

<b>Report Title</b>	Monthly Risk Register Report		
<b>Sponsoring Executive</b>	Kam Dhami, Director of Governance		
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<b>Meeting</b>	Public Trust Board	<b>Date</b>	3 <sup>rd</sup> October 2019

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

Scrutiny over the past few months demonstrated that governance arrangements within Clinical Groups and Corporate Directorates to challenge and monitor risk assessments were not robust, resulting in run-reviewed risks, mitigating actions not being acted upon or described and a lack of oversight of what might potentially affect patients, staff or services.

The position on the highest rated red risks has improved in most areas allowing management conversations to shift from risk framing and assigning score to forming a view on the adequacy of the actions being pursued to mitigate each red risk and acceptability of the timeframe set for reaching the target rating. Where a red risk will not have been mitigated by 31<sup>st</sup> March 2020, CLE will consider if the Trust is prepared to tolerate the residual risk beyond this date and present recommendations to the Board.

### 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 9<sup>th</sup> September 2019, Clinical Leadership Executive 24<sup>th</sup> September 2019

### 4. Recommendation(s)

The Trust Board is asked to:

- APPROVE** the proposal for ensuring risks have robust deliverable actions to mitigate the risk within an acceptable timescale.
- NOTE** the proposed future handling of Unity risks and hazards post go-live

### 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 Executive: 3<sup>rd</sup> October 2019

## Monthly Risk Register Report

### 1.0 INTRODUCTION

- 1.1 This report provides Trust Board with an update on the risks held within the Trust's risk register, which 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 and monitored by the Trust Board is available in **Appendix A**, all of which are in date for their review.

### 2.0 RISKS WITH A CURRENT RED RISK RATING

- 2.1 As identified to the Trust Board last month, colleagues in Clinical Groups and Corporate Directorates have been reviewing those risks which have a current risk rating of red, that are not currently overseen by CLE and the Trust Board.
- 2.2 At its September meeting, the Trust Board accepted that eleven risks were to be added to those they monitor.
- 2.3 Groups and Directorates reviewed the 11 risks and 6 have seen their current risk rating adjusted as there has been some mitigation of the risk.
- 2.4 This excludes risks **666** (lack of Tier 4 beds) and **325** (impact of a cyber-attack) which are already presented to the Board on a monthly basis.
- 2.5 Risk **3505** has not been added as the Neonatal Unit has now relocated to ward D16 which mitigates the risk, so this has now been archived.
- 2.6 Following Group review, risk **3640** has been adjudged to remain at the current red risk rating although the Neonatal Unit has relocated, but the risk has been identified as tolerable. This is now present on the risks that Trust Board monitors (Appendix A).
- 2.7 **3160** (air conditioning in the computer rooms) is now included within Appendix A. The mitigations are under review to ensure that we are able to tolerate the risk for the remaining time and whether there are further mitigations which can be taken.

**2.8** The remaining risks presented to the Board last month required review. With the exception of most of the risks from Surgical Services, all the risks seen in **Appendix B** still require action as advised at September CLE.

### **3.0 RISKS AND GOVERNANCE**

**3.1** Risks once identified and assessed must be monitored at an appropriate level within the Trust, Group, Directorate or Department.

**3.2** Those with oversight must be prepared to challenge the actual risk and hazard identified to ensure it is truly representative of what the risk is, to whom and why. They must also check that the actions proposed will adequately address the risk, that they are planned in a timely manner, and will reduce the likelihood or impact through what is proposed.

**3.3** The management and ownership of risks and the governance around the discussions as indicated above need to be strengthened at all levels of the Trust. It is expected that these conversations are a standing feature on monthly Group and Directorate management board agendas. Similarly for corporate directorates. The work underway to review the Quality and Safety governance arrangements within Groups will include risk management.

**3.4** A robust governance process will ensure that neither risk mitigation plan review nor action plan delivery go overdue.

### **4.0 DELIVERABLE ACTIONS**

**4.1** The risks identified within the appendices, unless being monitored, require or have actions identified. Of these actions there are two questions which need answering.

- Are the mitigating actions adequate?; and if so
- can they be delivered by the target date?

**4.2** Over coming weeks these questions require action and in particular will the risk be mitigated by the end of the financial year (31<sup>st</sup> March 2020).

**4.3** Where actions and risk reduction cannot be delivered by this time, are there further actions which need taking before a decision is taken on whether CLE prepared to tolerate the residual risk past March 2020.

### **5.0 RISKS AND UNITY**

**5.1** The Digital MPA has asked to see a completely revised 'IT related risks' presentation at its meeting on 25<sup>th</sup> October 2019. Martin Sadler's team are working that through and will circulate to all CLE members not later than 15<sup>th</sup> October 2019 that document. It will also be discussed at October's Risk Management Committee.

**5.2** The step down/week 3 plans for Unity are specific about both end state and transitional arrangements for the management of risks, hazards, and issues after cutover. For 8

weeks a short life group will continue, but with Group representation, to log and address issues raised before and during the cutover process. During that 8 week period we will begin to capture risks and hazards within the Trust's routine risk register process at directorate level. Issues will be managed within digital GPOs. After 8 weeks (early December) this process will have transitioned to manage risks and hazards within each Group's risk management structures. IT, as a corporate function, within strategy and governance will also log those risks and hazards. For the duration of 2019-20, our routine risk reports to CLE will separately identify Unity risks and hazards as an annex. By April 2020 we are expecting Unity to operate without giving rise to new and exceptional issues.

- 5.3** CLE will consider what useful lessons could be applied from the management of risks and hazards to our more general risk management process in November's RMC.

## **6.0 WEB HOLDING INCIDENTS**

- 6.1** As at the time of this report, there were 564 incidents in web holding, of which 66 are overdue, by 21 days, to be managed.
- 6.2** Self-service reports provide groups and directorates with all incidents over 14 days to allow proactive management.
- 6.3** CLE have agreed to address these to ensure that all incidents are managed in a timely manner by 14<sup>th</sup> October 2019.

## **7.0 RECOMMENDATIONS**

Trust Board is asked to:

- a)** **APPROVE** the proposal for ensuring risks have robust deliverable actions to mitigate the risk within an acceptable timescale.
- b)** **APPROVE** the proposed future handling of Unity risks and hazards post go-live

Allison Binns  
Deputy Director of Governance

26 September 2019