Risk No.	Clinical Group	Department	Risk	Initial Risk Rating (LxS)	Existing controls	OWNER / Execut ive lead	Last Review Date	Current Risk Rating (LxS)	Gaps in control and planned actions	Target Risk Rating (LxS)	Review frequency	Status
3109 21/08/2019	Corporate Operations	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 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. Reviewed who has access to make changes to infrastructure, have removed access from individuals where not appropiate. 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 / Liam Kennedy	27/05/2020 / Review overdue	2x4=8	1. Interview and appoint new members in to the L3 team (Target date: 08/10/2020)	2x4=8	Quarterly	Live (With Actions)
3110 28/08/2019	Corporate Operations	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.	Craig Bromage / Martin Sadler	27/05/2020 / Review overdue	3x4=12	1. Upgrade and replace out of date systems. We have spares and contracts for our older systems. (Target date: 31/03/2021) 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: 15/10/2020)	2x4=8	Quarterly	Live (With Actions)
3160 18/10/2019	Corporate Operations	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	Craig Bromage / Martin Sadler	24/06/2020	2x4=8	1. Whilst reporting of temperatures is operational there is a general feeling there is a need to review the overall DC aircon solution and make recommedations accordingly. (Target date: 02/08/2020)	1x4=4	Quarterly	Live (Monit or)
325 09/01/2020	Corporate Operations	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 6. We need a regular updates on suitable behaviour relating to scam emails and phishing.	Craig Bromage / Martin Sadler	24/06/2020	4x4=16	1. Conduct a review of staff training (Target date: 30/06/2020) 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: 15/09/2020) 4. Implement security controls (VLAN, IPSEC) to stop access to and from restricted devices. (Target date: 30/09/2020) 5. Improve communications on intranet about responses to suspicious emails. (Target date: 10/08/2020)	2x4=8	Quarterly	Live (With Actions)
214 23/06/2020	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	Mark Whiteho / Liam Kennedy	27/02/2020	2x3=6	1. Matrix dashboard to monitor compliance against the SOP (Target date: 30/04/2020)	1x3=3	Six-Monthly	Live (Monit or)

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6. 3689 23/07/2020	Finance	Financial Management (S)	SBAF 10 - NHS Contracting And Payment Mechanism	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. 7. Weekly Black Country DoFs meeting	Dinah Mclanna *Dinah Mclann ahan*	26/06/2020	4x4=16	1. 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: 30/09/2020) 2. 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: 31/08/2020) 3. Agree scope of work for strategic workplan in relation to the above, to include service line reporting performance and mapping of costs to provide services by GP / PCN / CCG (Target date: 30/09/2020) 4. revisit MMUH 22/23 affordability assumptions against current cost base (Target date: 31/07/2020) 5. Continue to develop financial framework through STP DOFs group with sufficient flexibility appropriate to place based plans (Target date: 31/12/2020)	2x4=8	Bi-Monthly	Live (With Actions)
7. 534 30/04/2020	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 Carruthe rs*	06/07/2020	1x4=4		1x2=2	Bi-Monthly	Live (Monit or)
8. 2642 12/05/2020	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 Carruthe *David Carruthe rs*	06/07/2020	3x5=15	1. To review and update Management of Clinical Diagnostic Tests (Target date: 31/08/2020) 2. Update existing eRA policy to reflect practice in Unity (Target date: 31/08/2020)	1x5=5	Annually	Live (With Actions)
9. 3693 23/08/2020	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 -1 WTE Medical Examiners in post -Medical Examiner officer in post. -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 Carruthe *David Carruthe rs*	06/07/2020	4x4=16	1. Further improvements in coding underway focusing on palliative care data, weekend admissions and site specific. (Target date: 31/12/2020) 2. 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: 31/12/2020) 3. Morbidity/Mortality reviews by services need more support/uptake from clinicians. Training has been scheduled for June/July 19. (Target date: 31/12/2020) 4. to maintain ME review of cases (tier 1) and identify cases for SJR review including training for additional SJR reviewers. (Target date: 31/12/2020)	3x4=12	Annually	Live (With Actions)
10. 1762 18/05/2020	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. 18.05.20: Additional risk to backlog noted as a result of COVID 19 as a significant number of new and follow up appointments have been pushed 3-4 months ahead. Currently13.5K backlog transactions - 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 *Liam Kennedy*	01/06/2020	5x3=15	1. improve room capacity within BMEC OPD (Target date: 30/09/2020)	2x3=6	Quarterly	Live (With Actions)

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11. 3212 01/06/2020	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 th 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.	3x3=9	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	12/08/2020	3x3=9	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 Jul2020 Emma Berrow to set up the necessary project group to work this development through. (Target date: 30/09/2020) 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: 30/09/2020)	1x3=3	Quarterly	Live (With Actions)
12. 3021 23/10/2019	System Transfor mation	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 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.	Rachel Barlow Toby Lewis	14/04/2020 Review overdue	3x4=12	1. Continue to work with Balfour Beatty to ensure design and build can continue to planned target date. (Target date: 31/10/2020) 2. Agree contract terms and both parties sign (Target date: 31/10/2020) 3. Utilities and infrastructure are incorporated into the build project plan in conjunction with BB (Target date: 31/10/2020)	2x4=8	Quarterly	Live (With Actions)
13. 2784 20/11/2019	System Transfor mation	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 Toby Lewis	03/01/2020	4x5=20	1. Manage early warning and compensation event process in line with NEC 4 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)
14. 666 23/06/2020	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. 5. Close liaison with specialist Mental Health CAMHs staff to support management whilst inpatient on ward.	Brenda Taylor Liam Kennedy	23/06/2020	4x4=16		4x4=16	Quarterly	Live (Monit or)

A Trust Board Level Risk Register