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	6th May 2021

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

There are 9 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 Clinical Leadership Exectuive:

- Risk 3110, a technical infrastructure risk can be transferred for continued monitoring by Digital MPA.
- 12 further current red risks have been identified for escalation for Board oversight, these can be found in **Appendix B**.

For the Board to Note:

- Further work needs to be undertaken on a number of red risks prior to presentation to ensure they are clearly understood and provide the Board with assurance that they are being adequately managed.
- High severity risks, by their nature will have a detrimental impact on patients or services if realised. Further work has been highlighted whereby Groups and Directorates need to be conscious of these risks and ensure they are as robustly monitored as those that are rated red.

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

Safety Plan		Public Health Plan		People Plan & Education Plan	
Quality Plan		Research and Development		Estates Plan	
Financial Plan		Digital Plan		Other *[specify in the paper]*	X

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

Risk Management Committee, 17th April 2021, CLE, 27th April 2021

4. Recommendation(s)

The Trust Board is asked to:

a.	**APPROVE** removal of risk 3110 from Board Oversight
b.	**DISCUSS** the 12 red Risks put forward for Board Oversight
c.	**NOTE** further work for high severity and low likelihood risks

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: 6th May 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 nine risks overseen by the Board, most outstanding actions have been updated and completed.

2.2   Risk 325 (cyber-attack) has been reviewed and there is no further update since December as actions are progressing and within date.

2.3   Risk 666 (Tier 4 mental health support beds) will continue to be monitored by RMC and remain for Trust Board oversight. This risk continues to be tolerated as it is a known national risk.

2.4   Since the last CLE the following actions have been updated:

Risk ID	Executive Risk Lead	Title	Current rating	Target rating	Change
3110	Chief Operating Officer	Technical IT Infrastructure	3x4 =12	2x4=8	⟷
Update	The 1st Cloud platform has been launched and this project is being overseen by the DMPA where recommendations and actions are being monitored.				
Recommendation	**Risk to be removed for Board oversight and managed by the Digital Committee**				

Risk ID	Executive Risk Lead	Title	Current rating	Target rating	Change
214	Chief Operating Officer	18 week waiting list SOP	2x3 =6	1x3=3	⟷
Update	We are constantly monitoring and working to mitigate this risk however at the moment the waiting list is getting bigger and longer, therefore the risk will not be lowered in the short term. The Recovery & Restoration actions will also support the mitigation of this risk.				
Recommendation	Risk to remain for Board oversight				

Risk ID	Executive Risk Lead	Title	Current rating	Target rating	Change
2642	Medical Director's Office	Results Endorsement	3x5 =15	1x5=5	⟷
Update	1) - Radiology request connection – solution is still being established for electronic correction when link between request and test is broken. Awaiting confirmation that back up report is functional and includes only unendorsable reports. 2)- extensive work to understand the reasons for non endorsement revolve around issues of non-ordering or results via Unity and process issues that mean report go to the wrong individual (more of a problem for in patients). Aim will be to go to a paperless system for all tests and their results but not in a safe position to do this. Awaiting detailed information on whether some of the result reports can be turned off as requiring endorsement to allow focus on those where the need is greatest to have endorsement. Report planned for CLE April 2021				
Recommendation	Risk to remain for Board oversight				

Risk ID	Executive Risk Lead	Title	Current rating	Target rating	Change
1762	Chief Operating Officer	BMEC backlog of outpatient appointments	5x3 =15	2x3=6	⟷
Update	A demand and capacity piece of work for Ophthalmology is being done which will form one of the mitigations for this risk. This work will be reviewed and monitored by OMC & Trust Board next month				
Recommendation	Risk to remain for Board oversight				

Risk ID	Executive Risk Lead	Title	Current rating	Target rating	Change
3693	Medical Director's Office	Amenable Mortality	4x4 =16	3x4=12	⟷
Update	1) - review of high mortality alert areas continues as part of LfD committee work, where specific clinical areas/diagnoses are reviewed by the specialty and presented for assurance to the committee with action plan. 2) - understanding the process issues that contribute to high HSMR (palliative care coding, symptom coding, short duration and high number of FCEs). Developing process to address this with clinical input to coding for areas where inconsistency in clinical information picked up by coders from records (mainly those in Leasowes) and within the AMU area while longer term approach to documentation on Unity is addressed through training. May need additional appointment to focus on this. Review of how Ambulatory cases recorded (in pt v outpt to bring in line with rest of STP may also help)				
Recommendation	Risk to remain for Board oversight				

Risk ID	Executive Risk Lead	Title	Current rating	Target rating	Change
3689	Chief Finance Officer	NHS Contracting And Payment Mechanism	3x4 =12	2x4=8	⟷
Update	Three actions have now been completed since the last update. 1) Progress in relation to allocation split between SWB and WB costs is being made through STP finance sub group for ICP budget establishment. 2) Comparison between 20/21 system allocations to LTFM income values have been understood. Extent to which the income targets can be achieved depends on the system allocation settlement and activity planning process post Covid. 3) Progress on acute collaboration has resulted in establishment of a programme Board with agreed representation and membership, draft case for change has been developed which reflected the Trust's position.				
Recommendation	**Risk to remain for Board oversight**				

3.0   RED RISKS

3.1   The Board has oversight of only a number of the forty four red risks currently being mitigated across the Trust.

3.2   Twice yearly, all the red risks, on the risk register, are shared with Trust Board so that they are aware of the significant risks being managed throughout the organisation.

3.3   Risk Management Committee members have been reviewing these risks to provide challenge to ensure that the risk is truly understood, correctly rated and mitigating actions will reduce the likelihood of the risk materialising so that they can be escalated for oversight.

3.4   Further work needs to be undertaken on a number of red risks to ensure that the risks being presented are clearly understood and provide the Board with assurance that they are being managed adequately.

3.5   **Appendix B** contains those red risks which CLE have agreed for the Board to review for consideration. These are derived from Clinical Groups and Corporate Directorates.

4.0   HIGH SEVERITY, LOW LIKELIHOOD RISKS

4.1   The Board has previously had sight of the risks which, at that time, were identified as potentially having a high impact on patients, staff or services, if realised.

4.2   Although these risks will fall into routine monitoring it they may not receive a high level of attention due to the low risk rating.

4.3   There are 35 risks which fit into the category of high severity and low likelihood, which need reviewing prior to presentation to the Board.

4.0   **The Trust Board is asked to:**

     a. **APPROVE** removal of risk 3110 from Board Oversight
     b. **DISCUSS** the 12 red Risks put forward for Board Oversight
     c. **NOTE** further work for high severity and low likelihood risks

Sindeep Chatha
Head of Patient Safety & Risk

29th April 2021