Sandwell and West Birmingham Hospitals **NHS**

NHS Trust

Report Title	Monthly Risk Register Report		
Sponsoring Executive	Kam Dhami, Director of Governance		
Report Author	Allison Binns, Deputy Director of Governance		
Meeting	Trust Board	Date	2nd May 2019

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

Nine risks have been reallocated to Group or Corporate Directorates for monitoring as their mitigations have seen the risk reduce in recent months.

Two of these risks relate to finance – CIP and pay costs and the risks monitored by the Board have related to the past financial year so will be revised for future consideration.

Incidents, overdue in web holding, are not yet resolved, but close to being controlled.

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?]*

RMC 8 April 2019
CLE 23 April 2019

4. Recommendation(s)

Trust Board is asked to:

a.	**NOTE** the changes to the risks presented this month
b.	**NOTE** the requirement for Groups and Directorates to have controls and systems in place for managing incidents.

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		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 Trust Board: 2nd May 2019

Monthly Risk Register Report

1.0   INTRODUCTION

1.1   This report provides the Trust Board with an update on risks monitored at Board level. The report outlines progress in improving the robustness of the Trust's risk management arrangements with a review of the Risk Register.

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 is available in **Appendix A.**

2.0   RISKS REQUIRING BOARD ATTENTION

2.1   The Risk Management Committee (RMC) reviewed a number of risks, with Groups and Directorates, as requested by the Board.

2.2   There was agreement that a number of risks had now achieved a current rating that would suggest that the risk had been mitigated to such a level that it could be monitored at Group or Corporate Directorate level (**Risks 215, 2849, 1643, 566 & 3211**). These have now been removed from Trust Board monitoring.

2.3   **Risks 3234 and 114** have been removed from monitoring at Board level whilst the risk is reviewed and refreshed to take account of the current position and that of the coming year.

2.4   These will be reviewed at RMC and Clinical Leadership Executive (CLE) and if deemed appropriate presented to the Board for future monitoring in coming months.

2.5   The BMEC risks are also now monitored at Group level, although not yet fully mitigated, actions are almost complete, such that the likelihood of occurrence is much less (**Risks 3132 & 410**).

2.6   IT risks have been separately re-presented to the DMPA. The Risk Management Committee in May will consider and test the scoring of those risks and the mitigation plans.

3.0 WEB HOLDING INCIDENTS

3.1 There are a total of 346 incidents in web-holding waiting to be managed as at 25 April 2019, of which 33 are over 21 days, a decrease on the number reported to Trust Board last month (86). An oral update will be provided by the Chief Executive at the meeting.

	Overdue as at 24/04/19	In Date as at 24/04/19
Corporate Nursing & Facilities	0	2
Operations	4	2
Estates & New Hospital Project	3	4
Finance	1	0
Imaging	1	1
Medical Director Office	0	0
Medicine & Emergency Care	4	138
Organisation Development	0	1
Primary Care & Community Therapies	2	41
Strategy & Governance*	9	13
Surgery	3	79
Women & Child Health	6	34
Total	**33**	**313**

* Strategy & Governance currently houses the Pathology incidents until a solution is found with BCP (8 overdue, 5 in date)

3.2 Audit & Risk Management Committee, at the end of May 2019, will be provided with detail outlining what incidents remain in web holding which are overdue and the controls and processes in place within Groups and Directorates, as well as centrally to eradicate this position.

4.0 RECOMMENDATIONS

Trust Board is asked to:

a) **NOTE** the changes to the risks presented this month
b) **NOTE** the requirement for Groups and Directorates to have controls and systems in place for managing incidents.

LEVEL OF RISK	
Green	Manage risk locally on Department / Team Risk Register
Yellow	Manage risk locally and add to Directorate Risk Register
Amber	Manage risk locally and add to Group Risk Register
Red	Manage risk locally; add to Group Risk Register; and submit to Risk Management Committee monthly

Allison Binns
Deputy Director of Governance
25 April 2019