

Report Title	Monthly Risk Register Report		
Sponsoring Executive	Kathleen French, interim Chief Nurse		
Report Author	Sindeep Chatha, Head of Patient Safety and Risk		
Meeting	Trust Board (Public)	Date	6 th August 2020

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

15 risks with actions are overseen by the Board. Updates on 4 risks (534, 121, 3693 and 2642) have been received since the last meeting and these updates have been accepted by CLE.

The following are of particular note:

- Risk 121 has been mitigated to an extent that it has met its target rating and the risk can be archived.

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, 13th July 2020, CLE 28th July 2020

4. Recommendation(s)

The Trust Board is asked to:

- a. **NOTE** the update 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: 3rd August 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 RISKS ADDED LAST MONTH

2.1 55 new risks have been added onto the risk register by the groups. The responsible group provided an update on the red rated risks at July's RMC. The update included whether the risk statement was correct, the rating was reflective of the risk and whether any progress has been made to mitigate the risk to the target rating. RMC and CLE decided these risks are not necessary for Board oversight.

3.0 RISK REGISTER REVIEW UPDATE

3.1 15 risks (11 risks with actions and 4 with monitoring) are currently being overseen by the Board.

3.2 Risk 3696 (Optimisation of UNITY) has been archived following agreement at the July Board. Further detailed risks will be generated from this risk and these will be presented for approval at August RMC. A meeting has been scheduled between the Chief Operating Officer, Medical Director and the Chief Nurse to discuss the statements for these risks.

3.3 Risk 3160 (Air conditioning will fail in computer room) has been archived since the last meeting.

3.4 No further update to: Risk 3212 (BMEC hard drives), Risk 3110 (technical infrastructure), risk 3109 (Inadequate IT infrastructure), risk 325 (Cyber-attack) or 214 (lack of assurance of the 18 week data quality pathway) is required since these risks are currently on track to achieving the target rating by the deadline. Updates for some of these risks will be received for August RMC.

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

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

Risk ID	Executive Risk Lead	Title	Current rating	Target rating	Change
121	Chief Finance Officer	Financial Deficit due to unpredictable birth activity	4x2=8	4x2 = 8	↓
Update	<p>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> <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>				
Update	CLE agreed to amend the statement and the risk to be archived and managed locally				

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	1x2=2	1x2 = 2	↔
Update	<p>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.</p> <p>Since CLE the update received is that the MDT has had oncologists at the majority of meetings (unless there is sickness) there may not be a medical and clinical oncologists at all meetings. So if it's a medical oncologist at the meeting and the patients' needs radiotherapy the patient is tertiary referred within 24 hours to the centre for radiotherapy.</p>				

	The use of WebEx provides more of a supported option of accessing the meeting and discussing patients as they can come in the meeting for a period of time whereas before this they may just cancel and the patient is rolled over.
Update	This risk to remain for Board oversight until assurance data is received and reviewed regarding attendance.

Risk ID	Owner	Title	Current rating	Target rating	Change
3693	Medical Director's Office	Trust is unable to reduce amenable mortality to the timescale set out in our plans	4x4 =20	3x4 = 12	↔
Update	<p>Since the last update this risk has been focused on sepsis as largest cause of amenable mortality. Reports on performance in sepsis management are now available and reported by ward area for them to do their own QI work. Covid mortality will skew the data for a while. A renewed focus on sepsis is underway to try and help this (Q+S paper was submitted in June)</p> <p>Learning from deaths and ME work is more embedded to help with learning from avoidable death.</p> <p>It is anticipated this risk target will not be achieved by August.</p>				
Update	CLE agreed to extend the deadline by 6 months, new deadline is 31st January 2021				

Risk ID	Owner	Title	Current rating	Target rating	Change
2642	MDO	Radiology results are not being acknowledged by individual clinicians	3x5 =15	1x5 = 5	↔
Update	<p>This risk has changed a little with identification of reports that are not being returned as endorsable so these are not appearing in the clinician's inbox for action. This is different to the identified problems before when reports were available for endorsement but not being endorsed or being allocated to the wrong clinician. Consistent flagging of all abnormal results is also another issue that has come from these events. Further actions such as a retrospective look at all reports that are not endorsable for clinicians to review to make sure they have actioned, and to understand the causes of why unsolicited reports are coming back have been put forward.</p> <p>Actions for other risks (results being unendorsed) revolve around actions from groups in response to new data reports of performance by specialty and by individual – these are produced monthly.</p> <p>There is also a Corporate led serious incident investigation into some of these highlighted issues due to some patients have come to severe harm due to these results not being endorsed and actioned by the clinician leading to a delay in diagnoses. This investigation can take up to 60 working days therefore It is very unlikely this risk will achieve its target rating by August.</p>				
Update	<p>A discussion at RMC highlighted two possible risks arising from this and recommended this risk to be split to address the two separate issues. 1st risk around when appointments are cancelled causing the link being lost to the patient's results and 2nd risk when the results are not being endorsed.</p> <p>CLE agreed to split this risk into two elements and this will be discussed at August RMC and presented at September Board.</p>				

3.0 RECOMMENDATIONS

Trust Board is asked to:

- a) NOTE** the updates for each risk.

Sindeep Chatha
Head of Patient Safety and Risk

29th July 2020