

<b>Report Title</b>	Monthly Risk Register Report		
<b>Sponsoring Executive</b>	Kam Dhami, Director of Governance		
<b>Report Author</b>	Refeth Mirza, Head of Risk Management		
<b>Meeting</b>	Trust Board	<b>Date</b>	1 <sup>st</sup> November 2018

### 1. Suggested discussion points *[two or three issues you consider the Trust Board should focus on]*

Elements of the Risk Register presented this month include:

- updated mitigation plans for risks monitored at Board level, specifically IT and Midland Met;
- a revised risk assessment for ENT relating to medical staffing difficulties that are compromising service provision;
- 10 post-mitigated 'red' risks currently not receiving Board attention, with recommendations for future monitoring of mitigation plan delivery; and
- potential risks arising from Brexit that may impact on SWB operational delivery.

### 2. Alignment to 2020 Vision *[indicate with an 'X' which Plan this paper supports]*

Safety Plan	X	Public Health Plan		People Plan & Education Plan	X
Quality Plan	X	Research and Development		Estates Plan	
Financial Plan	X	Digital Plan	X	Other <i>[specify in the paper]</i>	X

### 3. Previous consideration *[where has this paper been previously discussed?]*

Risk Management Committee on 8<sup>th</sup> October 2018  
Clinical Leadership Executives on 23<sup>rd</sup> October 2018

### 4. Recommendation(s)

Trust Board is asked to:

- RECEIVE** the updated Board level risks and test the robustness of mitigation plans
- NOTE** the mitigating action plan updates for Risks 221, 325, 3109, 3110 (IT infrastructure), 3020 and 3021 (Midland Met)
- APPROVE** the proposed approach for handling 10 post mitigated red risks not currently receiving Board attention.
- ACCEPT** the recommendation that mitigation plan delivery for Risk 3211 (ENT staffing) is monitored by the Board
- RECEIVE** at the February Board our response to any potential risks arising from Brexit

### 5. Impact *[indicate with an 'X' which governance initiatives this matter relates to and where shown elaborate]*

Trust Risk Register		Risk Number(s): 221, 325, 3109, 3110, 3020 & 3021				
Board Assurance Framework		Risk Number(s):				
Equality Impact Assessment	Is this required?	Y		N	x	If 'Y' date completed
Quality Impact Assessment	Is this required?	Y		N	x	If 'Y' date completed

# SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

Report to the Trust Board: 1<sup>st</sup> November 2018

## Monthly Risk Register Report

### 1.0 INTRODUCTION

- 1.1 This report provides Trust Board with an update on risks monitored at Board level. The report outlines progress in improving the robustness of the Trust's risk management arrangements with a review of the Risk Register.
- 1.2 The Trust has identified a range of significant risks that are currently being mitigated, whose impact could have a direct bearing on the achievement of Trust Plans and priorities and requirements within the NHSI Accountability Framework or CQC registration should the mitigation plans be ineffective.
- 1.3 A summary of the main controls and mitigating actions for the significant risks currently identified in each Clinical Group and Corporate Directorate is available in **Appendix A**.

### 2.0 RISKS REQUIRING BOARD ATTENTION

- 2.1 Board level risks have been updated to provide an accurate position against their progress in mitigating the risks.
- 2.2 Risk owners and Executive leads have had the opportunity to review their risks to ensure that the 'Gaps in control and planned actions' are appropriate and will reduce the chance of the risk materialising. These were discussed at length at October Risk Management Committee (RMC) and Clinical Leadership Executives (CLE).
- 2.3 The risks at Board level have been reviewed in a timely way ensuring that actions are carried out so that none are overdue and if any are overdue these are highlighted and escalated.
- 2.4 The four risks at Board level which relate to Informatics (**Risks, 221, 325, 3109 and 3110**) have been re-assessed and mitigating actions updated to reflect the current IT Infrastructure position (**Appendices B, C, D and E**).
- 2.5 Similarly the risk assessments for **Risks 3020 and 3021** have been revised to reflect the current position with regards to Midland Metropolitan Hospital (**Appendices F and G**).
- 2.6 **High severity / low likelihood risks**
  - 2.6.1 Clinical Groups and Corporate Directorates were tasked with reviewing and updating the 42 high severity/low likelihood risks with a view to see if these were treatable or if they should be tolerated. They have been asked to provide an update on these at the RMC. 24 of these are Estates risks and will be considered by the NED chaired Estate Major Projects Authority (EMPA) in December.

## 2.7 Risks that have not been reviewed in the past 12 months

- 2.7.1 Work is underway to review the 275 risks not reviewed in the past 12 months. Clinical Groups have been asked to provide assurances that these risks are still applicable and assessments need to accurately reflect the current position. Risk owners need to focus on whether there is any indication that these risks have materialised and how actively they are being managed. Again, the timescales to complete this review is end of October, in order to provide an update at November RMC.

## 2.8 Post mitigated 'red' risks

- 2.8.1 Following further review of the risk register, 10 post mitigated 'red' risks that have not previously been considered by the Board have been identified. These risks were discussed at CLE and decisions were made as below;

A) It was agreed that the risks mentioned below have now been **resolved** so they will be updated and **archived** accordingly.

Risk	Directorate	Title
2459	Microbiology	There is a risk that micro-organisms create infections in patients which can lead to their illness/fatality or compromised care.
3090	Community	Absence of laptops (112) adversely affects the quality of HV services delivered. IT services within the HV service across 12 bases have issues with connectivity, teams have to relocate to access records and complete documentation contemporaneously.
1917	Admitted Care	Black Country Alliance with Walsall. Review of patient data and communications with other provider. Scope of review covers the feasibility of accepting clinical responsibility for Walsall Healthcare NHS Trust Rheumatology patients.

B) Work is underway to review these risks and revised risk assessments articulating the current position of the risks will be presented to the November RMC. These will be discussed to agree the risk score and monitoring level and will receive the required level of management attention.

Risk	Directorate	Title
3001	Admitted Care	There is a risk that Cardiology Diagnostic Investigations will breach the agreed 5weeks 6 days waiting time due to staff shortages, a lack of equipment and an insufficient number of rooms within the department, which may result in delays in treatment and potential harm to patients.
2660	Maternity	There is a risk of data entry omissions, inaccuracies & duplication when EPR (UNITY) goes live, if there is no interface between the Maternity & Neonatal records. This may impact upon clinical care and the directorate's financial position. Merged with 2658 UPDATE: No solution possible with the current version of Neo Badgernet. Risk to be mitigated.
3220	Operations Management	There is a potential risk of Evacuation, Partial Evacuation or Total Site Evacuation as a result of loss of premises, terrorism, loss of utilities,

Risk	Directorate	Title
		movement of patients to alternate area, loss of an area, reduction of hospital services Closure of Hospital site & Required relocation of patients to alternative hospitals / Care site
2894	Paediatrics	There is a risk that children & young people will not receive Physiotherapy caused by vacanciesx1, maternity leave x4, LTSx1. This will result in a significantly reduced Children's Physiotherapy Service, additional pressure on the remaining team members, loss of patient activity with financial implications.
3242	Cancer Management	There is a risk that the breakdown of the trusts 3 old Video Conferencing Kits, caused by age, and lack of access to alternative solutions, will result in inability of core MDT members to input into treatment option discussions for our cancer patients.
545	Emergency & Acute Medicine	There is a risk that security staff will be unable to respond to emergency requests to attend ED due to the significant number of times that the Hospital Security team are on Escalation because of staff shortages which could result in patients and staff being harmed in the ED department

C) Following discussion at CLE, **Risk 3211** has been reviewed and revised in light of the current ENT staffing issues and knock on service implications and is being presented to the Trust Board with a recommendation that mitigation plan delivery is monitored by them. **(Appendix H)**. The Board will remember discussions on this risk at its August meeting.

