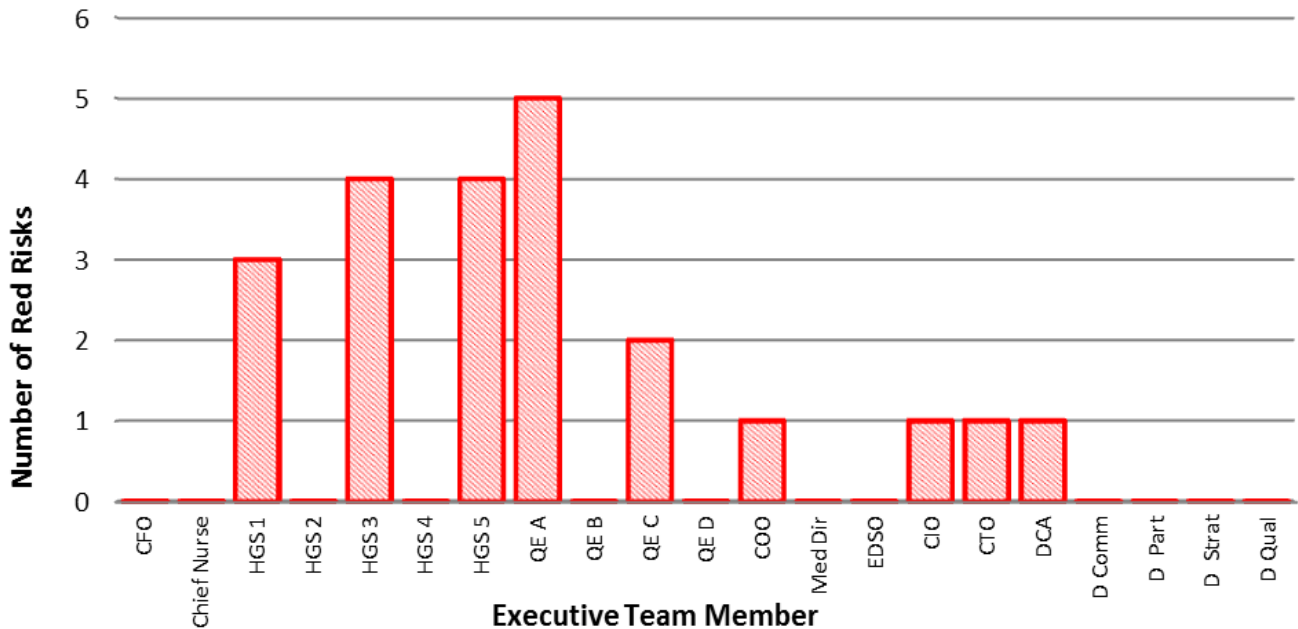


## Appendix B - Corporate Risk Register – April 2019

Assurance regarding the management of risks on the Corporate Risk Register is provided to the Board of Directors by a member of the Executive Team.

### 1. Current red risks held by each member of the Executive Team

The chart below shows the number of risks with a current score of 15 and above (red) held by the Clinical Divisions and each member of the Executive Team



### 2. Current red risks by grade

The table below shows the number and current score of the red risks held by the Executive Team.

Current Score 25	<ul style="list-style-type: none"> <li>•There are 0 risks with a current score of 25</li> </ul>
Current Score 20	<ul style="list-style-type: none"> <li>•There are 3 risks with a current score of 20</li> <li>•1 of these risks is 4x5</li> <li>•2 of these risks are 5x4</li> </ul>
Current Score 16	<ul style="list-style-type: none"> <li>•There are 11 risks with a current score of 16</li> <li>•All of these risks are 4x4</li> </ul>
Current Score 15	<ul style="list-style-type: none"> <li>•There are 8 risks with a current score of 15</li> <li>•7 of these risks are 5x3</li> <li>•1 of these risks are 3x5</li> </ul>

### 3. Current red risk listing

#### Key to Risk Status

- Risk is on track to meet target score in the agreed time frame. ■
- Risk is on track but requires additional action to meet the target score in the agreed time frame. ■
- Risk is off track and will not meet the target score in the agreed time frame. ■

The table below shows the detail of all red risks recorded for each Specialty in the Clinical Divisions for which the Chief Operating Officer provides assurance.

