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

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**	7th January 2021

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

There are 13 current red rated risks overseen by the Board with upcoming action deadlines, updates on each risk are provided in this report.

The following actions were agreed at the December Risk Management Committee and Clinical Leadership Executive:

- Accept the reduced rating for **Risk 3110** (IT technical structure), moving if from a current red to amber score due to delivery of the planned mitigating actions.
- Recommend removal of **Risk 3109** (IT service provision) from Board oversight following achievement of the target rating.
- The clinical groups and corporate directorates to put forward for discussion at the January RMC any current red risks which may need to be brought to the attention of the Trust Board for their oversight.

The Board to note:

- All current risks currently shared monthly with the Board have been reviewed.
- An update on COVID-19 risks (mitigation and recovery) is covered in a separate paper to the Board this month but these have been discussed at RMC and CLE.

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 *[specify in the paper]*	X

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

Risk Management Committee, 14th December 2020, CLE, 22nd December 2020

4. Recommendation(s)

The Trust Board is asked to:

a.	**CONFIRM** support of the changes to the risks called out in the report
b.	**NOTE** the planned discussion for Group red risks
c.	**NOTE** the current risk training provision to staff and plans going forward

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: 7th January 2021

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   TRUST BOARD RISK REGISTER REVIEW

2.1   There are 13 risks overseen by the Board, all outstanding actions have been updated and where possible completed.

2.2   Risks 2784 (MMUH Funding for compensation scheme) and 3021 (MMUH procurement) continue to be tolerated but updates on outstanding and upcoming actions will be presented at January 2021 RMC.

2.3   Risks 3689 (SBAF 10 - NHS Contracting and Payment Mechanism) and Risks 3693 (SBAF 14 - Amenable Mortality) are being managed through the SBAF process but assurance has been received at RMC that actions have been updated.

2.4   Risk 666 will continually be monitored by RMC and remain for Trust Board oversight. No update can be provided as this is a national risk.

2.5   Since the last Board meeting the following actions have been updated:

Risk ID	Executive Risk Lead	Title	Current rating	Target rating	Change
325	Chief Operating Officer	There is a risk a breach of patient or staff confidentiality caused by cyber attack	4x4=16	2x3 =6	⟷
Update	The Group takes appropriate measures to protect the Trust and to prevent attacks but				

Risk ID	Executive Risk Lead	Title	Current rating	Target rating	Change
	the nature of the threat constantly changes and the Covid-19 situation has us on high alert as Medical organisations are being targeted for denial of service, disruption and ransom-ware and other attacks. We get attempts daily which we block and can never be assured that a new threat will not impact us. This risk will never go away and will remain high.				
Update	**CLE agreed for this Risk to remain for Trust Board oversight**				

Risk ID	Executive Risk Lead	Title	Current rating	Proposed rating	Target rating	Change
3110	Chief Operating Officer	Suboptimal IT technical structure in place	5x4=20	3x4 = 12	2x4 =8	↓
Update	We still operate some of our Trust systems on old hardware and host them in data rooms in City and Sandwell which are far from being industry standard. We have an agreement to migrate these to other data centres (Cloud hosting) and have nearly completed the migration of the PACS Imaging system to external hosting. Cerner Millenium, Unity, is hosted externally. So the risk is reducing. We have also clearly demonstrated that there has been stability in the systems over the last 18 months which reflect a change in processes, procedures and management of our systems. Current controls in place are in relation to existing staff receiving ongoing training and all environment systems to be documented. In addition a contract is now in place to move away from old servers onto a host and manage Amazon Web Services Virtual machines in the Cloud environment. MergePACS environment managed by IBM is built. Migration will take place in 2021. Risk rating has now reduced to 12 from 'almost certain' to 'possible'					
Update	**CLE has accepted the new risk rating**					

Risk ID	Executive Risk Lead	Title	Current rating	Target rating	Change
214	Chief Operating Officer	Lack of assurance of the 18 week data quality process	2x3=6	1x3 =3	↔
Update	**Action**: Matrix dashboard to monitor compliance against the SOP (Target date: 30/04/2020) **Update:** The reporting related to meeting the SOP has been completed, but the planned care KPI SOPS does not currently support the 18 week data quality. The progress against the DQ assurance for RTT is now embedded in an internal audit program.				
Recommendation	**Risk to be reviewed again in January 2021**				

Risk ID	Executive Risk Lead	Title	Current rating	Target rating	Change
534	Medical Directors Office	Withdrawal of the UHB Oncologist resulting in reduced attendance at MDT meetings	1x4=4	1x2 =2	↔
Update	There has been improvement in the number of Oncologist attending the MDT meetings since the meetings are now taking place virtually. Assurance data of attendance has been sought in order to evidence this is no longer a risk.				
Recommendation	**Risk to be reviewed again in January 2021 once data has been received**				