Risk	Directorate	Title
3211	General Surgery	ENT deficit in staffing due to vacancies. Inability to safely delivery services consistently without locum / agency support

## 2.9 **Clinical Groups/ Corporate Directorates risk mitigation plans**

**2.9.1** Following discussions at October RMC, Clinical Groups/ Corporate Directorates have been asked to review their risks and to present up-to-date risk mitigation plans at the November RMC and subsequently CLE and Board. The Head of Risk Management will be working with risk owners to undertake this work.

## 3.0 **Localising preparations for Brexit**

**3.1** The Board will recognise that governmental preparations continue for varied Brexit scenarios from April 2019. National guidance continues to invite local Trusts to work within nationalised contingency planning for the supply of medicines and other goods, and not create bespoke local programmes of response. As such we have not made a local risk exposure assessment but will do so in early January. By that time we expect to better understand the local share of any nationally procured solutions. Our extant 2018-19 financial plans do not foresee stock run-down, and as such we would enter the new fiscal year with secured supplies as now.

- 3.2 We have previously discussed the labour market and our staff base. We do not collate or collect data on country of origin and as such are not able to advise on how many current staff may need to apply for remain permissions. Some NHS Trusts has sought to facilitate that process by making payments towards the cost of application, and we will consider that over coming weeks. Our SBAF explicitly references local vs. international labour supply routes, and in considering our Recruitment Hot Spot plans we will need to explore which overseas options may work best for the Trust in a post-Brexit environment. Whilst this is traditionally a consideration for nursing roles, our focus is likely to be around some professional and technical positions, as well as some non-training medical posts.
- 3.3 If a No Deal Brexit proceeds, then from mid-February we will initiate a weekly response team to plan the first quarter of the New Year. This would operate under our Emergency Preparedness processes, and report to the Operational Management Committee. Advice to the Board would be through the Chief Executive's monthly report. We will consider at that time the relevant AGS entry for our annual report.
- 3.4 With such limited specificity we have not created a specific risk register or BAF entry, but will revisit that for the February Trust Board.

#### 4.0 RECOMMENDATIONS

Trust Board is asked to:

- a) **RECEIVE** the updated Board level risks and test the robustness of mitigation plans
- b) **NOTE** the mitigating action plan updates for Risks 221, 325, 3109, 3110 (IT infrastructure), 3020 and 3021 (Midland Met)
- c) **APPROVE** the proposed approach for handling 10 post mitigated red risks not currently receiving Board attention.
- d) **ACCEPT** the recommendation that mitigation plan delivery for Risk 3211 (ENT staffing) is monitored by the Board.
- e) **RECEIVE** at the February Board our response to any potential risks arising from Brexit

LEVEL OF RISK	
<b>Green</b>	Manage risk locally on Department / Team Risk Register
<b>Yellow</b>	Manage risk locally and add to Directorate Risk Register
<b>Amber</b>	Manage risk locally and add to Group Risk Register
<b>Red</b>	Manage risk locally; add to Group Risk Register; and submit to Risk Management Committee monthly

Refeth Mirza  
Head of Risk Management  
26 October 2018

## TRUST RISK REGISTER - October 2018

APPENDIX A

Risk No.	Clinical Group	Department	Risk	Initial Risk Rating (LxS)	Existing controls	Owner  <i>Executive Lead</i>	Review Date	Current Risk Rating (LxS)	Gaps in control and planned actions	Target Risk Rating Score (LxS)	Completion date for actions	Status
121 24/01/2017	Women And Child Health	Maternity 1	There is a risk that due to the unpredictable birth activity and the impact of cross charging from other providers against the AN / PN tariff is significantly affecting the financial position of the service impacting on the affordability and quality provision of the service.	4x4=16	1- Maximisation of tariff income through robust electronic data capture and validation of cross charges from secondary providers.	Amanda Geary  <i>Rachel Barlow</i>	28/09/2018	3x4=12	<b>Cross charging tariff affecting financial position.</b> 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. <b>(30/09/2018)</b> 2-Options appraisal from finance in progress which will be discussed between the Clinical Group Director of Operations and Director of Finance. <b>(30/09/2018)</b>	2x4=8	30/09/2018	Live (With Actions)
221 22/09/2015	Medical Director Office	Informatics (C)	There is a risk of delay to a trust wide implementation of a new EPR, due to insufficient IT infrastructure or delay in meeting gateway criteria to proceed to go live on time, which would result in quality, financial and reputational risks.	5x4=20	1-Recruitment of suitably skilled specialist resources for EPR Programme and Infrastructure Stabilisation 2-Delivery risk partially shared with supplier through contract 3-Project prioritised by Trust Board, MPA and group leadership. 4-Project governance including Unity implementation committee, integrated governance in place. weekly reporting by exception to the major projects authority . 5-Focus on defining resources to deliver the implementation including business change, training and champions 6-SRO role with CEO. 7-IT infrastructure review in train to stabilise infrastructure and user experience before go live. 8-financial review in train to mitigate project overspend	Rachel Barlow  <i>Rachel Barlow</i>	30/11/2018	4x4=16	1- review go live date and programme via Digital MP. <b>(13/11/2018)</b> 2-Embed Informatics implementation and change activities in Group PMOs and production planning. <b>(15/11/2018)</b> 3-create end to end programme to 3 months post go live required for October and January go live dates. <b>(18/11/2019)</b> 4-ensure mitigation plans are delivered against timelines ( this will be tracked through UIC). <b>(21/12/2018)</b> 5-Complete wifi, IT infrastructure and hardware deployment on time. <b>(30/01/2019)</b>	3x3=9	31/01/2019	Live (With Actions)
1643 11/02/2016	Corporate Operation	—	Unfunded beds with inconsistent nursing and medical rotas are reliant on temporary staff to support rotas and carry an unfilled rate against establishment. This could result in underperformance of the safety plan, poor documentation and inconsistency of care standards.	4x4=16	1-Use of bank staff including block bookings 2-Close working with partners in relation to DTOCs 3-Close monitoring and response as required. 4-Partial control - Bed programme did initially ease the situation but different ways of working not fully implemented as planned. <b>Additional controls</b> - Funded bed model approved in Q3 and recruitment on track with substantive staffing improving. Medicine forecast 35 band 5 vacancies at end of Q4 2017. Safety plan and Early warning trigger tools in place on all wards and tracked through Consistency of Care and Executive Performance Committee. Associated risks are managed at group level and tracked through Risk Management Committee.	Rachel Barlow  <i>Rachel Barlow</i>	30/11/2018	4x4=16	<b>Unfunded beds - insufficient staff capacity.</b>  1. COW and clinical teams to focus on 7-14 day LOS reduction through implementing red to green and owning local improvement opportunities. central improvement approach via a pan directorate meeting to support LOS reduction in the cross cutting reds. <b>(30/11/2018)</b> 2. stranded patient focus to reduce LOS in patients staying over 21 days by equivalent to 27 beds. <b>(31/11/2018)</b>  1. Patient flow programme to be delivered to reduce LOS and close beds. This includes: consultant of the week model for admitting specialties / new push/ ull AMU led MDT/ADAPT pathway / no delay for TTA project/criteria led discharge / OPAU to directly admit from ED - <b>(29/06/2018) - COMPLETED</b> Contingency bed plan is agreed in October for winter - LS to be opened in November. <b>(31/12/2017) - COMPLETED</b>	1x4=4	31/12/2018	Live (With Actions)
325 12/05/2015	Medical Director Office	Informatics (C)	There is a risk of a breach of patient or staff confidentiality due to cyber attack which could result in loss of data and/or serious disruption to 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-Information Security Forum 4-Monthly security reporting by Informatics Third Line Manager 5-System Center Operations Manager alerting 6-Trust Business Continuity plans 7-CareCERT NHS wide and Trust specific alerting	Martin Sadler  <i>Martin Sadler</i>	19/11/2018	4x4=16	<b>Sytems in place to prevent cyber attack.</b> 1- Hold cyber security business continuity rehearsal (27/10/2018) 2-Implement security controls (VLAN, IPSEC) to stop access to and from restricted devices. Over time this should harden the Trust infrastructure against attack, recognising that securing the physical network is a challenge on the estate <b>(13/11/2018)</b> 3-Upgrade servers from version 2003. <b>(30/11/2018)</b> 4- Remove Windows XP. <b>(30/11/2018)</b> 5-Resolve additional actions from cyber security review (4 to complete). <b>(30/11/2018)</b> 6-Conduct a review of staff training, Undertake training for Informatics staff in cyber security using NHS Digital courses, Verify all staff confident in cyber security. <b>(31/12/2018)</b> 7-Implement cyber security improvements as per infrastructure plan. <b>(31/03/2019)</b>	2x4=8	31/03/2019	Live (With Actions)