Division/ Specialty	Risk Title	Initial score (LxC)	Current score (LxC)	Target score (LxC)	First Approved as Red Risk	Risk Status
Div 1 Radiology	Age profile of imaging equipment - lack of investment (HGS)	15 (5x3)	15 (5x3)	4 (2x2)	Sep-17	
Div 1 Pharmacy	Sheldon Block Satellite pharmacy. Environment has insufficient storage for drugs which can lead to dispensing errors (GHH)	15 (5x3)	15 (5x3)	4 (2x2)	Jul-17	
Div 1 Pathology	Risk of sustainability of the current cytopathology service and planning for implementation of primary HPV testing (HGS)	12 (4x3)	20 (5x4)	4 (2x2)	Mar-19	
Div 3 A&E	ED Overcrowding: Impact of extended stay in ED to patients and staff (GHH,BHH)	15 (5x3)	16 (4x4)	9 (3x3)	Jan-14	
Div 3 A&E	Insufficient number and skill mix of junior and middle grade staff: Impact upon quality and safety of care (HGS)	12 (4x3)	20 (5x4)	3 (1x3)	Nov-17	
Div 3 A&E	Failure to Provide Management /support for mental health patients in the Emergency Department (HGS)	16 (4x4)	15 (5x3)	4 (2x2)	Oct-18	
Div 3 Acute	AMU triage area: overcrowding leading to potential increase in mortality/morbidity (GHH)	16 (4x4)	16 (4x4)	4 (2x2)	Nov-17	

Div 5 T&O	Timely review of patients through skill mix and number of new junior doctors (HGS)	20 (5x4)	16 (4x4)	4 (1x4)	Oct-18	
Div 5 T&O	Timely care of patients due to numbers of Nurses across the specialty (HGS)	20 (5x4)	16 (4x4)	4 (1x4)	Oct-17	
Div 5 Breast Surgery	Risk of delayed diagnosis of breast cancer due inability to offer 2ww outpatient appointment due to lack of radiology support (HGS)	20 (5x4)	16 (4x4)	4 (1x4)	Feb-19	
Div 5 Ophthalm	Lack of paediatric medical cover (HGS)	25 (5x5)	16 (4x4)	2 (1x2)	Nov-18	
<b>Update on risk that is off track</b>	<p>The <b>Ophthalmology</b> service has two consultant posts in establishment and both are vacant. Recruitment has been unsuccessful due to lack of suitable applicants. One candidate was recruited and due to start in January, but then pulled out. The last round of recruitment produced no suitable applicants for shortlisting. The Division are working with HR to look at other options including international recruitment and are also engaging NHSE/BCC (currently taking surgical cases) to look at joint appointments. There is currently a locum in post but this is not fixed/long term hence the risk remains red. The Division will update this risk again once they have a revised recruitment strategy.</p>					
Div A - Imaging	Diagnostic Imaging reporting delays impacting patient pathways and treatment time targets (QE)	20 (5x4)	15 (5x3)	4 (1x4)	Mar -19	
Div A - Pathology	Risk to patient safety due to delayed diagnostic laboratory results, specifically relating to the 4 hour standard target (QE)	16 (4x4)	16 (4x4)	5 (1x4)	Mar -19	
Div A - Imaging	Reduced capacity within Imaging due to tax changes resulting in Consultant Radiologists reducing PA's/WLI Activity (QE)	15 (5x3)	15 (5x3)	5 (5x1)	Mar -19	
Div A - Anaesthetic	Risk of reduced capacity within Anaesthetics due to tax changes resulting in Consultant Anaesthetists reducing PA's/WLI Activity (QE)	15 (5x3)	15 (5x3)	5 (5x1)	Jan- 19	
Div A - Theatres	Theatres in the Heritage building are at the end of their life cycle; if these fail, no capacity on the main site to transfer the services (QE)	20 (4x5)	20 (4x5)	4 (2x2)	Jan- 19	

