

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
4159 28/07/2020	Corporate Operations	Cancer Management (S)	Back log of patients on the Cancer PTL who are waiting for a confirmed booked appointment date for either diagnosis test or surgery waiting for diagnosis resulting in breach of 62/31 day operational standards and increase of the number of 104 day patients reported.	5x4=20	1. As per daily operational systems management of cancer waiting times	Jennifer Donovan	08/09/2020	5x4=20	1. Continue weekly reporting compliance as per local and regional recovery plans (via local PTL, surgical hub - business continuity, BC&WBV STP spreadsheet, Alliance SitRep Endo & 612&104 day cancer) (Target date: 31/10/2020) 2. Optional appraisal for the rapid implementation of FIT in primary care (Target date: 31/12/2020)	1x4=4	Monthly	Live (Monitor)
3214 21/09/2020	Corporate Operations	Emergency Planning	Use of respiratory protective equipment (RPE) without effective fit testing or competency may undermine protection and expose workers to hazardous chemical/bio contaminants causing serious harm this includes the ongoing Covid-19 Pandemic	5x4=20	1. Pandemic Flu Plan Annual Flu Jab Campaign - Staff and Inpatients FF3 Strategy for Clinical Teams 18/19 System Wide response through Urgent Care Network Media Campaign for public and staff 2. FFP3 products for general use are limited to 4 specified items (as per 1709 minutes) 3. Trust works to standard 'OC282/28 Fit Testing of RPE Facepieces' 4. Corporate group/committee oversees implementation of standard 5. Definitive list of high risk Work areas/activities 6. Sickness Absence Management System 7. Incident/Hazard Reporting System 8. Equipment supplies sourced via reliable channels (changes in products prohibited without consultation)	Kathleen French  Liam Kennedy	05/06/2019	5x4=20	1. We have over 1100 staff fit tested, this is growing ever week with an increase of fit testers to 73 - Kas and Di are now accredited trainers - Fit2Fit only two nurses in the country.  We are work with the ESR team to have fit test as part of the mandatory training requirements.  We are also working with the med education team to put on some fit testing sessions for the doctors.  There are fit testing training session organised to increase the number of people who can fit test.  There are also drop in sessions being advertised.  I have nominated the team for the nursing times award for IPC - not heard anything yet.  Let me know if you need any more information (Target date: 29/05/2020)	5x2=10	Annually	Live (Monitor)
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	27/09/2020	4x4=16	1. Conduct a review of staff training (Target date: 06/12/2020) 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: 03/01/2021) 3. Upgrade servers from version 2003. (Target date: 03/01/2021) 4. Improve communications on intranet about responses to suspicious emails. (Target date: 03/01/2021)	2x3=6	Quarterly	Live (With Actions)
4001 20/08/2020	Corporate Operations	Informatics (C)	There is an increased risk of a cyber-attack due to the current criticality of the NHS caused by COVID-19 which could result in a prolonged IT outage and severe service disruption.	3x5=15	1. Informatics have engaged with NHS Digital to get assistance with our perimeter defences, with our backup schedule and with our server and desktop patching.	Kamaljeet Dhami  Kam Dhami	/ /	3x5=15	1. Patching needs to be completed on all machines and a patching regime introduced and followed (Target date: 30/10/2020)	2x5=10	Annually	Live (With Actions)
4216 02/10/2020	Corporate Operations	Informatics (S)	There is a risk of equipment failure in the Sandwell datacentre as a result of localised flooding from the corridor, a leaking vessel in the ceiling above and the room being generally in a poor state of repair. Additionally whilst the air conditioning was improved under risk 3160 it's still not believed to be optimal.  The air conditioning has been known to fail, the corridor known to flood and the leaky vessel above the server racking is propped up with a builders agroprop.	4x4=16		Craig Bromage  Martin Sadler	/ /	4x4=16	1. A paper is being submitted to Board to approve the award of a cloud hosting contract following the tender process. (Target date: 08/11/2020)	x=0	Annually	Live (With Actions)
4218 05/10/2020	Corporate Operations	Informatics (S)	There is a risk that area's of the telephony solution will suffer outages as a result of the DPNS links becoming congested. This is due to the system reaching full capacity at times. This is recurring more frequently recently, at least weekly. A reboot of the system drops the calls and clears the congestion. This impacts calls between the digital and analogue circuits and prevents some phones from dialling 2222.	5x3=15	1. If the outage occurs then radio's for critical clinical area's are to be deployed by the Capacity Team. 2. If the outage occurs the telephony system should be rebooted. This drops calls and clears the congestion.	Craig Bromage  Martin Sadler	/ /	5x3=15	1. Obtain a quote for a SIP trunk to close the risk. Then to make the decision to either implement the SIP trunk or accept the risk in the short term and implement a new telephony system. (Target date: 12/10/2020)	2x3=6	Frequency Not set!	Live (With Actions)