## TRUST RISK REGISTER - October 2018

## APPENDIX A

Risk No.	Clinical Group	Department	Risk	Initial Risk Rating (LxS)	Existing controls	Owner <i>Executive Lead</i>	Review Date	Current Risk Rating (LxS)	Gaps in control and planned actions	Target Risk Rating Score (LxS)	Completion date for actions	Status
2642 20/06/2017	Medical Director Office	Medical Director's Office	There is a risk that results not being seen and acknowledged due to I.T. systems having no mechanism for acknowledgment will lead to patients having treatment delayed or omitted.	3x5=15	1-There is results acknowledgment available in CDA only for certain types of investigation. 2-Results acknowledgement is routinely monitored and shows a range of compliance from very poor, in emergency areas, to good in outpatient areas. 3-Policy: Validation Of Imaging Results That Require Skilled Interpretation Policy SWBH/Pt Care/025 4-Clinical staff are require to keep HCR up to date - Actions related to results are updated in HCR 5-SOP - Results from Pathology by Telephone (attached)	David Carruthers	30/10/2018	2x5=10	<b>Multiple IT systems some of which have no mechanism for acknowledgment or audit trail.</b> 1-Implementation of EPR in order to allow single point of access for results and audit <b>(30/10/2018)</b> 2-All staff to comply with the updated Management of Clinical Diagnostic Tests policy <b>(31/10/2018)</b> 3-To review and update Management of Clinical Diagnostic Tests <b>(31/12/2018)</b> <b>UNDER REVIEW</b> 4- All consultants and SAS doctors are to review the lats 12 months of unacknowledged results, review action has been taken and acknowledge. 5 - EDs in addition will not diacharge patients until pathology results reviewed.	1x5=5	31/12/2018	Live (With Actions)
215 16/09/2016	Corporate Operations	Waiting List Management (S)	There is high Delayed Transfers of Care (DTC) patients remaining in acute beds, due to a lack of EAB beds in nursing and residential care placements and social services. This results in an increased demand on acute beds.	4x5=20	New joint team with Sandwell is in implementation phase.  <b>Additional Controls - Birmingham city council: bed base confirmed and expanded for 2017-18. Package of care service responsive. Sandwell Social Care continue to purchase beds at Rowley Regis to mitigate bed capacity issues. 7 day social workers on site and DTC patients in acute beds &lt;10 generally.</b>	Rachel Barlow  <i>Rachel Barlow</i>	31/07/2018	2x4=8	<b>Multiple IT systems some of which have no mechanism for acknowledgment or audit trail.</b> 1-Implementation of EPR in order to allow single point of access for results and audit <b>(30/03/2018)</b> 2-All staff to comply with the updated Management of Clinical Diagnostic Tests policy <b>(28/02/2018)</b> 3-To review and update Management of Clinical Diagnostic Tests <b>(28/02/2018)</b> <b>UNDER REVIEW</b>	2x4=8		Live (Monitor)
2849 28/11/2017	Corporate Operations	Medical Surgical Team	Continued spend on unfunded beds will impact on the financial delivery of CIP and the overall Trust forecast for year end. Deviation from the financial plan will impact on STF which is assumed in the financial outturn forecast. This could result in a significant financial deficit year end.	5x4=20	Design and implementation of improvement initiatives to reduce LOS and EDD variation through establishing consistency in medical presence and leadership at ward level - consultant of the week	Rachel Barlow  <i>Rachel Barlow</i>	31/12/2018	5x4=20	1- implement at pace the improvement programme to reduce LOS and improve EDD compliance - <b>(31/03/2018)</b> 2 - design local improvement work with clinical teams to reduce bed days in LO sup to 8 days. <b>(31/03/2019)</b> 3 - review ADaPT and integrated health and social care approach to reduce bed days in LOS category > 8 days. <b>(29/06/2018) - COMPLETED</b> 4 - revise weekly LOS and bed closure trajectory exceptional weather condition impact on bed base <b>(29/06/2018) - COMPLETED</b>	2x3=6	31/03/2019	Live (Monitor)
214 18/03/2016	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-following a bout of 52 week breach patients in Dermatology a process has been implemented where by all clock stops following theatre are automatically removed and a clock stop has to be added following close validation 4-The 52 week review was completed with TDA input. The action plan is focused on prospective data quality check points in the RTT pathway, competency and training.  <b>Additional controls</b> review of 6 months of 52 week breaches to review themes. consider clinician competency training.	Liam Kennedy  <i>Rachel Barlow</i>	31/12/2018	3x3=9	<b>Lack of assurance on 18 week process.</b> 1-Data quality process to be audited - Monthly audits <b>(31/12/2018)</b> 2- E-learning module for RTT with a competency sign off for all staff in delivery chain - to b e rolled out to all staff from October. Rollout for Clinical staff will be between June - August 18. <b>(31/12/2018)</b> 3-Bespoke training platform for 18 weeks and pathway management for all staff groups developed in line with accredited managers programme. <b>(31/10/2017) - COMPLETED</b>	2x2=4	31/12/2018	Live (With Actions)
534 29/12/2015	Primary Care & Community Therapies	Oncology Medical	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	Oncology recruitment ongoing.  Withdrawal of UHB oncologists confirmed, however assurance given around attendance at MDT meetings. Gaps remain due to simultaneous MDT meetings.	Jennifer Donovan  <i>David Carruthers</i>	24/11/2018	2x4=8	<b>Lack of Oncologist attendance at MDTs.</b> 1- Patients who are considered for Oncology are referred to the tertiary centres at QE and Royal Wolverhampton to prevent pathway delay. <b>(01/08/2019)</b>	1x4=4	01/08/2019	Live (With Actions)
666 20/07/2017	Women and Child Health	Lyndon 1	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 are monitored for internal and external monitoring purposes. 3-Awareness training for Trust staff to support management of these patients. 4-Children are managed in a paediatric environment.	Heather Bennett  <i>Rachel Barlow</i>	31/08/2018	4x4=16	<b>There is no specialist medical or nursing MH team to care for their needs with limited access to in/OOH CAMHS support.</b> 1- The LA and CCG are looking to develop a Tier 3+ service. An update has been requested through the CCG and a response is awaited. Tier 4 beds are being reviewed nationally. <b>(31/08/2018) - COMPLETED</b>	3x4=12	31/12/2018	Monitor (Tolerate)
566 17/10/2017	Medicine And Emergency Care	Accident & Emergency (S)	There is a risk that the Trust will not be able to provide a viable rota at Consultant and Middle Grade level in ED, due to the reduction in the existing medical workforce and the difficulties in being able to recruit. This will result in delays in senior medical assessments, decision making regarding treatment and delays in referrals to specialist treatment pathways which may lead to	4x5=20	1- Recruitment campaign in place through local networks, national adverts, head-hunters and international recruitment expertise. 2- Leadership development and mentorship programme in place to support staff development. 3-Robust forward look on rotas are being monitored through leadership team reliance on locums and shifts are filled with locums.	Michelle Harris  <i>Rachel Barlow</i>	31/07/2018	4x5=20	<b>Vacancies in senior medical staff in ED.</b> 1. Recruitment ongoing with marketing of new hospital <b>(01/08/2018)</b> 2. Development of an overarching recruitment strategy for all ED clinical staff <b>(31/08/2018)</b> 3. Review JD and advert for Consultant in Emergency Medicine. Advertise before advert requires review by Regional officer. <b>(18/06/2018)</b> 2. CESR middle grade training programme to be implemented as a "grow your own" workforce strategy <b>(31/07/2018) - COMPLETED</b> 3.	3x4=12	28/12/2018	Live (With Actions)

