

Report Title	Monthly Risk Register Report		
Sponsoring Executive	Kam Dhami, Director of Governance		
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Meeting	Trust Board	Date	3 rd January 2019

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

Elements of the Risk Register presented for discuss this month include:

- A mixture of risks reviewed as planned and a number which are overdue for review;
- Plan to address those incidents which are overdue for investigation by 5 weeks or more;
- Information on incidents overdue in web-holding

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 on 10th December 2018
Clinical Leadership Executive on 18th December 2018

4. Recommendation(s)

Trust Board is asked to:

- NOTE** the requirement to review all risks currently being monitored at Board level
- APPROVE** the plan to manage all incidents overdue by 5 weeks or more
- NOTE** the increase in overdue incidents in web holding

5. Impact *[indicate with an 'X' which governance initiatives this matter relates to and where shown elaborate]*

Trust Risk Register		Risk Number(s): see appendix A for reference numbers				
Board Assurance Framework		Risk Number(s): n/a				
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: 3rd January 2019

Monthly Risk Register Report

1.0 INTRODUCTION

1.1 This report provides Trust the 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 Some Board level risks have been updated to provide an accurate position against their progress in mitigating the risks.

2.2 Risk owners and Executive leads review their risks to ensure that the 'Gaps in control and planned actions' are appropriate and will reduce the chance of the risk materialising. These were discussed at December's Risk Management Committee (RMC) and Clinical Leadership Executive (CLE).

2.3 The Board are also monitoring some risks as they have achieved their target risk rating and have not materialised.

2.4 There are some risks which are due for review, which has not yet happened. Directors and Groups will be assisted to do this in the coming weeks.

2.5 High severity / low likelihood risks

2.5.1 There are currently 47 risks which have a high severity. The largest proportion, remain in Estates. All have been reviewed within 2018.

2.5.2 The Estates risks have all been agreed for funding, so should be mitigated to their lowest level during 2019.

2.7 Risks that have not been reviewed in the past 12 months

2.7.1 There are currently 29 risks still identified as not having been reviewed within the last 12 months, a much better position than that reported last month (234). These are in the following Groups or Corporate Directorates.

Group/Directorate	Total
Corporate Operations	1
Estates & New Hospital Project	4
Medical Director Office	5
Medicine & Emergency Care	9
Pathology	1
Surgery	8
Women & Child Health	1
TOTAL	29

3.0 WEB HOLDING INCIDENTS

3.1 There are a total of 523 incidents in web-holding waiting to be managed as at 26 December 2018, of which 149 are over 21 days, an increase on the number reported to the Board in December 2018 (132).

	Overdue as at 26/12/2018	In Date as 26/12/2018
Corporate Nursing & Facilities	3	1
Corporate Operations	2	5
Estates & New Hospital Project	3	11
Finance	0	0
Imaging	5	12
Medical Director Office	24	6
Medicine & Emergency Care	42	169
Organisation Development	0	0
Pathology	35	19
Primary Care & Community Therapies	8	65
Strategy & Governance	3	7
Surgery	11	84
Women & Child Health	13	75
Total	149	374

3.2 58 of the overdue incidents have been in web holding longer than 5 weeks. Three Clinical Groups/Corporate Directorates have over 10 incidents; Medical Directors Office – 19, Medicine & Emergency care – 15 and Pathology – 14.

3.3 These will all be managed prior to the next Board meeting with assistance from the Risk Management team.

3.4 **Appendix B.** shows the trend in incidents in web holding, total incidents reported, total number of incidents in web-holding by Clinical Group and Corporate Directorate highlighting those which have gone above the 21 day deadline and a forward look to those which remain in date (providing they are managed in time).

4.0 RECOMMENDATIONS

Trust Board is asked to:

- a) **NOTE** the requirement to review all risks currently being monitored at Board level.
- b) **APPROVE** the plan to manage all incidents overdue by 5 weeks
- c) **NOTE** the increase in overdue incidents in web-holding

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
24 December 2018