3661 11/09/2020	Corporate Operations	Transport General (C)	Uncontrolled exposure to anaesthetic agents during their use/handling/storage/disposal can significantly harm health of staff and others	3x5=15		Patricia Kehoe	/ /	3x5=15		2x4=8	Annually	Live (Monitor)

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3689 27/08/2020	Finance	Financial Management (S)	SBAF 10 - NHS Contracting And Payment Mechanism	4x4=16	<ol style="list-style-type: none"> <li>ICS Board held weekly.</li> <li>STP Board attendance.</li> <li>STP DoFs meetings.</li> <li>STP DoFs attendance.</li> <li>APMS and other non-NHS contracts for patient care taken on for 19/20 indicating the direction of travel for the Trust.</li> <li>DoF sits on HFMA Payment Systems &amp; Specialised Commissioning Committee ensuring we are sighted on integration opportunities.</li> <li>Weekly Black Country DoFs meeting</li> </ol>	Dinah Mclanna <i>Dinah Mclannahan</i>	27/08/2020 Review in date	4x4=16	<ol style="list-style-type: none"> <li>Need to begin to explore place based resource allocation between Sandwell &amp; West Birmingham. Part of mitigation plan in the event that Sandwell &amp; West Birmingham CCG separate. Need to join up with CCG's work on place based allocation. (Target date: 30/09/2020)</li> <li>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)</li> <li>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)</li> <li>Continue to develop financial framework through STP DOFs group with sufficient flexibility appropriate to place based plans (Target date: 31/12/2020)</li> </ol>	2x4=8	Bi-Monthly	Live (With Actions)
3978 05/05/2020	Finance	Supplies	A lack of appropriate PPE due to shortage in the supply chain or that resources are inadequate for the job lead to staff being put at unnecessary risk of COVID 19.	4x5=20	<ol style="list-style-type: none"> <li>Existing suppliers on board.</li> </ol>	Dinah Mclanna <i>Dinah Mclannahan</i>	// Review in date	4x5=20	<ol style="list-style-type: none"> <li>Increase contract with laundry service for reusable gowns, throughput and/or additional gowns. (Target date: 01/07/2020)</li> <li>Locally source bespoke items with firms (innovate) (Target date: 01/07/2020)</li> <li>Reuse only in extremis after Gold approval (Target date: 01/07/2020)</li> </ol>	3x5=15	Annually	Live (With Actions)
3979 05/05/2020	Finance	Supplies	There is a risk that availability of fixed or semi-fixed equipment cannot be scaled up to plan leading to patient harm.	4x4=16		Dinah Mclanna <i>Dinah Mclannahan</i>	// Review in date	4x4=16	<ol style="list-style-type: none"> <li>Equipment tracking through tactical and reliance on off supply chain suppliers to maintain continuity (risk posed by scaled up Nightingale) (Target date: 01/07/2020)</li> <li>In-house medical engineering function geared to up to devise solutions for mis-use or re-use of non-patient facing kit (Target date: 01/07/2020)</li> <li>Peer aid across BCWB STP system (Target date: 01/07/2020)</li> </ol>	2x4=8	Annually	Live (With Actions)
3980 07/05/2020	Finance	Supplies	There is a risk of shortfall in consumables or single products because they cannot be sourced at scale, on time or for duration of plans leading to patient harm.	3x5=15		Dinah Mclanna <i>Dinah Mclannahan</i>	// Review in date	3x5=15	<ol style="list-style-type: none"> <li>Review and revise patient pathways to decide on provision of care where equipment is not available. (Target date: 01/07/2020)</li> <li>Consumables stock levels centrally reported with base of 20 days' supply required. Key risk remains supply chain stock not local stock. (Target date: 01/07/2020)</li> </ol>	2x5=10	Annually	Live (With Actions)
3981 07/05/2020	Finance	Supplies	Due to unprecedented demand, equipment could fail if used continuously resulting in disruption or delay in patient care.	3x5=15		Dinah Mclanna <i>Dinah Mclannahan</i>	// Review in date	3x5=15	<ol style="list-style-type: none"> <li>Consideration, based on a risk assessment, of use of alternative equipment (case by case basis) (Target date: 01/07/2020)</li> </ol>	2x5=10	Annually	Live (With Actions)
3982 07/05/2020	Finance	Supplies	Unfamiliarity with equipment by some staff may lead to errors in use resulting in patient harms.	3x5=15	<ol style="list-style-type: none"> <li>Standardisation of a lot of equipment.</li> </ol>	Dinah Mclanna <i>Dinah Mclannahan</i>	// Review in date	3x5=15	<ol style="list-style-type: none"> <li>Training provision for deployed staff and adequate support and supervision for redeployed staff. (Target date: 01/07/2020)</li> <li>June refresh of key equipment training using video tech (Target date: 01/07/2020)</li> </ol>	1x5=5	Annually	Live (With Actions)