## TRUST RISK REGISTER - October 2018

APPENDIX A

Risk No.	Clinical Group	Department	Risk	Initial Risk Rating (LxS)	Existing controls	Owner <i>Executive Lead</i>	Review Date	Current Risk Rating (LxS)	Gaps in control and planned actions	Target Risk Rating Score (LxS)	Completion date for actions	Status
114 04/04/2016	Workforce And Organisation al D	Human Resources	The Trust may experience pay costs beyond that which is affordable as set out within the 18/19 financial plan if the delivery of the pay cost improvement programme is delayed or not delivered to the required timescale or financial value.	4x5=20	1-The Executive led delivery plan is progressing the reduction of WTEs alongside a change management programme and formal consultation, including TUPE or other statutory requirements. 2 - Executive led pay cost reduction programme for 18/19 inclusive of 12 work streams tackling temporary and permanent spend. 3 -Scrutiny at Finance and Investment Committee 4 - Scrutiny at People and OD Board Committee 5 - Trust Board oversight of whole pay and non pay programme for 18/19	Raffaela Goodby  <i>Raffaela Goodby</i>	30/11/2018	3x5=15	<b>Delivery of Workforce Plan.</b> 1. Implementation of 2nd year of the 16-18 CIP's monitored via TPRS - <b>31/03/2019*</b> 2. Identification of pay CIP's for 18/19 that are detailed via group with a risk log, effective programme management and executive led oversight - <b>31/03/2019</b> 3. Weekly CIP Board developed and in effect, chaired by Chief Executive, with oversight of pay and non pay plans for 18/19 that are aligned and visible - <b>31/03/2019</b>  1. <b>Implement Spring 2018 consultation and evaluate impact and plan for further consultation if temporary spend reductions are not made in line with the financial plan - 30/06/2018 - COMPLETED</b> 2. <b>Identification of sufficient pay schemes to delivery 18/19 pay position, phased via quarter - 30/04/2018 - COMPLETED</b> 3. <b>Plans to be developed with a view to commencing an open and transparent consultation process in the spring of 2018 - 31/03/2018 - COMPLETED</b> 4. <b>Implementation of pay improvement plans that are detailed on TPRS with a clear delivery plan via group - 31/03/2018 - COMPLETED</b> 5.Groups required to develop and implement additional CIP plans to address identified CIP shortfall if schemes are not successful in year. Must replace schemes with others of same amount - <b>29/08/2018 - COMPLETED</b>	3x3=9	31/03/2019	Live (With Actions)
410 04/10/2016	Surgery	Outpatients - EYE (S)	Risk of Breach of Privacy and Dignity Standard, Information Governance Risk and Infection Control Risk at SGH Ophthalmology Outpatient Department as a consequence of poor building design which can result in financial penalties and poor patient outcomes.	5x4=20	Staff trained in Information Governance and mindful of conversations being overheard by nearby patients / staff / visitors	Laura Young  <i>Rachel Barlow</i>	10/10/2018	3x4=12	<b>Poor building design of SGH Ophthalmology OPD</b> 1-Review of moving the community dental rooms. Plans being drawn up - should be available for consultation mid Sept 2017 - potential for renovation around mid 2018. <b>(21/12/2018)</b> 2-Review plans in line with STC retained estate <b>(21/12/2018)</b>	2x2=4	21/12/2018	Live (With Actions)
3020 05/04/2018	Estates & New Hospitals Project	Midland Metropolitan Hospital	There is a risk that we are unable to reconfigure sufficient acute services in 2019, linked to the Midland Met delay to 2022, owing to a lack of funding and/or process delays in gaining necessary consents, leading to unsustainable services even after unfunded revenue investment.	4x4=16	1. weekly senior management core group, supported by weekly meetings with THC and with lenders. clinical oversight of seven Board level hazards will be confirmed by 11/4/2018 2. board level governance now delegated to revised weekly MPA	Toby Lewis  <i>Toby Lewis</i>	30/11/2018	3x4=12	1-Complete clinical analysis of options - working group and CLE undertaken detailed work. now need to finalise locations and sequence and confirm nature of retained ED function at SGH. <b>(30/11/2018)</b> 2-Assuming zero cost to Homes England delay, price both IT infrastructure and physical estate costs from bringing wards back into use. <b>(30/11/2018)</b> 3-Complete analysis of interim site reconfiguration options if Midland Met delayed to 2022. <b>(22/6/208) - COMPLETED</b> 4. Establish agreed approach to land release with Homes England - <b>(16/04/2018) - COMPLETED</b> 5. Price new estate and IT investments required for interim reconfiguration - <b>(16/04/2018) - COMPLETED</b>	4x3=12	03/11/2018	Live (With Actions)
3021 05/04/2018	Estates & New Hospitals Project	Midland Metropolitan Hospital	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	Alan Kenny  <i>Toby Lewis</i>	30/11/2018	3x4=12	1. extend work on 2019 changes to specify what delay beyond 2022 might necessitate - <b>(30/11/2018)</b> 2. Issue detailed market engagement programme, seek to establish contractual framework which retains contractor prior to finance house conclusion - <b>(30/11/2018)</b> 3. Issue finalised procurement commencing in November 2018 after 'soft' market engagement. <b>(12/11/2018)</b> 4. Complete option appraisal & assist Board and DHSC and HMG in choosing between options A, B and C - <b>13/04/2018 - COMPLETED</b> 5. Finish analysis of contract remedies available under standard PF2 contract - <b>13/04/2018 - COMPLETED</b>	3x4=12	30/11/2018	Live (With Actions)



## TRUST RISK REGISTER - October 2018

APPENDIX A

Risk No.	Clinical Group	Department	Risk	Initial Risk Rating (LxS)	Existing controls	Owner  <i>Executive Lead</i>	Review Date	Current Risk Rating (LxS)	Gaps in control and planned actions	Target Risk Rating Score (LxS)	Completion date for actions	Status
3109 01/06/2018	Medical Director Office	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	24/7 on call IT support in place but with variable skills and competence change control processes documented but compliance variable	Martin Sadler  <i>Rachel Barlow</i>	30/11/2018	4x5=20	<b>Inadequate IT Infrastructure service provision trustwide.</b> 1-Implement on-call rota as per consultation - <b>(31/01/2019)</b> 2-Implement changes to contracts to align with service expectations - <b>(20/11/2018)</b>  1. Assess skills gaps and design workforce plan to ensure sustainable high quality service internally or with 3rd party support <b>COMPLETED</b> 2. Implement operational / executive led change control process <b>COMPLETED</b> 3. Design 24/7 iT support proposal to mitigate immediate support risk <b>COMPLETE</b> 4. Secure external professional expert capacity to mitigate immediate risk <b>(14/06/2018)</b> in progress, End September - <b>COMPLETED</b> 5. All staff meeting to engage and communicate new ways of working <b>COMPLETED</b> 6. Implement full change freeze with only changes to be authorised though new change control process <b>COMPLETED</b>	3x4=12	31/01/2019	Live (With Actions)
3110 01/06/2018	Medical Director Office	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	IT infrastructure plan is documented and reports to CLE through the Digital Committee ( but has slippage on delivery dates)	Martin Sadler  <i>Rachel Barlow</i>	30/11/2018	5x4=20	<b>Inadequate technical infrastructure trustwide.</b> 1. Implement recommendations of Logicalis Review <b>(30/11/2018)</b> 2. Upgrade or replace out of date systems. <b>(31/03/2019)</b> 3. CIO to complete by November 12th final review of improvement plan. <b>(12/11/2018)</b> 4. Stabilise failing systems by addressing root causes. <b>(30/11/2018)</b> 5. Replace WiFi on retained estate <b>(30/11/2018)</b> 6. With industry expertise advice fully document technical architecture <b>(30/11/2018)</b> 7. Document a robust IT infrastructure plan with well defined scope, delivery milestones and measurable outcomes signed off via digital committee <b>(30/11//2018)</b>  1. Ensure change process is documented and auditable <b>COMPTLETED</b> 2. Implement clinical group and directorate impact reporting <b>COMPLETED</b>	3x3=9	31/03/2019	Live (With Actions)
3132 05/07/2018	Surgery	Opthamology	There is the potential risk that children who attend BMEC ED do not receive timely or appropriate treatment due to limited availability of out of hours paediatric ophthalmologists.  <b>NEW REVISED RISK - PREVIOUS RISK 1738 ARCHIVED</b>	3x4=12	1. Current paediatric ophthalmologist will take calls when possible to provide support to staff with queries. 2. New non training medical staff will attend paediatric clinics as part of their induction to improve skills, knowledge and confidence with caring for children with ophthalmic conditions. 3. The expectation of the department is that a general ophthalmologist should be able to deal competently with the majority of paediatric cases that present to BMEC ED. This has been discussed at QIHD and audit of cases show the majority of cases are routine and within clinicians expected sphere of knowledge. 4. Any 4 hour breaches, incidents and complaints relating to children are reviewed at weekly directorate meetings and quarterly at POGSM to ensure learning is applied to improve care / processes 5. Bi annual audit of paediatric cases (sequential 70 sets of electronic case notes audited) will take place to assure the Trust that care provided is appropriate and safe, with escalation to paediatric experts occurring within appropriate time frames (next audit - Q4)	Bushra Mushtaq  <i>Rachel Barlow</i>	06/01/2019	3x4=12	<b>Additional paediatric consultant appointment approved to support the current service provision</b> 1 - Agreement obtained by TL for further post to be advertised. Unfortunately no suitable candidates came forward. Agreement to alter to 2 x paed fellows for a fixed term in the interim and advertise next year - <b>28/09/2019</b>	1x4=4	28/02/2019	Live (With Actions)

