

Report Title	Monthly Risk Register Report		
Sponsoring Executive	Kam Dhami, Director of Governance		
Report Author	Sindeep Chatha, Head of Patient Safety and Risk		
Meeting	Trust Board (Public)	Date	2 nd July 2020

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

15 risks with mitigating actions are currently being overseen by the Board. 7 of those are rated as red risks.

The majority of risks owners and Executive Director leads (if different) have provided assurances of the robustness of the actions to mitigate their risks and based on these recommendations have been put forward for the Board to consider.

The following are of particular note:

- Risk 3212 has been mitigated to an extent that the likelihood ratings have been reduced.

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, 8th June 2020, CLE 23rd June 2020

4. Recommendation(s)

The Trust Board is asked to:

- a. **DISCUSS** the recommendations proposed for each risk

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

Trust Risk Register	x	Risk Number(s):				
Board Assurance Framework	x	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: 2nd July 2020

Monthly Risk Register Report

1.0 INTRODUCTION

1.1 This report provides the Trust Board with an update on the risks it has oversight on, held within the Trust's risk register. The report outlines progress in improving the robustness of the Trust's risk management arrangements with a review of the Risk Register entries.

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 monitored by the Trust Board are available in **Appendix 1**.

2.0 NEW COVID-19 RED AND AMBER RISKS

2.1 As expected a number new risks have been identified by the Groups owing to the COVID-19 pandemic; majority of which have been rated as yellow or green and for Group monitoring.

2.2 Those risks rated as red and amber (with actions) were presented at June RMC and CLE. The responsible group provided an update on these risks at these committees. The update included whether the risk statements was correct, the rating was reflective of the risk and whether any progress has been made. RMC and CLE decided these risks are not necessary for Board oversight.

3.0 RISK REGISTER REVIEW UPDATE

3.1 16 risks with actions are currently being overseen by the Board and these were discussed at the June Risk Management Committee with the responsible person providing reassurance these risks were on track to have mitigations delivered on time and would have the desired effect in reducing the risks.

3.2 Risk 3696 has been archived following agreement by the June Board. Further detailed risks have been generated from this risk and these will be presented for approval at July RMC.

3.3 Risks 2784 (MMUH funding) and 3689 (integrating care) continue to be tolerated.

3.4 Risk 666 (lack of tier 4 beds for young people with mental health conditions) continues to be monitored by Trust Board with actions.

3.5 No further update to risks 2642 (Radiology results not being acknowledged), Risk 3693 (Trust unable to reduce amendable mortality), Risk 3110 (technical infrastructure), risk 3109 (Inadequate IT infrastructure) and risk 325 (Cyber-attack) is required since these risks are currently on track on achieving the target rating by the deadline. Updates will be received for July RMC and August Board.

2.6 Since the last meeting the following risks have been updated:

Risk ID	Executive Risk Lead	Title	Current rating	New rating	Change
3212	Chief Operating Officer	Patient care compromise in the event that the standalone hard-drives fails on which high levels of ophthalmic ultrasound patient diagnostic data resides	3 x 5 = 15	3 x 3 = 9	↓
Update	Progress with permanent resolutions continues in conjunction with IT. Progress has been made on back up and retrieval of images. These are currently being recovered for a period of time because of the mapping infrastructure of the system but further work is required.				
Recommendation	CLE agreed to reduce the rating to 3x3=9				

Risk ID	Executive Risk Lead	Title	Current rating	Target rating	Change
1762	Chief Operating Officer	Backlog of appointments	5 x 3 = 15	2 x 3 = 6	↔
Update	Since the last update one action has now been completed, the risk remains as a 15 as backlog remains at around 10.5k which is ahead of reduction trajectory that was set. However, there is some anticipation of a surge in July/August due to capacity imbalance owing to COVID-19. This may impact on achieving the target rating. Phase 2 for outpatients have commenced and it moving in the right direction. A discussion point at RMC was what more needs to be done to meet the target rating. It was agreed the Trust needs to meet the number set by the Royal College of Ophthalmology. The COO is going to quantify this and put forward a timescale to achieve this.				
Recommendation	This risk to remain for Board oversight				

Risk ID	Executive Risk Lead	Title	Current rating	Target rating	Change
121	Chief Informatics Officer	Financial Deficit due to unpredictable birth activity	4 x 3 = 12	4 x 2 = 8	↔
Update	The Chief Finance Officer has agreed a satisfactory position with all secondary provider partners to 2019/20 year end. The position for 2020/21 is that there is robust process for challenging invoices and scrutinising charges in line with defined rules/criteria and this mitigates any financial risks around recovery of income or overcharging.				

	<p>Blended payments would significantly reduce cross charging, however, this has been pushed back to 21-22 implementations. This year the Trust volunteered to pilot the blended payments, however due to COVID-19 there has not been much progress made within the LMS.</p> <p>However, RMC advised this does not address the unpredictable birth activity part of this risk. Upon review the group found the statement of this risk to be incorrect. The risk was to the current maternity tariff for antenatal and postnatal care. Therefore the control in place does mitigate this risk.</p>
Recommendation	Group to amend the statement and bring back to July RMC

Risk ID	Executive Risk Lead	Title	Current rating	Target rating	Change
214	Chief Operating Officer	Lack of assurance of the 18 week data quality pathway	2 x 3 = 6	1 x 3 = 3	↔
Update	The SOP has been completed and there has been no increase in open referrals over 6 month period. Outstanding referrals pre December has been cleared but residual from December 19 to March 2020 is currently at 32000 and it needs to be at 24000 to mitigate this risk. Due to COVID-19 it will take up to October 2020 to clear the backlog.				
Recommendation	This risk remain for Board oversight				

Risk ID	Executive Risk Lead	Title	Current rating	Target rating	Change
3160	Chief Operating Officer	Air conditioning will fail in computer rooms	4 x 2 = 8	4 x 1 = 4	↔
Update	This risk is currently for Board oversight for monitoring since November 2019. No further incidents or concerns have been raised regarding this. All actions have been completed.				
Recommendation	This risk for removal for Board oversight				

Risk ID	Executive Risk Lead	Title	Current rating	Target rating	Change
534	Medical Director	Withdrawal of UHB oncologists which may need to lack of oncologist attendance at MDT	1 x 2 = 4	1 x 2 = 2	↓
Update	Since March 2020, oncologists have been remotely accessing the MDT meetings either via video conferencing and WebEx and this has mitigated the risk and reduced the current rating to its target rating. This has worked well and this is now a permanent solution. However further assurance is required by CLE do ensure the Oncologists are attending all MDT meetings.				
Recommendation	Update to be presented at July RMC				

Indicator	Key
↔	Current score remains unchanged
↓	Reduction in score since last update
↑	Increase in score since last update

3.0 RECOMMENDATIONS

Trust Board is asked to:

- a) **DISCUSS** the recommendations proposed for each risk.

Sindeep Chatha
Head of Patient Safety and Risk

24th June 2020