3379 16/09/2020	Imaging	Breast Unit - Radiology BTC	There is a risk that ladies may have their breast screening and assessments delayed as a result of vacancies, maternity leave and increased sickness within the City Breast Screening team, with a potential impact on the timeliness of their cancer diagnosis and effective treatment.	4x4=16	<ol style="list-style-type: none"> <li>Currently running WLLs for reporting, but this is only for the national incident, which is helping to mitigate the impact. This will cease and further actions will need to be in place once this happens.</li> </ol>	Syeda Khan	16/09/2020 Review in date	4x4=16	<ol style="list-style-type: none"> <li>Complete recruitment to all vacancies, including 0.69%WTE Consultant Radiologist; Support service with agency / bank in the interim period if necessary. (Target date: 01/04/2021)</li> </ol>	1x4=4	Monthly	Live (With Actions)
4222 07/10/2020	Imaging	Radiology (S)	There is a risk that, in the event of out of hours Microsoft work being carried out without prior notification to Imaging, the out of hours acute CT service will not be provided with patients not getting urgent CT scans. This could lead to delays to diagnosis and treatment with patient harm as a result.	4x4=16		Nicola Plunkett	// Review in date	4x4=16	<ol style="list-style-type: none"> <li>Schedule of works for Microsoft patches being done out of hours to be notified to Imaging (Target date: 16/10/2020)</li> </ol>	1x4=4	Weekly	Live (With Actions)

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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	<ol style="list-style-type: none"> <li>1. Post Unity some radiology reports need acknowledgement in CSS and will be monitored.</li> <li>2. New report in Unity for compliance of pathology and radiology endorsement, by location, by patient, by person</li> <li>3. Policy: Validation Of Imaging Results That Require Skilled Interpretation Policy SWBH/Pt Care/025</li> <li>4. SOP - Results from Pathology by Telephone (attached)</li> </ol>	David Carruthers <i>David Carruthers</i>	06/07/2020  Review in date	3x5=15	<ol style="list-style-type: none"> <li>1. To review and update Management of Clinical Diagnostic Tests (Target date: 31/08/2020)</li> <li>2. Update existing eRA policy to reflect practice in Unity (Target date: 31/08/2020)</li> </ol>	1x5=5	Annually	Live (With Actions)
3998 28/06/2020	Medical Director Office	Medical Director's Office (C)	Risk of delayed presentation of patients as patients are not attending healthcare premises due to COVID-19 leading to poor outcomes, functionality and diagnosis.	5x3=15		David Carruthers <i>David Carruthers</i>	//  Review in date	5x3=15	<ol style="list-style-type: none"> <li>1. Provision of 'safe' GP services to allow 'safe' consultations. (Target date: 31/08/2020)</li> <li>2. Straight to test options at scale to allow rapid access diagnostics (Target date: 31/08/2020)</li> </ol>	3x4=12	Annually	Live (With Actions)
3996 28/06/2020	Medical Director Office	Medical Director's Office (C)	Risk to patient health deteriorating due to scaling back of services for COVID-19 leading to poorer outcomes, functionality and diagnosis.	4x5=20	<ol style="list-style-type: none"> <li>1. Virtual outpatient appointments</li> </ol>	David Carruthers <i>David Carruthers</i>	//  Review in date	4x5=20	<ol style="list-style-type: none"> <li>1. Scale up shielding offer to work alongside general practice (Target date: 31/08/2020)</li> <li>2. Overt publicity campaign in local community media (Target date: 31/08/2020)</li> <li>3. Development of more integrated offer with community pharmacies on the back of self-care plans (Target date: 31/08/2020)</li> </ol>	2x5=10	Annually	Live (With Actions)
3995 28/06/2020	Medical Director Office	Medical Director's Office (C)	There is a risk that services will be overwhelmed due to a surge of patients requiring follow up and new appointments, which will be difficult to deliver and may lead to poorer outcomes.	5x5=25		David Carruthers <i>David Carruthers</i>	//  Review in date	5x5=25	<ol style="list-style-type: none"> <li>1. Phased approach to resumption of services to prevent a surge. (Target date: 31/08/2020)</li> <li>2. 7-day working and longer day working for all specialities to ensure ability to meet demand over 6 month period (Target date: 31/08/2020)</li> <li>3. Peer aid with colleagues in BSol and BCWB (Target date: 31/08/2020)</li> </ol>	2x5=10	Annually	Live (With Actions)