Risk No.	Clinical Group	Department	Risk	Initial Risk Rating (LxS)	Existing controls	Owner  <i>Executive Lead</i>	Review Date	Current Risk Rating (LxS)	Gaps in control and planned actions	Target Risk Rating Score (LxS)	Completion date for actions	Status
3234 24/07/2018	Finance	Financial Management (S)	<p>If the extensive 2018/19 cost improvement programme does not result in expenditure reduction in pay and non-pay to our quarter by quarter plan, the Trust will face a shortage of cash and not be able to afford, or without a loan, cash flow, our agreed capital programme resulting in service improvement delay.</p> <p><b>NEW REVISED RISK - PREVIOUS RISK 1603 ARCHIVED</b></p>	4x4=16	<p>1. Routine and timely financial planning, reporting and forecasting, including cash flow forecasting (PPS)</p> <p>2. Routine five year capital programme review and forecast (PPS)</p> <p>3. PMO and service innovation and improvement infrastructure in place (PPS)</p> <p>4. Internal audit review of key financial controls (IAM)</p> <p>5. Regulator scrutiny of financial plans (IAM)</p> <p>6. Regular scrutiny of delivery by FIC and Trust Board (IAM)</p> <p>7. Weekly CIP Board (IAM)</p> <p>8. Fortnightly Finance PMO and bi-monthly group review meetings (IAM)</p> <p>9. Weekly ICS meetings (IAM)</p>	Dinah Mclanahan	08/08/2018	4x4=16	<p>1. Refresh Medium term financial strategy to confirm scale of cash remediation require consistent with level 2 SOF financial sustainability rating and including impact of Midland Met delay, ICS and STP view - <b>31/12/2018</b></p> <p>2. Develop and secure alternative funding and contracting mechanisms with commissioners secure income recovery and drive the right long term system behaviours - <b>28/09/2018</b></p> <p>3. Ensure the Trust remains linked to the national processes to access capital funding (STP route, loans) - <b>28/09/2018</b></p> <p>4. Secure borrowing to bridge any financial gap - <b>28/09/2018</b></p> <p>5. Deliver operational performance consistent with delivery of financial plans to mitigate further cash erosion - <b>28/09/2018</b></p> <p>6. Strengthen the capacity and capability of the income and contracting function to support delivery of Trust's financial plans - <b>28/09/2018</b></p> <p>7. Ensure funding streams for costs in relation to Midland Met delay are identified - <b>31/08/2018</b></p> <p>8. Monitor capital programme performance monthly through Capital Management Group with a specific focus on slippage and cost pressures. This review should be mindful of opportunities to reduce the programme if forecasts indicate that cash will not be available - <b>31/08/2018</b></p> <p>9. forward looking quarterly financial performance monitoring with a specific focus on the drivers of variance from plan to ensure targeted action through the Trust's governance processes - <b>31/08/2018</b></p> <p>10. Ensure necessary and sufficient capacity and capability to deliver scale of improvement required - <b>31/07/2018</b></p> <p>11. Develop a cash-flow in between the operational cash-flow forecast used to drive expected borrowing requirements (looks backwards only to ensure prudent view taken) and the FIC cash-flow which sticks to the NHSI submitted plan - <b>31/07/2018</b></p> <p>12. Ensure sufficient early identification and management of emergent cost pressures outwith</p>	3x4=12	31/12/2018	Live (With Actions)

## Risk Assessment

<b>Risk Number:</b> 221	<b>Status:</b> <i>Live (With Actions)</i>
<b>Site:</b> City Hospital	<b>Department:</b> Operations Management
<b>Clin. Grp / Corp Dir:</b> Corporate Operations	<b>Owner:</b> Rachel Barlow
<b>Directorate:</b> Operations Management	<b>Assessor:</b> Rachel Barlow
<b>Specialty:</b> Operations Management	<b>RR Level:</b> Clinical Group/Corporate Direc
<b>Risk monitored by:</b> Trust Board	

## Initial Risk

Severity ( 4 ) x Likelihood ( 5 ) = 20 Red

## Current Risk

Severity ( 4 ) x Likelihood ( 4 ) = 16 Red

## Target Risk

Severity ( 3 ) x Likelihood ( 3 ) = 9 Amber

<b>Risk Type:</b> Informatics	<b>Risk Sub-Type:</b> IT Software - Clinical System Failure / Issue
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Risk Statement	Scope	Hazard
There is a risk of delay to a trust wide implementation of a new EPR, due to insufficient IT infrastructure or delay in meeting gateway criteria to proceed to go live on time, which would result in quality, financial and reputational risks. .	delay to programme delivery and Unity implementation delay to gain benefits of new EPR risks associated with delay include operational, quality ( namely sepsis and results acknowledgment management) and financial risk	operational - delayed operational benefits form EPR quality - delayed improvement in sepsis and results acknowledgment through EPR financial - potential negative impact on financial plan reputational - trust and programme leadership

## Existing Controls:

1	Recruitment of suitably skilled specialist resources for EPR Programme and Infrastructure stabilisation and embed effective leadership for implementation	Staff
2	Delivery risk partially shared with supplier through contract	Contractual Terms
3	Project prioritised by Trust Board, MPA and group leadership	Approval Levels
4	Project governance including Unity implementation committee, integrated governance in place. weekly reporting by exception to the major projects authority	Inspection/Audit/Monitor
5	Focus on defining resources to deliver the implementation including business change, training and champions.	Training/Info/Authorisation
6	SRO role with CEO.	Staff
7	IT infrastructure review in train to stabilise infrastructure and user experience before go live	Removal Of Hazard
8	financial review in train to mitigate project overspend	Removal Of Hazard

## Actions:

1	review go live date and programme via Digital MPA	13/11/2018	Open	Rachel Barlow
2	Embed Informatics implementation and change activities in Group PMOs and production planning PROGRESS: Plan developed for all areas by Katie Gray. Dependent upon moving into implementation phase.  Date Entered : 16/10/2017 08:27 Entered By : Mark Reynolds ----- Medicine and Women & Childrens PMOs set up and materials being sent out to all. More work required to embed in organization.  Date Entered : 22/03/2017 12:46 Entered By : Mark Reynolds	15/11/2018	Open	Katie Gray
3	create end to end programme to 3 months post go live required for October and January go live dates	18/11/2018	Open	Louise Brown
4	ensure mitigation plans are delivered against timelines ( this will be tracked through UIC)	31/12/2018	Open	Rachel Barlow

