

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	4 th February 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 January RMC and CLE:

- RMC has asked the clinical groups and corporate directorates to put forward for discussion at the February RMC any current red scored risks which may need to be brought to the attention of the Trust Board for their oversight.

Board to Note:

- All current risks currently shared monthly with the Board have been reviewed.
- No new risks have been put forward for Board oversight.
- Risk 3109 has been removed for Board oversight.

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, 18th January 2020, CLE, 26th January 2020

4. Recommendation(s)

The Trust Board is asked to:

- NOTE** the update for each risk
- NOTE** the discussion for Group Red 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: 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** (in date) and **Appendix B** (overdue).

2.0 TRUST BOARD RISK REGISTER REVIEW

2.1 There are 12 risks overseen by the Board, all outstanding actions have been updated and completed.

2.2 No further update to risk 2642 (Radiology Results) and risk 3693 (reduce amenable mortality) is required since these risks are currently on track for achieving the target rating by the deadline.

2.3 Risk 325 was reviewed at December 2020 RMC and the group agreed for this risk to remain on Trust Board oversight. Update will be required at February RMC.

2.4 There has been no traction to Risk 3212 (BMEC standalone hard drive for ophthalmology images). This risk has been reviewed by the group and there has been no change since the last update at December 2020 RMC.

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

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

Risk ID	Executive Risk Lead	Title	Current rating	Target rating	Change
3689	Chief Finance officer	Trust not achieving best integrated care due to mechanism of contracting	4x4=16	2x4=8	↔
Update	Majority of the actions for this risk was due to be completed by end of December/early January. These actions are reliant on the STP and national progress which is not within the Trust's control. The group would like to extend the deadlines to complete these actions by end of February.				
Recommendation	CLE agreed new deadline for end of February				

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	<p>Action: Matrix dashboard to monitor compliance against the SOP (Target date: 30/04/2020)</p> <p>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</p> <p>The auditors have contacted the Group for information which means the external audit will be taking place very soon.</p>				
Recommendation	Risk to be reviewed again in March 2021				

Risk ID	Executive Risk Lead	Title	Current rating	Target rating	Change
3021	Chief Executive	MMUH procurement	3x4=12	2x4=8	↔
Update	All actions for this risk have been completed and a new contract has been signed with Balfour Beatty.				
Recommendation	This risk to be removed for Board oversight				

Risk ID	Executive Risk Lead	Title	Current rating	Target rating	Change
2784	Chief Executive	MMUH Funding for compensation scheme	4x5=20	2x4=8	↔
Update	The Board has agreed to tolerate this risk. All actions have been reviewed and are on track. A new action has been added and the risk statement has been revised. This risk remains as red. No change				
Recommendation	This risk to be reviewed again in April 2020				

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 February 2021 once data has been received				

3.0 RED RISKS

- 3.1** At January 2021 RMC the Groups and Corporate Directorates presented their risks on the risk register which had a current risk rating of red. RMC reviewed and challenged these risks in terms of their risk statement, risk rating and actions to mitigate.
- 3.2** A robust discussion took place on each risk and RMC deemed no risks in their current state are to be presented to the Board. RMC requested the Risk team to help Groups and Corporate Directorates accurately complete the risk assessments, redraft the risk statement and amend where necessary the current risk grading to reflect the controls in place.
- 3.3** Following this the agreed red risks from Groups and Corporate Directorates will be presented to Trust Board in March.

4.0 COVID-19 RISKS

- 4.1** Updates on both mitigation and recovery COVID 19 risks are presented at RMC and will be presented to CLE and the Board in a separate paper at their next meetings.

5.0 The Trust Board is asked to:

- a. NOTE the update for each risk
- b. NOTE the discussion for Group Red Risks

Sindeep Chatha
Head of Patient Safety & Risk

29 January 2020