2020 and can be seen in more detail in **Appendix B**.
- 3.3 **Risks 3050** (Workforce at Midland Met) and **3702** (cardiology investigation requests, not printing) are undergoing further review.

#### 4.0 FUTURE RISK ISSUES

- 4.1 The RMC is reviewing all of the risks within the Trust's register which have a high severity score but low likelihood of happening. RMC IS ensuring that actions to mitigate, where

appropriate, are the correct ones and that Groups and Directorates are monitoring these within the designated scheduled time.

**4.2** A report on these risks will be shared with Trust Board, for oversight in January 2020.

**4.3** The Board may also recall that the majority of mitigating actions on all risks in **Appendix A** are expected to be realised by December 2019. RMC are reviewing the actions and their target delivery date to check that they are going to be met and thus reduce the risk rating. Any risks where this is not achieved will be reported to the Board in January so that a decision can be made about the tolerability of the potential impact if the risk were to materialise.

## **RECOMMENDATIONS**

Trust Board is asked to:

- a) **DISCUSS** the changes to the risks that it has oversight on
- b) **NOTE** the continued monitoring of current red risks
- c) **NOTE** the areas for Board oversight in 2020

Allison Binns  
Deputy Director of Governance

28<sup>th</sup> November 2019

## Trust Board Level Risks - November 2019 (Reviews in date)

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  Review in date	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  Review in date	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)
2784 20/11/2019	Estates & New Hospital Project	MMH Project	The Trust may need to divert funding from other projects or work-streams to pay for compensation events (for changes, delays etc) that arise during construction (in line with the NEC4 contract) phase of Midland Met if the total value of compensation events exceeds the contingency budget that is within the Midland Met project budget/funding.	5x5=25	1. Estates Strategy / Capital programme under constant review to maintain effective use of scarce capital 2. Plans for change are reviewed and mitigated to reduce cost 3. Agreed BB project scope	Roderick Knight  Alan Kenny	20/11/2019  Review in date	4x5=20	1. Manage early warning and compensation event process in line with NEC4 contract (Target date: 31/03/2022) 2. Conclude design validation of MEP (Target date: 31/12/2019) 3. Regular update of cashflow and cost forecasting for project (Target date: 31/03/2022)	2x4=8	Annually	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 Mclanna  Dinah Mclannahan	06/11/2019  Review in date	4x4=16	1. Board development session is required, as well as information / education where required of operational colleagues. This will be provided when more is understood on the tariff consultation document issued 5.11.19 and commissioner commissioning intentions better understood (Target date: 31/12/2019) 2. DM to set up Capitation S&WB Working Group. (Target date: 30/11/2019) 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) 4. Investigate joining the HFMA Payment Systems & Specialised Commissioning Committee. (Target date: 30/11/2019)	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	20/11/2019  Review in date	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 28/11/2019	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 Carruthes  David Carruthers	28/11/2019  Review in date	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: 31/03/2020)	1x5=5	Quarterly	Live (With Actions)
3693 04/11/2019	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.	David Carruthes  David Carruthers	16/10/2019  Review in date	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: 31/03/2020) 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)	3x4=12	Bi-Monthly	Live (With Actions)

## Trust Board Level Risks - November 2019 (Reviews in date)

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					1. 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. 2. 2.Data analysis programme focussing on alerts arising from clinical areas and/or conditions. Coding processes improved. 3. 3.External mortality alerts from CQC or CCGs. 4. 4. Medical examiners are substantially in place. MEs and judgmental reviewers will provide 3 monthly analysis of amenable mortality.				1. 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) 2. Morbidity/Mortality reviews by services need more support/uptake from clinicians. Training has been scheduled for June/July 19. (Target date: 31/03/2020)			
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	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. 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>	10/11/2019  Review in date	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)
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 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  Review in date	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) 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	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  Review in date	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: 14/02/2020)	2x4=8	Quarterly	Live (With Actions)
3160 18/10/2019	Strategy & Governance	Informatics (C)	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.	4x4=16	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 3. Review of the air cooling capacity in the rooms has been undertaken and highlighted need to add additional units	Mick Dodd  Review in date	17/10/2019  Review in date	2x4=8	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 (Monitor)
3212 25/09/2019	Surgery	BMEC Visual Function	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.	5x3=15	1. hard drives are maintained in a room that is locked when not in use to reduce risks of; theft, fire etc.	Emma Berrow  <i>Martin Sadler</i>	25/09/2019  Review in date	5x3=15	1. 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.  Business case to be submitted by the end of Jan2020	4x3=12	Quarterly	Live (With Actions)



