

Trust Board Level Risks - December 2020

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
325 10/11/2020	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 to the operational running of the Trust.	4x4=16	<ol style="list-style-type: none"> Prioritised and protected investment for security infrastructure via Infrastructure Stabilisation approved Business Case Annual Cyber Security Assessment Monthly security reporting by Informatics Third Line Manager Trust Business Continuity plans CareCERT NHS wide and Trust specific alerting received from NHS Digital We need a regular updates on suitable behaviour relating to scam emails and phishing. 	Craig Bromage Martin Sadler	27/09/2020	4x4=16	<ol style="list-style-type: none"> Improve communications on intranet about responses to suspicious emails. (Target date: 03/01/2021) Conduct a review of staff training (Target date: 06/12/2020) Hold cyber security business continuity rehearsal. <ol style="list-style-type: none"> Agree scope with Emergency Planning Lead Plan and hold rehearsal Review lessons learned (Target date: 03/01/2021) Upgrade servers from version 2003. (Target date: 03/01/2021) 	2x3=6	Quarterly	Live (With Actions)
3109 10/11/2020	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 services safely and effectively	4x5=20	<ol style="list-style-type: none"> 24/7 on call IT support in place but with variable skills and competence 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 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"> Reviewed who has access to make changes to infrastructure, have removed access from individuals where not appropriate. 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	10/11/2020	2x4=8	<ol style="list-style-type: none"> Interview and appoint new members in to the L3 team (Target date: 23/12/2020) 	2x4=8	Quarterly	Live (With Actions)
3110 10/11/2020	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	<ol style="list-style-type: none"> IT infrastructure plan is documented and reports to CLE through the Digital Committee (but has slippage on delivery dates) Infrastructure monitoring and alerting implemented following the installation of a system called PRTG. Supplier warranted support contracts in place. 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	27/09/2020	3x4=12	<ol style="list-style-type: none"> 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"> With industry expertise advise fully document technical architecture (Target date: 03/01/2021) Document a robust IT infrastructure plan with well defined scope, delivery milestones and measurable outcomes signed off via digital committee (Target date: 13/07/2021) 	2x4=8	Quarterly	Live (With Actions)
214 23/06/2020	Corporate Operations	Waiting List Management (S)	<p>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.</p> <p>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</p>	4x3=12	<ol style="list-style-type: none"> SOP in place Improvement plan in place for elective access with training being progressed. training completed with competency assessment for operational teams involved in RTT pathway management ongoing audit and RCA process to learn and provide assurance 	Mark Whiteho Liam Kennedy	27/02/2020	2x3=6	<ol style="list-style-type: none"> Matrix dashboard to monitor compliance against the SOP (Target date: 30/04/2020) 	1x3=3	Six-Monthly	Live (Monitor)
3689 30/10/2020	Finance	Financial Management (S)	SBAF 10 - NHS Contracting And Payment Mechanism	4x4=16	<ol style="list-style-type: none"> ICS Board held weekly. STP Board attendance. STP DoFs meetings. STP DoFs attendance. APMS and other non-NHS contracts for patient care taken on for 19/20 indicating the direction of travel for the Trust. DoF sits on HFMA Payment Systems & Specialised Commissioning Committee ensuring we are sighted on integration opportunities. 	Dinah McClannahan Dinah McClannahan	30/10/2020	4x4=16	<ol style="list-style-type: none"> 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: 30/11/2020) 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: 30/11/2020) 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: 31/03/2021) 	2x4=8	Bi-Monthly	Live (With Actions)

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					1. Weekly Black Country DoFs meeting				1. Continue to develop financial framework through STP DOFs group with sufficient flexibility appropriate to place based plans (Target date: 31/12/2020) 2. Ensure Place based chair is informed regularly (Target date: 31/03/2021) 3. Share Midland Met plans and expenditure plans and explain (Target date: 30/11/2020) 4. Ascertain the gap (Target date: 30/11/2020) 5. develop a route to multi year agreement achieving break even with the CCG (Target date: 30/11/2020)			
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 Carruthers	06/07/2020 Review overdue	1x4=4		1x2=2	Bi-Monthly	Live (Monitor)
2642 25/10/2020	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	06/07/2020	3x5=15	1. To review and update Management of Clinical Diagnostic Tests (Target date: 28/02/2021) 2. Update existing eRA policy to reflect practice in Unity (Target date: 28/02/2021)	1x5=5	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	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 Carruthers David Carruthers	23/08/2020	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)
1762 04/12/2020	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. 04.12.20Currently 22K backlog transactions relating to 11.8k 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	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. 4. Use of failsafe reports by Service Managers and PAMs to identify high risk pathways	Hilary Lemboye Liam Kennedy	02/12/2020	5x3=15	1. improve room capacity within BMEC OPD through the creation of new rooms - capital plan item (Target date: 30/09/2021) 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: 26/02/2021) 3. 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) 4. 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) 5. Parent / Child Issues create additional burdens on the backlog size: meeting to develop a solution to this put in place the solution (Target date: 26/02/2021)	2x3=6	Quarterly	Live (With Actions)
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 the risk of information governance breach should that data be; lost/destroyed or stolen.	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	01/12/2020	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: 10/01/2021)	1x3=3	Quarterly	Live (With Actions)

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			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.						1. 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: 10/01/2021)			
3021 23/10/2019	System Transformation	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.	Rachel Barlow Toby Lewis	29/09/2020	3x4=12		2x4=8	Quarterly	Live (With Actions)
2784 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	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)
666 24/11/2020	Women & Child Health	Paediatrics	There is a risk that therapeutic care will be sub-optimal for Children and Young People requiring a specialist Tier 4 mental health support when they are inappropriately admitted to a paediatric ward due to the national lack of Tier 4 specialist (CAMHS) mental health beds. There is also a risk of the behaviours that these children exhibit may have impact on the patient experience for other children and their parents accommodated on the ward.	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.	Brenda Taylor Liam Kennedy	08/11/2020	4x4=16	1. Audit number of CYP admissions with LOS on acute ward requiring specialist inpatient CAMHS support and escalate to MH commissioning team (Target date: 31/03/2021)	4x4=16	Quarterly	Live (With Actions)