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	1st August 2019

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

58 risks have been archived. Groups and Directorates will now concentrate on revisiting the risks which need reframing so that the risk statement and the mitigations actually reflect a risk.

To address the continued pattern of incidents not being managed for 21 days and over, the monitoring of this will now focus at those incidents at 14 days old.

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 July 2019, CLE 23 July 2019

4. Recommendation(s)

Trust Board is asked to:	
a.	**NOTE** the number of risks archived so far
b.	**APPROVE** the move to monitoring incidents in web holding over 14 days

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: 1st August 2019

Monthly Risk Register Report

1.0 INTRODUCTION

1.1 This report provides Trust Board with an update on the risks they monitor. 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 RISK ASSESSMENT REVIEW

2.1 Of those risks being monitored by Trust Board, 2 are overdue for review.

2.2 As the Board knows, CLE undertook an exercise, in June, to confirm and challenge the current risk rating of each risk with an initial risk rating of 9 and above.

2.3 58 of the original 309 risks reviewed have already been archived and more may have been reviewed and revised as necessary.

2.4 A spot check of risks that were identified as requiring reframing, showed that none had been amended as yet.

3.0 WEB HOLDING INCIDENTS

3.1 There continue to be under 50 incidents within web holding which are not managed

3.2 RMC and CLE agreed that we had almost normalised the 21 day status, when in fact they were 3 weeks past the incident.

3.3 The report advising of these incidents, would be adjusted to identify those incidents over 14 days old and also provide a data for those coming up within the following two weeks which need addressing.

4.0   **RECOMMENDATIONS**

Trust Board is asked to:

a) **NOTE** the number of risks archived so far
b) **APPROVE** the move to monitoring incidents in web holding over 14 days

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
19 July 2019