Trust Board Level Risks - January 2021 (Overdue Reviews)

Sandwell and West Birmingham Hospitals **NHS** NHS Trust

Risk No.	Clinical Group	Department	Risk	Initial Risk Rating (LxS)	Existing controls	OWNER — Executive lead	Last Review Date	Current Risk Rating (LxS)	Gaps in control and planned actions	Target Risk Rating (LxS)	Review frequency	Status
1. 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 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 Review overdue	4x4=16	1. Improve communications on intranet about responses to suspicious emails. (Target date: 03/01/2021) 2. Conduct a review of staff training (Target date: 06/12/2020) 3. 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) 4. Upgrade servers from version 2003. (Target date: 03/01/2021)	2x3=6	Monthly	Live (With Actions)
2. 3110 29/12/2020	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	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	27/09/2020 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 Upgrade and replace out of date systems.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 advice fully document technical architecture (Target date: 03/01/2021) 3. 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)
3. 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 Review overdue	2x3=6	1. Matrix dashboard to monitor compliance against the SOP (Target date: 30/04/2020)	1x3=3	Six-Monthly	Live (Monitor)
4. 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)
5. 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 Carruthe / David Carruthers	06/07/2020 Review overdue	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	Quarterly	Live (With Actions)