

<b>Report Title</b>	Monthly Risk Register Report		
<b>Sponsoring Executive</b>	David Carruthers, Medical Director		
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<b>Meeting</b>	Trust Board (Public)	<b>Date</b>	3 <sup>rd</sup> September 2020

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

13 risks with actions are overseen by the Board. Updates on 4 risks (214, 1742, 3212 and 2642) have been received since the last meeting and these updates have been accepted by CLE.

The following are of particular note:

- New risk 4164 (endorsement of test results) has been added for Board Oversight.
- Board agreed to archive risk 3160 (air conditioning in computer room) but this risk currently appears in Appendix A.

### 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, 17<sup>th</sup> August 2020, CLE 25<sup>th</sup> August 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: 3<sup>rd</sup> September 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 A**.

#### 2.0 NEW RISKS ADDED LAST MONTH

**2.1** 3 new red risks are presented in Appendix B. The responsible group provided an update on these risks at August'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 decided these risks are not necessary for Board oversight but wanted to share these for information at this Committee.

**2.2** One new risk for Board oversight has been added onto the Trust risk register.

Risk ID	Owner	Current rating	Target rating	Change
4164	Medical Directors Office	4x4 =16	1x5 = 5	New
<b>Title</b>	There is a risk of results not being available to clinicians in Unity to endorse leading to poor outcomes because correct processes for ordering are not followed or are interrupted in Unity.  This new risk has arisen from risk previously archived 3696 and 2 <sup>nd</sup> risk arising from risk 2642.			

### 3.0 RISK REGISTER REVIEW UPDATE

3.1 13 risks (9 risks with actions and 4 with monitoring) are currently being overseen by the Board.

3.2 Risks 2784 (MMH Funding for compensation scheme) and 3698 (Trust not achieving best integrated care due to mechanism of contracting) continues to be tolerated but updates on outstanding and upcoming actions will be presented at September RMC.

3.3 No further update to Risk 3110 (technical infrastructure) and risk 3109 (Inadequate IT infrastructure) is required since these risks are currently on track for achieving the target rating by the deadline.

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
214	Chief Operating Officer	Lack of assurance of the 18 week data quality pathway	2x3=6	1x3 =3	↔
<b>Update</b>	<p>There is one outstanding action for this risk. There has been a delay in achieving this risk within the target date due to the Covid 19 recovery plan taking priority. However, part of this recovery plan the following scopes will support this risk:</p> <ul style="list-style-type: none"> <li>• Review of total waiting list</li> <li>• Prioritisation of inpatient waiting list</li> <li>• Review of clinical pathways</li> <li>• Review of operational processes</li> </ul> <p>The target will need to be adjusted for a review in 4 months and an estimated completion date of February.</p>				
<b>Recommendation</b>	<b>New deadline of 28<sup>th</sup> February 2020 has been agreed</b>				

Risk ID	Executive Risk Lead	Title	Current rating	Target rating	Change
1742	Chief Operating Officer	Backlog of BMEC diagnostic appointments	5x3=15	2x3 =6	↔
<b>Update</b>	<p>Backlog is now at <b>13,298</b> this is a slight decrease and this does not include August follow up data.</p> <p>Unfortunately due to Covid 19 and the requirement around social distancing the funding for a diagnostic HUB to be created in BTC is still awaiting STP approval. Once</p>				

	<p>this has been approved this will help with increasing virtual reviews going forward.</p> <p>The deadline to meet this action is end of September but it's very likely this will not be achieved.</p>
<b>Recommendation</b>	<b>It is difficult to estimate how long it may take for this risk to reach the target rating as the backlog should reach approximately 7,000 appointments (Royal College of Ophthalmology recommendation) before it can be considered as mitigated. RMC agreed to look at individual actions and review this risk again on October.</b>

Risk ID	Executive Risk Lead	Title	Current rating	Target rating	Change
3212	Chief Operating Officer	BMEC hard drives	3x3=9	1x3 =3	↔
<b>Update</b>	<p>Since the last update movement of images from ultrasound to PACS works in the test environment but PACS needs to be updated before this can work in the live environment.</p> <p>The PAC update is scheduled to take place in October.</p> <p>The deadline to meet this action is end of September but it's very likely this will not be achieved.</p>				
<b>Recommendation</b>	<b>New deadline of December 2020 has been agreed</b>				

Risk ID	Owner	Title	Current rating	Target rating	Change
2642	MDO	Radiology results are not being acknowledged by individual clinicians	3x5 =15	1x5 = 5	↔
<b>Update</b>	<p>A discussion at July RMC highlighted two possible risks arising from this and recommended this risk to be split to address the two separate issues. 1<sup>st</sup> risk around when appointments are cancelled causing the link being lost to the patient's results and 2<sup>nd</sup> risk when the results are not being endorsed.</p> <p>A new risk regarding endorsements has been added onto the register (risk 4164)</p>				
<b>Recommendation</b>	<b>CLE agreed to accept risk 4164 for Board oversight</b>				

### 3.0 RECOMMENDATIONS

Trust Board is asked to:

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

Sindeep Chatha  
Head of Patient Safety and Risk

26<sup>th</sup> August 2020