## Risk Assessment

5	Complete wifi, IT infrastructure and hardware deployment on time	30/01/2019	Open	Martin Sadler
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### Review Dates:

**Last Review Date:** 26/10/2018

**Next Review Date:** 25/11/2018

Risk revised and mitigating actions updated

## Risk Assessment

<b>Risk Number:</b> 325	<b>Status:</b> <i>Live (With Actions)</i>
<b>Site:</b> City Hospital	<b>Department:</b> Informatics(C)
<b>Clin. Grp / Corp Dir:</b> Medical Director Office	<b>Owner:</b> Martin Sadler
<b>Directorate:</b> Informatics	<b>Assessor:</b> Toby Lewis
<b>Specialty:</b> IT Infrastructure	<b>RR Level:</b> Directorate
<b>Risk monitored by:</b> Trust Board	

## Initial Risk

Severity ( 4 ) x Likelihood ( 4 ) = 16 Red

## Current Risk

Severity ( 4 ) x Likelihood ( 4 ) = 16 Red

## Target Risk

Severity ( 4 ) x Likelihood ( 2 ) = 8 Yellow

<b>Risk Type:</b> Informatics	<b>Risk Sub-Type:</b> IT Software - Clinical System Failure / Issue
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Risk Statement	Scope	Hazard
There is a risk of a breach of patient or staff confidentiality due to cyber attack which could result in loss of data and/or serious disruption to the operational running of the Trust.	There is a risk of a breach of patient or staff confidentiality due to cyber attack which could result in loss of data and/or serious disruption to the operational running of the Trust. This recognises advice from NHS CareCERT and Government about an ongoing threat to UK infrastructure from cyber attack.	A breach in patient or Trust confidentiality could lead to financial, litigation, reputational risk and damage Loss of operational service

## Existing Controls:

1	Prioritised and protected investment for security infrastructure via Infrastructure Stabilisation approved Business Case	Policy/Procedure/System
2	Annual Cyber Security Assessment	Policy/Procedure/System
3	Information Security Forum	Inspection/Audit/Monitor
4	Monthly security reporting by Informatics Third Line Manager	Inspection/Audit/Monitor
5	System Center Operations Manager alerting	Automatic Alarm/Warning
6	Trust Business Continuity plans	Contingency/Emergency Arrangement
7	CareCERT NHS wide and Trust specific alerting	Automatic Alarm/Warning

## Actions:

1	1. Conduct a review of staff training. 2. Undertake training for Informatics staff in cyber security using NHS Digital courses. 3. Verify all staff confident in cyber security	31/12/2018	Open	Martin Sadler
2	Implement cyber security improvements as per infrastructure plan	31/03/2019	Open	Gavin Dubb
3	1. Agree scope with COO, Caroline Rennalls, Mark Reynolds 2. Plan and hold rehearsal 3. Review lessons learned	27/10/2018	Open	Caroline Rennalls
4	Remove Windows XP	30/11/2018	Open	Martin Lynch

PROGRESS: 7 devices remain. Project manager required to drive forward migration. New PM starts 7th July

Date Entered : 27/06/2018 11:08

Entered By : Mark Reynolds

-----  
7 devices remain:

- Blood Trak (in implementation)
- Gamma camera PC (in procurement)

## Risk Assessment

- Staff screen reader (in implementation)
- Touch screens (in procurement)

Date Entered : 22/06/2018 07:33

Entered By : Mark Reynolds

~ 31 XP machines remain. Cape Hill and Whiteheath have technical issues stopping upgrade. Under investigation.

Date Entered : 16/10/2017 08:32

Entered By : Mark Reynolds

As of 16th May there are approximately 100 Windows XP machines. These comprise community machines that can now be upgraded and those that require new software or a new medical device to sort. Given the recent issues with ransomware this work has renewed focus.

Date Entered : 16/05/2017 17:16

Entered By : Mark Reynolds

As of 15th December 2016 there are approximately 400 PCs remaining using Windows XP. The total number to be replaced has grown as groups have been identified on parts of the network. The team will continue to replace them but will be left with a small set that cannot (e.g. Blooktrack requires all the blood fridges are replaced to remove Windows XP). These will be isolated from other systems.

Date Entered : 15/12/2016 11:46

Entered By : Mark Reynolds

Windows 7 rollout progressing with 483 PC migrated as of 9th September and a replacement rate of 110 a week and growing.

Date Entered : 16/09/2016 11:17

Entered By : Mark Reynolds

A standard Windows 7 build is being trialled within Informatics for onward deployment to the Trust.

Date Entered : 04/05/2016 16:47

Entered By : Mark Reynolds

- |   |  |            |      |                   |
|---|--|------------|------|-------------------|
| 5 | Upgrade servers from version 2003.<br>PROGRESS: 11 remain. Project manager required to drive forward migration. New PM starts 7th July | 30/11/2018 | Open | Andrew Farrington |
|---|--|------------|------|-------------------|

Date Entered : 27/06/2018 11:08

Entered By : Mark Reynolds

11 remain:

- Pathology
- Telecoms
- Endoscopy
- Ultrasound

Work delayed behind infrastructure stabilisation.

Date Entered : 22/06/2018 07:35

Entered By : Mark Reynolds

A plan has been developed for the 52 remaining servers.



## Risk Assessment

Date Entered : 16/10/2017 08:31

Entered By : Mark Reynolds

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287 servers have been moved to Windows Server 2008 and 2012. There are 104 using Windows Server 2003 that need to be migrated. These will be completed by Christmas.

Date Entered : 29/09/2017 10:51

Entered By : Laura Mcquilkin

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Work stalled due to competing priorities. A new Informatics plan will be developed in early 2017 to continue this work.

Date Entered : 15/12/2016 11:47

Entered By : Mark Reynolds

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287 servers have been moved to Windows Server 2008 and 2012. There are 104 using Windows Server 2003 that need to be migrated. These will be completed by Xmas.

Date Entered : 16/09/2016 11:33

Entered By : Mark Reynolds

- |   |  |            |        |               |
|---|--|------------|--------|---------------|
| 6 | Implement security controls (VLAN, IPSEC) to stop access to and from restricted devices. Over time this should harden the Trust infrastructure against attack, recognising that securing the physical network is a challenge on the estate | 13/11/2018 | Open   | Martin Sadler |
| 7 | Complete the actions identified in the 2018 security review and undertake retest.<br>PROGRESS: Closure of actions by 27/06. Retest 27-29 June. Report will follow in weeks after review.   | 29/06/2018 | Closed | Mark Reynolds |

Date Entered : 27/06/2018 10:58

Entered By : Mark Reynolds

-----  
3/4 actions complete. Retest at end June.