## Trust Board Level Risks - November 2019 (Reviews in date)

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
			specifically; 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); b) the new machine can speak to PACS however IT are currently unable to locate the storage location.						Emma Berrow to set up the necessary project group to work this development through. (Target date: 31/01/2020) 2. 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 (Target date: 30/11/2019) 3. 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) (Target date: 31/01/2020)			
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	18/09/2019  Review in date	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	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.	Maria Atkinson  Rachel Barlow	20/11/2019  Review in date	4x4=16		4x4=16	Quarterly	Live (Monitor)
3588 29/08/2019	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	20/11/2019  Review in date	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 20/11/2019	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 18. communication with all local units	Helen Hurst	20/11/2019  Review in date	2x5=10	1. Training during induction, on-going support. Now familiar with environment and processes (Target date: 16/12/2019)	2x5=10	Monthly	Live (With Actions)

## Trust Board Level Risks - November 2019 (Overdue Reviews)

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	7. 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	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  Review overdue	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)
1762 25/09/2019	2. 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  Review overdue	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)

## Current Red risks

Risk No	Department	Risk Statement	Actions	Action due date	Current	Target
2625	Neonatal Unit	There is a risk that due to inadequate staffing on the neonatal unit due to vacancies that the care of the neonate may be severely compromised due to failure to meet BAPM compliance.	Recruit to vacant posts following uplift to nurse establishment April 2018, to improve nurse staffing to ensure neonates receive adequate care in relation to their dependency. To improve staffing in line with 80% cot occupancy and at 100% BAPAM standard (national standard - Toolkit). This equates to 9 trained and 2 untrained per shift.	31/12/2019	20	5
			All band 5s recruited band 5s to undergo the 18 months pathway training programme so that on completion they are able to work in neonatal intensive care.	31/12/2019		
			Explore different options to recruit QIS(Neonatal intensive care trained nurses.	31/01/2020		
			To attend University recruitment days/open days in order to create awareness of the neonatal unit and career pathway. Especially that neonatal unit employ both adult and paedrs trained nurses including midwives.	31/01/2020		
			explore feasibility of international recruitment	31/01/2020		
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



Risk No	Department	Risk Statement	Actions	Action due date	Current	Target
3702	Cardiology Diagnostics Service (C)	There is a risk that patient's Cardiology invasive investigations will not be performed, because their referral requests are not printing appropriately from Unity, which could result in a delay in treatment, no treatment or even death.	We need an accurate report to be produced to check that the Cardiology Diagnostic non-invasive investigations requested are printing appropriately	29/11/2019	20	2
			A MPTL or equivalent back end report is needed to check that all requests for invasive procedures on Unity are printing.	29/11/2019		
			Clerical help required	29/11/2019		
			Following a meeting on 6/11/2019 with IT Unity Team, it was decided that the trigger for requests printing would be the "test to be performed as field", as opposed to the current trigger which is the "visit type" field. The SWBH IT Unity team and Cerner are working on this currently, but the issue has not yet been resolved	29/11/2019		
3734	Neonatal Unit	There is a risk of infection to neonates due ward layout of ward D16 where different areas of the unit i.e special care, ITU cannot be enclosed as individual areas.	Two sinks in ITU have low water flow and at times sinks stops working leading staff to access sinks on the opposite site of ITU	30/11/2019	15	9
			Ceiling in the storeroom has a leak which is from the shower on D26. Reported to Estate door number BO20/F/006 the reference number is HD173296. Hotel services aware of the issue too and reported to Estate.	30/11/2019		
			unit requires housekeeper who will be responsible for the dusting and cleaning of equipment for the neonatal unit	31/12/2019		