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	<ol style="list-style-type: none"> <li>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.</li> <li>2. Learning from deaths programme in place with sub-streams set out below.</li> <li>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.</li> <li>4. 2.Data analysis programme focussing on alerts arising from clinical areas and/or conditions. Coding processes improved.</li> <li>5. 3.External mortality alerts from CQC or CCGs.</li> <li>6. 4. Medical examiners are substantially in place. MEs and judgmental reviewers will provide 3 monthly analysis of amenable mortality.</li> </ol>	David Carruthers <i>David Carruthers</i>	23/08/2020  Review in date	4x4=16	<ol style="list-style-type: none"> <li>1. Further improvements in coding underway focusing on palliative care data, weekend admissions and site specific. (Target date: 31/12/2020)</li> <li>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)</li> <li>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)</li> <li>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)</li> </ol>	3x4=12	Annually	Live (With Actions)
3865 27/02/2020	Medicine & Emergency Care	Cardiology Diagnostics Service (C)	There is a risk that patients will receive incorrect treatment or no treatment at all, because it is possible on all Cardiology clinical systems and subsequently Unity, that some results are being stored electronically under the incorrect patient, due to patient demographics being manually entered incorrectly, which may result in significant harm to patients or even death.	3x5=15	<ol style="list-style-type: none"> <li>1. Currently for some procedures that use the McKesson system for image / report storage, the patient demographics are populated electronically from the investigation request on Unity. This is not the case however for all investigations that require the use of McKesson.</li> </ol>	Ruth Naylor	28/07/2020  Review in date	3x5=15	<ol style="list-style-type: none"> <li>1. Approval for funding for solus system is required together with IT support (Target date: 30/09/2021)</li> </ol>	2x1=2	Annually	Live (With Actions)
3702 14/09/2020	Medicine & Emergency Care	Cardiology Diagnostics Service (C)	There is a risk that patient's Cardiology non-invasive investigation 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.	5x5=25	<ol style="list-style-type: none"> <li>1. All invasive procedure requests are now printing from designated printers in the appropriate areas. The booking team are checking these referrals against McKesson, to establish which patients have already had procedures and which patients need to be scheduled for day case procedures in the catheter lab. However this is open to error, as currently it is not clear whether all invasive procedure requests placed on Unity are generating a printed referral. There is no way to check that all requests have printed as there is no 100 % accurate MPTL or back end report available to do so.</li> </ol>	Ruth Naylor	28/07/2020  Review in date	3x5=15	<ol style="list-style-type: none"> <li>1. Approval for funding for Solus system is required together with IT support (Target date: 30/09/2021)</li> </ol>	2x1=2	Annually	Live (With Actions)

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					1. The Cardiology Diagnostics clerical team are checking through all printed referrals generated from Unity. All non-invasive requests received should be checked against the MPTL on Unity, to ensure that all procedures requested have printed, but the MPTL has proven not to be 100% accurate, as not all requests populate the MPTL. A back end report has been produced by the Unity IT team to resolve this issue, but this also not 100% accurate, but an improvement on the MPTL.							
23 3959 22/04/2020	Medicine & Emergency Care	Catheter Lab (C)	Covid-19 pandemic has meant staff from Acute Cardiac Services have been redeployed to support pandemic. Our area is depleted of staff and levels of sickness are higher along with some staff shielding. There is a risk that suitably trained nursing staff left covering the on call rota for cardiac cath lab will burn out and may go off sick due to increased ask of them to cover a higher number of on call sessions whilst maintaining their usual working pattern and not getting sufficient rest post shift before on call starts.	5x4=20		Louise Croke	// Review in date	4x4=16		3x3=9	Annually	Live (With Actions)
24 3842 31/01/2020	Medicine & Emergency Care	Priory 4	Patients who arrive in a/e within 6 hour window for thrombectomy will have a CTA. The CTA imaging will be sent to the Queen Elizabeth hospital for view to decide if an emergency transfer to QE is required for thrombectomy to take place. There has been significant delays in imaging being uploaded to QE ( sometimes 2.5 hours delay) This has a significant impact on patient safety for thrombectomy as patients are not receiving thrombectomy due to delay	3x4=12		Joanne Thomas	// Review in date	4x4=16		1x3=3	Quarterly	Live (Monitor)
25 4115 28/08/2020	Medicine & Emergency Care	Walkden Unit Newton 5	Due to COVID 19 Newton 5 is not accepting confirmed positive COVID 19 patients or patients with high suspicion of COVID 19. Haematology patients in this group are not currently receiving necessary general / emergency haematological care until they are negative as there are no areas to effectively care for these patients. This delay is a potential risk to their overall survival and their outcomes.	4x4=16		Matthew Warner Paula Gardner	// Review in date	4x4=16		1x1=1	Six-Monthly	Live (With Actions)