Date Entered : 22/06/2018 07:35

Entered By : Mark Reynolds

- |   |   |            |      |  |
|---|---|------------|------|--|
| 8 | Resolve additional actions from cyber security review (4 to complete) | 30/11/2018 | Open |  |
|---|---|------------|------|--|

### Review Dates:

**Last Review Date:** 26/10/2018

**Next Review Date:** 24/01/2019

Risk reviewed and mitigating actions updated

## Risk Assessment

<b>Risk Number:</b> 3109	<b>Status:</b> <i>Live (With Actions)</i>
<b>Site:</b> Sandwell General Hospital	<b>Department:</b> Informatics (S)
<b>Clin. Grp / Corp Dir:</b> Medical Director Office	<b>Owner:</b> Martin Sadler
<b>Directorate:</b> Informatics	<b>Assessor:</b> Toby Lewis
<b>Specialty:</b> IT Infrastructure	<b>RR Level:</b> Clinical Group/Corporate Direc
<b>Risk monitored by:</b> Trust Board	

## Initial Risk

Severity ( 5 ) x Likelihood ( 4 ) = 20 Red

## Current Risk

Severity ( 5 ) x Likelihood ( 4 ) = 20 Red

## Target Risk

Severity ( 4 ) x Likelihood ( 3 ) = 12 Amber

<b>Risk Type:</b> Informatics	<b>Risk Sub-Type:</b> IT Hardware - Clinical System Failure / Issue
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Risk Statement	Scope	Hazard
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	The scope of the risk includes: - workforce resilience in terms of capacity and skills - inadequate change control processes - lack of reporting of services available and impact at group and directorate level	Hazards include: - the ability to provide full clinical service provision is compromised with inadequate clinical IT system availability - cancellation or delay in clinical care - impact on mandated performance targets - loss of income - reputational damage internally and externally

## Existing Controls:

1 24/7 on call IT support in place but with variable skills and competence	Policy/Procedure/System
2 change control processes documented but compliance variable	Policy/Procedure/System

## Actions:

1 implement operational / executive led change control process PROGRESS: Implemented  Date Entered : 22/06/2018 07:36 Entered By : Mark Reynolds	29/06/2018	Closed	Rachel Barlow
2 implement full change freeze with only changes to be authorized through new change control process. PROGRESS: Change management process now in place and effective.  Date Entered : 27/06/2018 12:05 Entered By : Mark Reynolds	04/06/2018	Closed	Toby Lewis
3 all staff meeting to engage and communicate new ways of working PROGRESS: First session held and action plan developed with Informatics managers. Second session scheduled.  Date Entered : 22/06/2018 07:37 Entered By : Mark Reynolds	20/08/2018	Closed	Toby Lewis
4 secure external professional expert capacity to mitigate immediate risk PROGRESS: Logicalis identified for network and in Trust conducting due diligence. Commercial route and funding secured.  Proband on contract and scheduling resources to attend for other elements.  Date Entered : 22/06/2018 07:38 Entered By : Mark Reynolds	14/06/2018	Closed	Toby Lewis
5 assess skills gaps and design workforce plan to ensure sustainable high quality service internally or with 3rd party support	20/08/2018	Closed	Mark Reynolds

## Risk Assessment

PROGRESS: Survey designed. It will be issued 28th June.

Date Entered : 27/06/2018 12:04

Entered By : Mark Reynolds

Skills survey designed. Once signed off will be issued to team.

Date Entered : 22/06/2018 07:36

Entered By : Mark Reynolds

6	No Action recorded for this risk.	01/07/2018	Closed	Mark Reynolds
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7	design 24/7 iT support proposal to mitigate immediate support risk	15/06/2018	Closed	Mark Reynolds
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PROGRESS: Proposal with CEO (27/06) comprising:

- Workforce consultation regarding changes to out of hours support.
- Assessment of gold contracts - silver to follow
- Need for network support contract.

Date Entered : 27/06/2018 12:05

Entered By : Mark Reynolds

24/7 staff proposal developed and moving to consultation. Contract assessment under way.

Date Entered : 22/06/2018 07:39

Entered By : Mark Reynolds

8	Implement on-call rota as per consultation.	31/01/2019	Open	
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9	Implement changes to contracts to align with service expectations	30/11/2018	Open	Arun Sharma
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### Review Dates:

Last Review Date: 26/10/2018

Next Review Date: 25/11/2018

Actions updated

## Risk Assessment

<b>Risk Number:</b> 3110	<b>Status:</b> <i>Live (With Actions)</i>
<b>Site:</b> Sandwell General Hospital	<b>Department:</b> Informatics (S)
<b>Clin. Grp / Corp Dir:</b> Corporate Operations	<b>Owner:</b> Martin Sadler
<b>Directorate:</b> Informatics	<b>Assessor:</b> Toby Lewis
<b>Specialty:</b> IT Infrastructure	<b>RR Level:</b> Clinical Group/Corporate Direc
<b>Risk monitored by:</b> Trust Board	

## Initial Risk

Severity ( 4 ) x Likelihood ( 5 ) = 20 Red

## Current Risk

Severity ( 4 ) x Likelihood ( 5 ) = 20 Red

## Target Risk

Severity ( 3 ) x Likelihood ( 3 ) = 9 Amber

<b>Risk Type:</b> Informatics	<b>Risk Sub-Type:</b> IT Hardware - Clinical System Failure / Issue
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Risk Statement	Scope	Hazard
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	The scope of the risk assessment includes: - understanding of current technical architecture - documentation of changes and maintenance to the IT technical architecture - delays to delivery of the infrastructure programme - insufficient architecture design and planning skills - legacy equipment without replacement plan / dates	Hazards include; - cancellation or delay in clinical care - impact on mandated performance targets - loss of income - reputational damage internally and externally

## Existing Controls:

- IT infrastructure plan is documented and reports to CLE through the Digital Committee ( but Policy/Procedure/System has slippage on delivery dates)

## Actions:

- |   |  |            |      |               |
|---|--|------------|------|---------------|
| 1   | CIO to complete by November 12th final review of improvement plan  | 12/11/2018 | Open | Martin Sadler |
| 2   | Implement recommendations of Logicalis Review  | 30/11/2018 | Open | Martin Sadler |
| 3   | Stabilise failing systems by addressing root causes.   | 30/11/2018 | Open | Martin Sadler |
| 4   | Upgrade or replace out of date systems   | 31/03/2019 | Open | Martin Sadler |
| 5   | Replace WiFi on retained estate.   | 30/11/2018 | Open | Martin Sadler |
| 6   | With industry expertise advise fully document technical architecture<br>PROGRESS: Network supplier being commissioned (Logicalis). Onsite 28th June onwards. 6 weeks work  | 30/11/2018 | Open | Martin Sadler |
| Date Entered : 27/06/2018 12:01<br>Entered By : Mark Reynolds |  |            |      |               |
| 7   | Document a robust IT infrastructure plan with well defined scope, delivery milestones and measurable outcomes signed off via digital committee<br>PROGRESS: Plan updated but needs to be resourced. External project manager appointed and onsite 9th July. External supplier (Proband) identified. Contractors being recruited to fill vacancies in 3rd line. | 30/11/2018 | Open | Martin Sadler |

Date Entered : 27/06/2018 12:02  
Entered By : Mark Reynolds

## Review Dates:

## Risk Assessment

**Last Review Date:** 26/10/2018

**Next Review Date:** 25/11/2018

Risk reviewed and actions updated

## Risk Assessment

<b>Risk Number:</b> 3020	<b>Status:</b> <i>Live (With Actions)</i>
<b>Site:</b> Midland Metropolitan Hospital	<b>Department:</b> Midland Metropolitan Project
<b>Clin. Grp / Corp Dir:</b> Estates & New Hospital Project	<b>Owner:</b> Toby Lewis
<b>Directorate:</b> Midland Metropolitan Project	<b>Assessor:</b> Kamaljeet Dhami
<b>Specialty:</b> Management	<b>RR Level:</b> Clinical Group/Corporate Direc
<b>Risk monitored by:</b> Trust Board	

## Initial Risk

Severity ( 4 ) x Likelihood ( 4 ) = 16 Red

## Current Risk

Severity ( 4 ) x Likelihood ( 3 ) = 12 Amber

## Target Risk

Severity ( 4 ) x Likelihood ( 3 ) = 12 Amber

**Risk Type:** Clinical Care/Treatment**Risk Sub-Type:** Quality Of Care

Risk Statement	Scope	Hazard
There is a risk that we are unable to reconfigure sufficient acute services in 2019, linked to the Midland Met delay to 2022, owing to a lack of funding and/or process delays in gaining necessary consents, leading to unsustainable services even after unfunded revenue investment	Future of organization, stability of finances, and sustainability of acute clinical services	Patients, staff, physical environment, service delivery, contract security and retention

**Existing Controls:**

- 1 weekly senior management core group, supported by weekly meetings with THC and with lenders. clinical oversight of seven Board level hazards will be confirmed by 11/4/2018  
board level governance now delegated to revised weekly MPA

