

|                             |   |             |                            |
|-----------------------------|---|-------------|----------------------------|
| <b>Report Title</b>         | Monthly Risk Register Report                    |             |                            |
| <b>Sponsoring Executive</b> | Kam Dhami, Director of Governance               |             |                            |
| <b>Report Author</b>        | Sindeep Chatha, Head of Patient Safety and Risk |             |                            |
| <b>Meeting</b>              | Trust Board (Public)                            | <b>Date</b> | 4 <sup>th</sup> March 2021 |

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

There are 12 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 February's RMC and CLE:

- Two risks have been mitigated and are being proposed for removal.
- Four risks need extensions for the mitigating actions to have a positive effect in reducing the risk

#### Board to Note:

- One new risk has been put forward for Board oversight (FFP3 masks on amber wards)
- Early in the Pandemic concerns were raised as to whether there was adequate oxygen supply, given the increase in requirements. The risk has not materialised as the usage has not risen above 60%.

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

|                |                          |                          |                          |                                     |                                     |
|----------------|--------------------------|--------------------------|--------------------------|-------------------------------------|-------------------------------------|
| Safety Plan    | <input type="checkbox"/> | Public Health Plan       | <input type="checkbox"/> | People Plan & Education Plan        | <input type="checkbox"/>            |
| Quality Plan   | <input type="checkbox"/> | Research and Development | <input type="checkbox"/> | Estates Plan                        | <input type="checkbox"/>            |
| Financial Plan | <input type="checkbox"/> | Digital Plan             | <input type="checkbox"/> | Other <i>[specify in the paper]</i> | <input checked="" type="checkbox"/> |

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

Risk Management Committee, 15<sup>th</sup> February 2021, CLE, 24<sup>th</sup> February 2021

### 4. Recommendation(s)

The Trust Board is asked to:

- APPROVE** removal of two risks (3021 and 3212) from Board Oversight
- NOTE** the extension requests for four risks
- APPROVE** risk relating to FFP3 masks on amber wards

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

|                            |                                     |                 |                          |   |                                     |                       |
|----------------------------|-------------------------------------|-----------------|--------------------------|---|-------------------------------------|-----------------------|
| Trust Risk Register        | <input checked="" type="checkbox"/> | Risk Number(s): |                          |   |                                     |                       |
| Board Assurance Framework  | <input checked="" type="checkbox"/> | Risk Number(s): |                          |   |                                     |                       |
| Equality Impact Assessment | Is this required?                   | Y               | <input type="checkbox"/> | N | <input checked="" type="checkbox"/> | If 'Y' date completed |
| Quality Impact Assessment  | Is this required?                   | Y               | <input type="checkbox"/> | N | <input checked="" type="checkbox"/> | If 'Y' date completed |

# SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

Report to the Trust Board: 4<sup>th</sup> March 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** Of the 12 risks overseen by the Board, two are being proposed for removal as the risks have been mitigated. Four risks continue to require extensions to their mitigation plans or awaiting further assurance data that plans have resolved the risk and these can be seen below.

| Risk ID               | Executive Risk Lead   | Title                                    | Current rating | Target rating | Change |
|-----------------------|---|--|----------------|---------------|--------|
| 534                   | Medical Director's Office   | Lack of UHB Oncologist attendance at MDT | 4x1 =4         | 2x1=2         | ↔      |
| <b>Update</b>         | All actions for this risk have been completed. The risk remains whilst awaiting more assurance that the Oncologists attend post COVID.. |  |                |               |        |
| <b>Recommendation</b> | <b>RMC to keep this risk on Board oversight and review again in April</b>   |  |                |               |        |

| Risk ID       | Executive Risk Lead   | Title              | Current rating | Target rating | Change |
|---------------|---|--------------------|----------------|---------------|--------|
| 2624          | Medical Director's Office   | Result Endorsement | 3x5-15         | 1x5= 5        | ↔      |
| <b>Update</b> | There are improved controls in place, with 70% of results being endorsed. Radiology reports receive a 'red flag' notification when an anomaly has been found and a routine report is now received in Groups for unsolicited results. For pathology results, significant abnormal results are now phoned through to the clinical team. Work continues to assure the approaches being taken helps risk mitigation |                    |                |               |        |