26 3971 05/05/2020	People & Organisation Development	Human Resources	There is a risk of increased psychological trauma (work or home) due to COVID-19 leading to staff harm or prolonged absence.	5x5=25	1. Availability of OH and counselling.	Toby Lewis Toby Lewis	// Review in date	5x5=25	1. Absence impact collectively expected to be modest but early intervention model key to mitigation - Trust wellbeing offer (Target date: 01/07/2020) 2. Tracking of psychological wellbeing at departmental level (Target date: 01/07/2020) 3. Rigorous implementation of revised Trust sickness plans (Target date: 01/07/2020)	3x5=15	Annually	Live (With Actions)
27 3972 05/05/2020	People & Organisation Development	Human Resources	There is a risk that staff accrue annual leave at scale due to the pressures of COVID-19 leading to an adverse impact on clinical service delivery during restoration.	5x4=20	1. Existing annual leave rules	Toby Lewis Toby Lewis	// Review in date	5x4=20	1. Manage annual leave across 24 month period and report data for each individual not less than quarterly centrally (Target date: 01/10/2020) 2. In surge scenario insist on 70% of year 1 AL in year one (Target date: 01/10/2020) 3. Consider targeted buy out in 20-21 (employer not employee initiated) (Target date: 31/12/2020)	2x4=8	Annually	Live (With Actions)
28 3973 05/05/2020	People & Organisation Development	Human Resources	There is a risk that a loss of clinical expertise and leadership through sustained non-availability leads to staff and/or patient harm.	4x4=16		Toby Lewis Toby Lewis	// Review in date	4x4=16	1. Leadership key personnel map to ensure resilience in key specialties combined with external executive led recruitment to provide greater resilience (Target date: 30/06/2020) 2. Rationalisation of senior nursing roles to permit greater focus on clinical care at ward and matron level (Target date: 19/06/2020)	2x4=8	Annually	Live (With Actions)
29 3974 05/05/2020	People & Organisation Development	Human Resources	There is a risk that changes to national shielding guidance would increase absence meaning that not enough staff are available to look after our patients.	4x4=16	1. Redeployment of staff from areas where services have been reduced or ceased.	Toby Lewis Toby Lewis	// Review in date	4x4=16	1. Remote support for redeployed staff whilst looking after patients (over prolonged period some CPD support may be needed. (Target date: 01/07/2020)	1x4=4	Annually	Live (With Actions)
30 3975 05/05/2020	People & Organisation Development	Human Resources	There is a risk that the planned staffing ratios and skill mix due to lack of supply leads to staff and/or patient harm.	3x5=15	1. Agreed staff to patient ratios for safe care.	Toby Lewis Toby Lewis	// Review in date	3x5=15	1. The Trust can achieve its ratios under current plan and will use Safety Plan controls to track patient harms. This should permit intervention in hotspot areas (Target date: 31/07/2020)	x=0	Annually	Live (With Actions)

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4166 37. 18/09/2020	Primary Care Community & Therapies	Dietetics (S)	Risk: No type 1 diabetes service in adult dietetics - risk trust wide	5x3=15	<ol style="list-style-type: none"> <li>1. Experienced diabetes nurse staff and full consultant establishment</li> <li>2. Professional Lead for Nutrition and Dietetics upskilling to provide cover for service gap - clinic bookings have been arranged commencing 9/9/20</li> <li>3. Waiting list monitored - but only by admin team at present.</li> <li>4. Diabetes Specialist nurses are picking up DAFNE training</li> <li>5. Paediatric diabetes service exists and is fully staffed (but with limited capacity)</li> </ol>	Ben Biffin	// Review in date	5x3=15	<ol style="list-style-type: none"> <li>1. Service re-design required. To consult diabetes service. Look at dietetic vacancy and explore options for increasing dietetic cover in diabetes (Target date: 31/10/2020)</li> <li>2. To involve acute paediatric team lead in service redevelopment, so that paediatric and adult roles in diabetes can increasingly overlap (Target date: 28/02/2021)</li> <li>3. Meeting arranged for 29/9/20 to discuss options for DAFNE, including running an out of area course - instigated by Nicola Taylor (Target date: 30/09/2020)</li> <li>4. To cost band 7 locum staffing (Target date: 30/09/2020)</li> <li>5. Explore Virtual Options in diabetes (Target date: 09/10/2020)</li> <li>6. Meet with Rachel Clarke - director of diabetes and update re: concerns and non-compliance with national guidelines.</li> </ol> <p>Latest action - follow up plan agreed mid-Oct as team (Target date: 15/10/2020)</p>	2x3=6	Monthly	Live (With Actions)
