

| 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 27/02/2020 | Corporate Operations | Waiting List Management (S) | The lack of assurance of the 18 week data quality process, has an impact on patient treatment plans which results in poor patient outcomes/experience and financial implications for the Trust as it results in 52 weeks breaches. There is a risk delay in treatment for individual patients due to the lack of assurance of the 18 week data quality process which will result in poor patient outcome and financial implications for the trust as a result of 52 week breaches | 4x3=12 | 1. SOP in place 2. Improvement plan in place for elective access with training being progressed. 3. training completed with competency assessment for operational teams involved in RTT pathway management 4. ongoing audit and RCA process to learn and provide assurance | Liam Kennedy Rachel Barlow | 27/02/2020 Review in date | 2x3=6 | 1. Matrix dashboard to monitor compliance against the SOP (Target date: 30/04/2020) | 1x3=3 | Six-Monthly | Live (Monitor) |
| 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 | 03/01/2020 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: 01/09/2020) 3. Regular update of cashflow and cost forecasting for project (Target date: 31/03/2022) | 2x4=8 | Annually | Live (With Actions) |
| 3689 20/02/2020 | 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 | 20/02/2020 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: 31/03/2020) 2. 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: 31/03/2020) 3. Finance and Contracting team to analyse and explain the key features of the ICP contract with a view to adoption by April 2021 (Target date: 31/03/2020) | 2x4=8 | Bi-Monthly | Live (With Actions) |
| 534 27/01/2020 | 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. 3. 4. MDTs to be advised to discuss relevant patients outside of usual MDT as per MDT Operational Policy | Jennifer Donovan David Carruthers | 16/03/2020 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: 31/03/2020) | 1x4=4 | Bi-Monthly | Live (Monitor) |
| 2642 16/02/2020 | 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 | 16/02/2020 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 16/02/2020 | 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 | 04/02/2020 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) 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: 31/03/2020) | 3x4=12 | Bi-Monthly | Live (With Actions) |

Trust Board Level Risks - March 2020 (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 |
|--------------------|-----------------------|----------------------------|--|---------------------------|--|--------------------------------|------------------|---------------------------|---|--------------------------|------------------|---------------------|
| 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. | Liam Kennedy | 27/02/2020 | 4x4=16 | <ol style="list-style-type: none"> 1. a set of OP optimisation KPIs are being developed, there are a few residual DQ issues with the KPI metrics but in large optimisation metrics are being used. (Target date: 31/03/2020) 2. Each group to resolve issues related to optimisation (Target date: 31/03/2020) 3. Monitor and optimise against the ED optimisation KPI's (Target date: 31/03/2020) | 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 | 09/03/2020 | 2x4=8 | <ol style="list-style-type: none"> 1. Interview and appoint new members in to the L3 team (Target date: 08/05/2020) | 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 | 09/03/2020 | 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: 31/03/2021)</p> <ol style="list-style-type: none"> 2. With industry expertise advise fully document technical architecture (Target date: 28/06/2020) 3. Document a robust IT infrastructure plan with well defined scope, delivery milestones and measurable outcomes signed off via digital committee (Target date: 17/04/2020) | 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 | <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 3. Review of the air cooling capacity in the rooms has been undertaken and highlighted need to add additional units | Sam Marshall | 09/03/2020 | 2x4=8 | | 1x4=4 | Quarterly | Live (Monitor) |
| 325 09/01/2020 | 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 | <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 | 04/03/2020 | 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) | 2x4=8 | Quarterly | Live (With Actions) |

| 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. We need a regular updates on suitable behaviour relating to scam emails and phishing. | | | | 1. Upgrade servers from version 2003. (Target date: 15/09/2020) 2. Implement security controls (VLAN, IPSEC) to stop access to and from restricted devices. (Target date: 30/09/2020) 3. Improve communications on intranet about responses to dodgy looking emails. (Target date: 02/06/2020) | | | |
| 1762 25/09/2019 | 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 Rachel Barlow | 05/03/2020 Review in date | 5x3=15 | 1. improve room capacity within BMEC OPD (Target date: 30/09/2020) 2. Trajectory has been set for the removal of 1800 monthly using PAMs, Secretaries and Service Managers (this would take until 30th June 19 to halve the backlog) On report of the above to the Chief Exec (10/12/19) he requested that the DGM assesses the cost of validating the backlog to accelerate safety improvement (+ the remaining waiting list). - Action to be completed by 12/12 and feedback on. At Digital Committee 11/12/2019 we agreed that the proposal of re-introducing the 'remove' button would be put in place so that the validating team can remove transactions without IT input. (Sana Shah is taking this urgently forward) detailed finances on the case for OPD expansion needed as soon as theatre vanguard complete (vacation from theatre is needed to support case) (Target date: 30/06/2020) 3. Appointment requested via HL (Target date: 31/05/2020) | 2x3=6 | Bi-Monthly | Live (With Actions) |
| 3212 12/12/2019 | 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. 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 speaks to PACS however IT are currently unable to locate the storage location. | 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 Martin Sadler | 06/02/2020 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 Emma Berrow to set up the necessary project group to work this development through. (Target date: 30/04/2020) 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: 30/04/2020) | 1x3=3 | Quarterly | Live (With Actions) |
| 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 | 19/02/2020 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: 31/03/2020) | 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. 5. Close liaison with specialist Mental Health CAMHS staff to support management whilst inpatient on ward. | Maria Atkinson Rachel Barlow | 25/03/2020 Review in date | 4x4=16 | | 4x4=16 | Quarterly | Live (Monitor) |
| 3588 09/03/2020 | 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 | 06/03/2020 Review in date | 4x4=16 | | 1x4=4 | Bi-Monthly | Live (Monitor) |