|                       |  |
|-----------------------|--|
| <b>Recommendation</b> | <b>CLE agreed to extend the deadline for this risk by end of August 2021</b> |
|-----------------------|--|

| Risk ID               | Executive Risk Lead   | Title              | Current rating | Target rating | Change |
|-----------------------|---|--------------------|----------------|---------------|--------|
| 2624                  | Medical Director's Office   | Result Endorsement | 3x5=15         | 1x5= 5        | ↔      |
| <b>Update</b>         | There are improved controls in place, with 70% of results being endorsed. Radiology reports receive a 'red flag' notification when an anomaly has been found and a routine report is now received in Groups for unsolicited results. For pathology results, significant abnormal results are now phoned through to the clinical team. Work continues to assure the approaches being taken helps risk mitigation |                    |                |               |        |
| <b>Recommendation</b> | <b>CLE agreed to extend the deadline for this risk to be mitigated by end of August 2021</b>  |                    |                |               |        |

| Risk ID               | Executive Risk Lead   | Title                    | Current rating | Target rating | Change |
|-----------------------|---|--------------------------|----------------|---------------|--------|
| 3693                  | Medical Director's Office   | Trust Amenable Mortality | 4x4 =16        | 3x4=12        | ↔      |
| <b>Update</b>         | VTE prophylaxis and QI work for pneumonia, mouth care and UTI to reduce risk of mortality from sepsis continues. Other work taking place is reviewing the approach to coding as well as palliative care, but factors which have worsened the HSMR position is due to Covid deaths not being separated from non-Covid deaths and as a result so affecting the HSMR data. Work and pathway to this is presented at Quality and Safety to illustrate work being done and affect this will have on mortality if achieved. |                          |                |               |        |
| <b>Recommendation</b> | <b>CLE agreed to review this risk again in April</b>  |                          |                |               |        |

| Risk ID               | Executive Risk Lead   | Title            | Current rating | Target rating | Change |
|-----------------------|---|------------------|----------------|---------------|--------|
| 3021                  | Chief Executive   | MMUH procurement | 2x4=8          | 2x4=8         | ↓      |
| <b>Update</b>         | All actions for this risk have been completed and a new contract has been signed with Balfour Beatty. |                  |                |               |        |
| <b>Recommendation</b> | <b>CLE agreed to remove for Board oversight</b>   |                  |                |               |        |

| Risk ID               | Executive Risk Lead   | Title                         | Current rating | Target rating | Change |
|-----------------------|---|-------------------------------|----------------|---------------|--------|
| 3212                  | Chief Operating Officer   | BMEC Standalone images on PAC | 3x1=3          | 3x1=3         | ↓      |
| <b>Update</b>         | All actions for this risk have been completed. The PAC system and process has now been set up and tested. This is no longer a risk. |                               |                |               |        |
| <b>Recommendation</b> | <b>CLE agreed to remove for Board oversight</b>   |                               |                |               |        |

### 3.0 RED RISKS

3.1 In addition to the risks above being discussed, attention focused on two other risks which were raised with RMC, one for information and one for approval.

- 3.2** Due to the COVID 19 pandemics effect on patients and the increased requirement for Oxygen supplies, Estates Major Project Authority were sighted on whether there was sufficient capability to provide the required oxygen.
- 3.3** In the months since the risk was raised, Estates have identified that there are local pressures in the system, such as D17, the Respiratory hub and Critical Care Services. CCS at SWB is backed up outside of the existing supply, which will continue through to MMUH.
- 3.4** SWB has, to date, not exceeded 60% of the system capabilities thus the risk of not having adequate supplies is reduced.
- 3.5** The other risk discussed is a positive risk, in that SWB has gone contrary to national guidance in its use of FFP3 masks on Amber wards. This situation will continue to be assessed based on the numbers and type of patient admissions, whilst identifying what the trigger points for de-escalating the use of FFP3 masks is on each Amber ward.
- 3.6** Staff have advised that they feel positive about this action and about it being monitored on an ongoing basis through infection control.

#### **4.0 RECOMMENDATIONS**

The Trust Board is asked to:

- a. **APPROVE** removal of two risks (3021 and 3212) from Board Oversight
- b. **NOTE** the extension requests for four risks
- c. **DISCUSS** the risk relating to FFP3 masks on amber wards

**Sindeep Chatha**  
**Head of Patient Safety & Risk**

**25<sup>th</sup> February 2020**