4167 32. 18/09/2020	Primary Care Community & Therapies	Dietetics (S)	Risk of poor pregnancy outcome as a result of inadequacy of dietetic service in gestational diabetes	5x3=15	<ol style="list-style-type: none"> <li>1. DSN and consultant establishment exists</li> <li>2. Dietitian available to run clinic</li> <li>3. No gestational diabetes clinics to be cancelled</li> <li>4. Patients are referred to the service</li> </ol>	Ben Biffin	// Review in date	5x3=15	<ol style="list-style-type: none"> <li>1. Meet with gestational diabetes team and seek to instigate referral earlier in pathway (Target date: 05/10/2020)</li> <li>2. Imbed options for change to put the dietitian back into the MDT and optimise the patient service to expectant mothers and explore and test options for increasing patient contact rate i.e. contacts per clinic, or number of clinics available, or access routes to other clinics (Target date: 05/10/2020)</li> <li>3. Establish regular monitoring of service, including number of referrals and compliance with 28 week appointments and failure to meet NICE guidelines (Target date: 30/09/2020)</li> <li>4. To cost 2 x band 7 locum roles at risk in diabetes (Target date: 30/09/2020)</li> <li>5. To delegate to staff member once hired to review and resolve waiting list (Target date: 31/10/2020)</li> <li>6. Explore Virtual options for GDM education (Target date: 30/11/2020)</li> </ol>	2x3=6	Monthly	Live (With Actions)
3845 33. 26/06/2020	Strategy & Governance	Data Quality (S)	There is a risk we are NOT meeting our legal requirement and are keeping records beyond their retention period	5x4=20	<ol style="list-style-type: none"> <li>1. Historical failure to match patient IDs (missing leading characters sent offsite). New documents sent off site now contain the FULL patient identifier and data is transferred to Iron Mountain electronically rather than through user entry. This is uniformly done across all three sites.</li> </ol>	Matthew Maguire <i>David Baker</i>	28/09/2020 Review in date	5x4=20	<ol style="list-style-type: none"> <li>1. Can we increase the matching algorithm (Target date: 30/09/2020)</li> <li>2. Have a meeting with all parties in the room to discuss the consequences of the algorithm not improving. (Target date: 30/09/2020)</li> </ol>	1x3=3	Quarterly	Live (With Actions)
4000 34. 13/05/2020	Strategy & Governance	Governance	There is a risk that another simultaneous Major Incident would not be managed as effectively as possible because of stretch from COVID-19 response leading to slower or inadequate service recovery	4x5=20	<ol style="list-style-type: none"> <li>1. Existing Major incident plan</li> </ol>	Kamaljeet Dhami <i>Kam Dhami</i>	// Review in date	4x5=20	<ol style="list-style-type: none"> <li>1. Resilience in key IT/estate/operation/EP functions to run split team response (Target date: 30/06/2020)</li> <li>2. Peer aid considerations with expertise arranged from neighbouring organisations (Target date: 30/06/2020)</li> </ol>	3x5=15	Annually	Live (With Actions)
3572 35. 24/12/2019	Surgery	BMECA&E (C)	Potential financial business risk. Patient First coding is being routed to a different provider soon and this will change further when Unity (First Net) is implemented. Informatics Lead has raised concerns that there may be an adverse impact on income as a result of the changes within the coding pick up from external sources but is unable to quantify until this occurs	4x4=16	<ol style="list-style-type: none"> <li>1. Weekly &amp; monthly HRG income is monitored and any adverse income trends will be raised to the Group during Directorate Review.</li> </ol>	Laura Young	18/08/2020 Review in date	4x4=16		2x3=6	Quarterly	Live (Monitor)
1762 36. 28/09/2020	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. Currently 24.4K backlog transactions relating to 15k patients - Clinical risk - potential loss of vision. More than half of the backlog relates to diagnostic tests needed for decision making. Business risk - potential for litigation, financial risk due to PRW solutions and reputational risk to the organisation.	5x3=15	<ol style="list-style-type: none"> <li>1. daily monitoring of situation occurs through Group PTL structures.</li> <li>2. Additional PRW clinical sessions undertaken, authorisation process with exec team followed</li> <li>3. Introduction of daily 'tail gunning' report to EAT to support booking of vacant slots to increase capacity effectively.</li> <li>4. Use of failsafe reports by Service Managers and PAMs to identify high risk pathways</li> </ol>	Hilary Lemboye <i>Liam Kennedy</i>	28/09/2020 Review in date	5x3=15	<ol style="list-style-type: none"> <li>1. improve room capacity within BMEC OPD through the creation of new rooms - capital plan item (Target date: 30/09/2021)</li> <li>2. Resolution of RAG rating flag within all consultant led work. Currently only a proportion of clinics can see this. : Note, Solution is developed, awaiting testing data from Informatics a) Solution to be tested once information is provided b) Solution to be implemented (Target date: 30/11/2020)</li> </ol>	2x3=6	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