Risk ID	Executive Risk Lead	Title	Current rating	Target rating	Change
2642	Medical Directors Office	UNITY reports not been acknowledged or endorsed	3x5=15	1x5=5	↔
Update	Currently this risk is being managed by various work streams throughout the Trust and reports and actions plans are presented at EQC. This Risk is on track on completing the actions by end of February.				
Recommendation	**Risk to be reviewed again in February**				

Risk ID	Executive Risk Lead	Title	Current rating	Target rating	Change
1762	Chief Operating Officer	BMEC - Backlog of diagnostic appointment	5x3=15	2x3=6	↔
Update	There has been no traction to this risk. Currently there is 21,790 OPD backlog and total number of patients on the OPD backlog is 12,241. Surgical waiting list including paediatrics is 2,217. The Group cannot provide assurance that patients are not suffering visual loss whilst waiting. Patients are RAG rated (red, amber, green) on clinical priority at their previous OPA. All urgent and post-surgical patients will get appointments as a priority. Many patients will have had a virtual review (rather than a face to face) as part of the early COVID response which is difficult for ophthalmology as for the majority of patients will need to see them face to face if we do not have diagnostics to review. A diagnostic Hub would mitigate this risk to some extent but this option is not progressing.				
Recommendation	**Risk to be reviewed again in January**				

Risk ID	Executive Risk Lead	Title	Current rating	Target rating	Change
3212	Chief Operating Officer	Imaging on PACS	3x3=9	1x3=3	↔
Update	At previous meetings It was hoped this risk will be mitigated by December 2020. However the following issues have been identified and as a result this risk will remain on the risk register. The old US machine workflow identified images can be sent to PAC, but one by one.				

	The team don't think this is a practical way to send images to PACS, as there is a lot of data to send. The team is working with the suppliers. They think they can save the images on a CD and then import them in bigger chunks. This currently being confirmed with the supplier. The New US machine – able to send images to test PACS, but problems with replicating into live environment. The team are discussing with IBM as there shouldn't be a problem but currently no resolution is found.
Recommendation	**Risk to be reviewed again in February 2021**

Risk ID	Executive Risk Lead	Title	Current rating	Target rating	Change
3109	Chief Operating Officer	IT infrastructure Risk	2x4=8	2x4 =8	⟷
Update	**Action**: Interview and appoint new members in to the L3 team (Target date: 23/12/2020). The risk was that the Trust did not have skills in house to support the Trust's IT Infrastructure. Recruiting people with skills means that they will be permanent members of staff with the skills to support and develop our infrastructure stability. **Update:** all posts have been accepted and staff are due to start in January 2021				
Update	**CLE agreed this risk can be removed from Board oversight**				

3.0   RED RISKS

3.1   Currently 43 'live' red risks are on the Risk Register (**Appendix B)** some of which are already on receiving Board oversight. RMC has asked the Clinical Groups and Corporate Directorates to review all their red risks and provide an update on each risk at the January RMC.

4.0   RISK MANAGEMENT TRAINING

4.1   Staff training on how to carry out a risk assessment is provided jointly by the Patient Safety and Health and Safety teams. This training prior to Covid-19 was delivered as a face to face workshop to those staff that were going to be carrying our risk assessments within their areas. This workshop provides the staff with the skills and knowledge on how to identify a risk, how to formulate the correct risk statement, how to determine the risk rating and the impact controls can have on the risk rating. This also includes how to record the risk on the risk module within Ulysses (Safeguard)

4.2   Since March 2020, face to face workshops have been temporarily suspended and both teams have been developing an online training package for staff to use. This online package is complete and awaiting final approval before it can be launched. In the meantime both teams have been providing ad hoc training to those staff that require it.

This training is currently not mandatory for all managers; therefore the expectation is for Groups/Managers to identify within their team who requires this training and to make contact with the risk team.

4.3   The Trust Board has previously received risk management training, the last time being a session specifically focused on the Board Assurance Framework, run by RSM our internal auditors. In discussion with Lesley Writtle, in her capacity as Chair of the Audit and Risk Management Committee, it has been agreed to devote time at the Board Development session on 12th February 2021 to the Trust's approach to risk management and how this aligns with best practice. Given recent membership changes, this will provide the whole Board with the same training which, in turn, will assist in developing a shared understanding and allow us to talk the same language.

4.0   RECOMMENDATION

The Trust Board is asked to:

   a) **CONFIRM** support of the changes to the risks called out in the report
   b) **NOTE** the planned discussion for Group red risks
   c) **NOTE** the current risk training provision to staff and the Board and plans going forward

Sindeep Chatha
Head of Patient Safety & Risk

29th December 2020