**Actions:**

- |   |   |            |        |                  |
|---|---|------------|--------|------------------|
| 1 | assuming zero cost to Homes England delay, price both IT infrastructure and physical estate costs from bringing wards back into use   | 30/11/2018 | Open   | Martin Sadler    |
| 2 | Complete clinical analysis of options - working group and CLE undertaken detailed work. now need to finalise locations and sequence and confirm nature of retained ED function at SGH | 30/11/2018 | Open   | David Carruthers |
| 3 | Revisit prior alternate options for acute adult services to achieve minimal safe moves, against externally assured staffing thresholds  | 15/06/2018 | Closed | Rachel Barlow    |

Undertake initial regulatory engagement of options

Develop costed site options

**Review Dates:****Last Review Date:** 26/10/2018**Next Review Date:** 25/11/2018

Risk reviewed and updated



## Risk Assessment

<b>Risk Number:</b> 3021		<b>Status:</b>	<i>Live (With Actions)</i>
<b>Site:</b>	Midland Metropolitan Hospital	<b>Department:</b>	Midland Metropolitan Project
<b>Clin. Grp / Corp Dir:</b>	Estates & New Hospital Project	<b>Owner:</b>	Alan Kenny
<b>Directorate:</b>	Midland Metropolitan Project	<b>Assessor:</b>	Toby Lewis
<b>Specialty:</b>	Management	<b>RR Level:</b>	Clinical Group/Corporate Direc
<b>Risk monitored by:</b>	Trust Board		

## Initial Risk

Severity ( 4 ) x Likelihood ( 5 ) = 20 Red

## Current Risk

Severity ( 4 ) x Likelihood ( 3 ) = 12 Amber

## Target Risk

Severity ( 4 ) x Likelihood ( 3 ) = 12 Amber

<b>Risk Type:</b> Legal/Regulation Breach	<b>Risk Sub-Type:</b> Regulation Breach
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Risk Statement	Scope	Hazard
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	Control of the procurement process and decisions within it is not limited to Trust decision making processes	money, workforce, leadership bandwidth, patient care

## Existing Controls:

1 procurement process complies with statutory regulations and implemented with commercial and legal advice	Inspection/Audit/Monitor
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## Actions:

1 issue detailed market engagement programme seek to establish contractual framework which retains contractor prior to finance house conclusion	30/11/2018	Open	Alan Kenny
2 extend work on 2019 changes to specify what delay beyond 2022 might necessitate	30/11/2018	Open	Rachel Barlow
3 Issue finalised procurement commencing in November 2018 after 'soft' market engagement	12/11/2018	Open	

## Review Dates:

Last Review Date: 26/10/2018

Next Review Date: 26/12/2018

Risk reviewed and updated

## Risk Assessment

<b>Risk Number:</b> 3211	<b>Status:</b> <i>Live (With Actions)</i>
<b>Site:</b> City Hospital	<b>Department:</b> ENT (C)
<b>Clin. Grp / Corp Dir:</b> Surgery	<b>Owner:</b> Siten Roy
<b>Directorate:</b> G Surgery_Breast _Urology _ Va	<b>Assessor:</b> Tina Robinson
<b>Specialty:</b> ENT	<b>RR Level:</b> Clinical Group/Corporate Direc
<b>Risk monitored by:</b> Clinical Group/Corporate Direc	

## Initial Risk

Severity ( 4 ) x Likelihood ( 4 ) = 16 Red

## Current Risk

Severity ( 4 ) x Likelihood ( 4 ) = 16 Red

## Target Risk

Severity ( 4 ) x Likelihood ( 4 ) = 16 Red

<b>Risk Type:</b> Clinical Care/Treatment	<b>Risk Sub-Type:</b> Quality Of Care
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Risk Statement	Scope	Hazard
ENT deficit in staffing due to vacancies. Inability to safely delivery services consistently without locum / agency support.	2 substantive and 1 locum vacancies - preventing full utilisation of clinical and theatre capacity. Inability to delivery clinical services without support of locum consultant cover.  Radiologist vacancies with no support for head and neck MDT.  1 head and neck surgeon currently who cannot cover MDT - 1 head and neck surgeon (locum) on site.	Risk to cancer wait times, RTT and surgical capacity

## Existing Controls:

- |   |   |                                |
|---|---|--------------------------------|
| 1 | 1 x consultant appointed, awaiting start date ETA November 2018<br>1 x locum consultant appointed, started August 2018  | Staff                          |
| 2 | Confirmation received from UHB that patients will be discussed at MDT without the presence of radiologist however pathologist support is expected. Jonathan Walters to review job plans to ensure availability of pathologists for Wednesday MDT.<br>DC/LK to liase with UHB with regard to non-thyroid ?cancer referrals with a view to instigating tertiary referral with/without investigations requested. | Contingency/Emergency Arrangem |

## Actions:

- |   |   |            |      |                  |
|---|---|------------|------|------------------|
| 1 | Active recruitment into vacancies   | 26/10/2018 | Open | Shinade Coughlan |
| 2 | No Head and Neck specialist employed within workforce<br>PROGRESS: Confirmation that UHB will review all patients at MDT<br><br>Date Entered : 26/10/2018 09:44<br>Entered By : Tina Robinson   | 26/10/2018 | Open | Shinade Coughlan |
| 3 | Provision of on call arrangements for ENT<br>PROGRESS: Locum middle grade posts filled with 2/5 remaining vacant. This provides sufficient resource to cover HEFT shared on call<br><br>Date Entered : 26/10/2018 09:45<br>Entered By : Tina Robinson | 26/10/2018 | Open | Shinade Coughlan |
| 4 | Provision of tracheostomy surgery<br>PROGRESS: All internal options being explored with General Surgery and Gynaecology yet to respond with capacity/availability/ability.<br><br>Date Entered : 26/10/2018 09:45<br>Entered By : Tina Robinson       | 26/10/2018 | Open | Shinade Coughlan |

## Risk Assessment

- |   |  |            |      |                  |
|---|--|------------|------|------------------|
| 5 | Lack of substantive consultant grade workforce<br>PROGRESS: Recruit to vacancies; current 2/6 are vacant will increase to 3/6 in December. | 26/10/2018 | Open | Shinade Coughlan |
|---|--|------------|------|------------------|

Date Entered : 26/10/2018 09:45  
Entered By : Tina Robinson

- |   |  |            |      |                  |
|---|--|------------|------|------------------|
| 6 | Lack of substantive middle grade workforce<br>PROGRESS: 2 of the 5 established posts remain vacant; 1 post filled substantively 2 posts filled by locum 2 posts are vacant | 26/10/2018 | Open | Shinade Coughlan |
|---|--|------------|------|------------------|

Date Entered : 26/10/2018 09:45  
Entered By : Tina Robinson

- |   |  |            |      |                  |
|---|--|------------|------|------------------|
| 7 | Ability to provide sustainable service model due to vacancies and inability to recruit substantively<br>PROGRESS: Model being reviewed to determine future state service provision with recognition of network constraints and local staffing challenges requiring ongoing negotiations with CCG, local partners and NHSE. | 26/10/2018 | Open | Shinade Coughlan |
|---|--|------------|------|------------------|

Date Entered : 26/10/2018 09:46  
Entered By : Tina Robinson

### Review Dates:

**Last Review Date:** 26/10/2018

**Next Review Date:** 25/11/2018

Confirmed start date for substantive consultant of 3rd December with 2 additional locum consultants in place supporting all areas with the exception of Head and Neck. Agreement in place regarding cancer referrals and review of MDT patients. Network On Call arrangements agreed and in place to ensure continuity of service out of hours. Model being reviewed to determine future state service provision with recognition of network constraints and local staffing challenges requiring ongoing negotiations with CCG, local partners and NHSE. Current substantive vacancies are: 2/6 consultants, 2/5 middle grade. As of end 2018, the service will be supported substantively by 2 consultants, 1 associate specialist and 1 middle grade. Tracheotomy provision will remain limited to only 1 consultant however support is being explored from both general surgery and gynaecology - all other specialities have been approached.