1522 37. 18/08/2020	Surgery	Urology	Reduction in Radiological support for haematuria clinic at City: Potential consequences include - - Increase in the time patients spend in the hospital (in haematuria clinic). - Delay in these patients undergoing radiological investigations and receiving necessary treatment - Poor patient experience - Potential to breach treatment targets	4x4=16	1. Review and redesign of the haematuria clinic pathway - including requesting CTUs rather than USS as initial investigation for visible haematuria. Jobplanning for Radiologists to identify cover for clinics Recruitment and training of additional sonographers to provide additional capacity	Ananda Dhanase	16/09/2020  Review in date	4x4=16	1. Insufficient test capacity which extends waits for appointments for patients needing tests: Business Case for a diagnostic hub and implementation of same if approved (Target date: 04/02/2021) 2. some erroneous entries in the backlog that need to be routinely cleared a) validation trajectory to be re-set & delivery monitored / managed weekly by Service Managers weekly b) look for auto solutions to the problem and implement these (Target date: 31/03/2021) 3. Parent / Child Issues create additional burdens on the backlog size: meeting to develop a solution to this put in place the solution (Target date: 30/11/2020)	3x3=9	Quarterly	Live (Monitor)
3876 38. 05/03/2020	System Transformation	Estates (C)	There is a risk that the supply of available beds will not meet the demand of wards/patients because of the withdrawal of manufacturer support/part availability of the Contoura bed range which will result in a significant proportion of the Trust bed stock becoming obsolete	5x4=20	1. Wherever possible when condemning a bed from the Contoura range, the maintenance engineers have taken any useful parts off before the bed is removed from site, and have added it to a small on-site stock to reuse to keep the bed stock in a good state of repair	Lloyd Williams  Rachel Barlow	29/09/2020  Review in date	5x3=15	1. Replace circa 230 Contoura beds (Target date: 31/12/2020) 2. Implement on-going annual bed replacement programme (Target date: 31/03/2025)	2x3=6	Quarterly	Live (With Actions)
2784 39. 20/11/2019	System Transformation	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  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)
4178 40. 17/09/2020	Women & Child Health	Community - Midwifery	There is a risk that women in the community will miss vital antenatal & post natal care due to inadequate clerical cover which results in a lack of information required for midwives to provide appropriate care. This is a result of clerical vacancies required to support the community office at Sandwell.	4x4=16	1. community office clerk retired in June 2020 who was 1 WTE 2. following retirement of one clerk, only 0.74 WTE community clerk is responsible for office day to day duties. with the same workload that was undertaken by 2.34 WTE. 3. bank clerk covers weekend work for 4hours per day ( 8 hours in total)	Sharon Palmer-J	//  Review in date	4x4=16	1. community clerks are being trained to cover the community office (Target date: 31/12/2020) 2. recruitment of an apprentice clerical officer in progress (Target date: 31/10/2020)	2x2=4	Monthly	Live (With Actions)
4204 41. 21/09/2020	Women & Child Health	D21	Risk of elective gynaecology-oncology/gynaecology patients being at risk from being nursed in the same area as patients being admitted through an emergency pathway into the same ward area	4x4=16	1. All patients arriving onto D21 must have a negative swab prior to admission 2. All patients needing admission remain in EGAU or a side room if available until negative swab received. 3. Fast track swabs for all EGAU admissions requiring admission to the ward 4. Plastic screens added to all bed spaces to give additional protection between bed spaces 5. Elective patients nursed on one side of the ward only. Designated bathroom for elective patients.	Tracy Weston	//  Review in date	4x4=16	1. To implement use of fast track swabs, to allow quicker turn around to allow quicker flow into department. (Target date: 16/10/2020) 2. Areas viewed D6, D12, D28, D27. Proposals and estates work for review by senior team (Target date: 16/10/2020)	2x3=6	Monthly	Live (With Actions)
4071 42. 11/06/2020	Women & Child Health	Gynae-Oncology (C)	Risk of late presentation into the trust due to delays in patient presentation via primary care. Risk of poorer clinical outcomes and life expectancy in these cases	4x4=16	1. To undertake health promotion to advise patients to still attend GP with symptoms. 2. To produce information leaflet to encourage patients it is safe to attend designated parts of the hospital	Danielle Joseph	01/07/2020  Review in date	4x4=16	1. To undertake Health promotion to advise patients to still attend GP with symptoms (Target date: 01/11/2020) 2. To produce information leaflet to encourage patients it is safe to attend designated parts of the hospital (Target date: 01/12/2020)	2x3=6	Monthly	Live (Monitor)