Div C	Failure to meet 4 hr target resulting in long patient waits in ED (QE)	16 (4x4)	16 (4x4)	4 (1x4)	Mar- 19	
<b>Update on risk that is off track</b>	The excessive waiting time for bed allocation requires further work to get on track. To this end, a top 5 Immediate Action Plan is being implemented. Furthermore a new overarching improvement plan is being developed incorporating following action areas: System-wide, Emergency Department Process, Capacity Management / Specialities, Effective Relationships & Workforce					
Div C Ophthalm	Long waiting times for ophthalmology outpatient follow up appointments, which could lead to loss of or deteriorating vision for patients	20 (5x4)	16 (4x4)	4 (1x4)	Mar- 19	
<b>Update on risk that is off track</b>	<p>The long waiting times in Ophthalmology will not be resolved until the backlog of waiting patients has significantly reduced. This requires additional estates and workforce capacity to meet the demand. The Divisional action plan is summarised below:</p> <ol style="list-style-type: none"> <li>1. Develop a joint QE, HGS &amp; BMEC service strategy and integrate the management teams (QE &amp; HGS initially). Date: July 19</li> <li>2. Maximise opportunity to utilise other providers (e.g. HealthHarmonie Community Provider, 18 Weeks Support Insourcing Provider, Aspen Midland Eye Community Private Provider). Date: May 19</li> <li>3. Increase working hours (evenings and weekends) within the currently physical space. Date: August 19</li> <li>4. Develop further extended roles for non-medical grades (e.g. nurses, othoptists and optometrists). Date: April 19</li> <li>5. Support the development of technological solutions to meeting demand (e.g. virtual clinics, artificial technology). Date: Sept 19</li> <li>6. Escalate through contracts the need for specialist commissioning for tertiary services such as Neuro-Ophthalmology, Uveitus and complex surgery. Date: April 19</li> <li>7. Establish community clinics at Sparkbrook, Washwood Health and/or another suitable location. Business case. Date: June 19</li> </ol>					

The table below shows the detail of all red risks recorded for each member of the Executive Team in their Corporate Area of responsibility

Exec and Specialty	Risk Title	Initial score (LxC)	Current score (LxC)	Target score (LxC)	First Approved as Red Risk	Risk Status
COO – Ops Centre	Deterioration of patient due to sews alert not being received due to unknown technical cause	15 (3x5)	15 (3x5)	5 (1x5)	Mar 19	
CTO - Estates	Suitability of the Estate to enable the delivery of Clinical Services (BHH)	20 (5x4)	16 (4x4)	8 (2x4)	Oct 17	
CIO - Education	Failure to meet public sector apprenticeship target and utilise total levy funding	15 (5x3)	15 (5x3)	3 (1x3)	Dec 18	
DCA - Info Governance	Non-compliance with GDPR and DPA 2018	20 (5x4)	16 (4x4)	4 (2x2)	Nov 18	

**Approval and Assessment of Red Operational Risks**

The Risk Report provides assurance to the Board of Directors in regards to the management of red operational risks in the Trust. To ensure the quality and consistency of this assurance each red risk needs:

- Confirmation that the risk has been approved according to the Risk Management Policy; and
- Confirmation as to the status of the risk.

**Approving Red Risks**

Red risks can be approved by a Director (where the risk is owned by a department under their remit) or by a Divisional Management Team (where the risk is owned by a clinical specialty under their remit). The details of the approval (date and who approved the risk as red) must be recorded.

**Assessing the Status of Red Operational Risks**

There are 3 statuses for a Red Operational Risks when reported to the Board of Directors, they are:

<p><b>1. The risk is On Track to meet the Target Score within the agreed time frame.</b></p> <p>A risk may be assessed as On Track (green) where the actions listed can clearly and reasonably reconcile the Current Score of the risk to the Target Score.</p> <p>Each of the actions listed should have a reasonable prospect of being completed by the agreed Target Date. The appropriate Target Date for each action will be confirmed at the time that the risk is approved as a Red Risk.</p>	
<p><b>0</b></p> <p><b>2. The risk is On Track but requires additional action to meet the Target Score within the agreed time frame.</b></p> <p>A risk may be assessed as On Track (amber) where the actions listed cannot clearly and reasonably reconcile the Current Score of the risk to the Target Score, but where actions can be amended or new actions can be introduced by the Risk Owner to address this.</p> <p>Each of the actions listed should have a reasonable prospect of being completed by the agreed Target Date.</p>	
<p><b>3. The risk is Off Track and will not meet the Target Score within the agreed time frame.</b></p> <p>A risk may be assessed as Off Track (red) where the actions listed cannot clearly and reasonably reconcile the Current Score of the risk to the Target Score, and where no other actions can be introduced by the Risk Owner to address this.</p>	