4076 43. 13/07/2020	Women & Child Health	Gynaecology (C)	Failure to achieve 18 week national target.	5x3=15	1. Review all clinic activity and procedures 2. Identify urgent and non urgent activity 3. Consider alternative treatments to facilitate a delay in intervention 4. use of telephone and virtual clinics where possible . Access additional IT support to facilitate this. 5. Screen all patients who require urgent face to face consultations. 6. Ensure provisions for HOT/COLD clinic activity	Danielle Joseph	02/07/2020  Review in date	5x3=15	1. Review all clinic activity and procedures Triage patients suitable for virtual clinics or that require urgent face to face clinic appointment. (Target date: 01/12/2020) 2. Additional 2 theatres per week needed to reduce IPWL backlog (Target date: 30/09/2020) 3. Review of inpatient waiting list by consultants to update clinical prioritisation (P1-5) for all patients. (Target date: 30/09/2020)	4x3=12	Monthly	Live (Monitor)
3994 44. 09/06/2020	Women & Child Health	Health Visiting - Warley	Children's Trust absence of notification and attendance to Safeguarding meetings by Key Worker/Lead professional	5x3=15	1. Incidents being submitted by staff as incidents occur, escalated within Directorate at Acute and Community Paediatrics Risk Meeting 2. Number of incidents monitored monthly within the Directorate, Group and safeguarding team.	Randeep Kaur	14/09/2020  Review in date	5x3=15		x=12	Monthly	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. Each Incident escalated, discussed and resolution sought at monthly interface meetings with Sandwell Children's Trust and SWBH service Leads and Safeguarding Lead.							
45 666 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	<ol style="list-style-type: none"> <li>1. Mental health agency nursing staff utilised to provide care 1:1</li> <li>2. All admissions monitored for internal and external monitoring purposes.</li> <li>3. Awareness training for Trust staff to support management of patients is in place</li> <li>4. Children are managed in a paediatric environment.</li> <li>5. Close liaison with specialist Mental Health CAMHS staff to support management whilst inpatient on ward.</li> </ol>	Brenda Taylor <i>Liam Kennedy</i>	23/06/2020 Review in date	4x4=16		4x4=16	Quarterly	Live (Monitor)
46 2625 20/07/2020	Women & Child Health	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.	3x5=15	<ol style="list-style-type: none"> <li>1. roster sign off at 6 weeks.</li> <li>2. plans to pay back hours owed over next 3 - 6 months.</li> <li>3. use of neonatal staff to do bank shifts</li> <li>4. block bookings of bank and tier 1 agency staff</li> <li>5. 2 weeks prior to roster, unfilled shifts to tier 1 agencies.</li> <li>6. manage long and short term sickness as per policy.</li> <li>7. recruitment plans in place</li> <li>8. ward manager stepping in to cover clinical shifts as and when required</li> <li>9. follow escalation guidance capacity and guidance.</li> </ol>	Rasekhuta	22/06/2020 Review in date	3x5=15	<ol style="list-style-type: none"> <li>1. explore different options to recruit QIS(Neonatal intensive care trained nurses. (Target date: 31/10/2020)</li> <li>2. 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. (Target date: 30/11/2020)</li> <li>3. 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. (Target date: 30/11/2020)</li> <li>4. 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 paediatric trained nurses including midwives. (Target date: 31/10/2020)</li> <li>5. Analysis of spend on increased bank rate compared to agency undertaken, to be presented to COO and CEO for consideration (Target date: 31/10/2020)</li> </ol>	1x5=5	Bi-Monthly	Live (With Actions)
47 3857 20/07/2020	Women & Child Health	Neonatal Unit	There's a risk to babies below 34 weeks gestation being hypothermic when transferring to the neonatal unit. Therefore it is decided to use the transport incubator to transfer these patients- concerns surrounding this, is the health and safety aspect of medical/nursing staff pushing the transport incubator.	5x3=15	<ol style="list-style-type: none"> <li>1. babies born on labour ward are transported by the neonatal on a resuscitaire</li> <li>2. the resuscitaire is pushed by neonatal nursing and medical staff who attended the delivery of the baby and were involved in the resuscitation and stabilisation of the baby.</li> </ol>	Rasekhuta	// Review in date	5x3=15	<ol style="list-style-type: none"> <li>1. explore feasibility of purchasing the transport pod that can be used to transport babies from labour ward to NNU. (Target date: 30/11/2020)</li> </ol>	2x2=4	Bi-Monthly	Live (With Actions)