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	7th February 2019

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

Elements of the Risk Register presented this month include:
- A mixture of risks reviewed as planned and a number which are overdue for review;
- 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 *[specify in the paper]*	X

3. Previous consideration *[where has this paper been previously discussed?]*

Risk Management Committee on 14th January 2019
CLE on 29th January 2019

4. Recommendation(s)

Trust Board is asked to:

a.	**CONSIDER**, challenge and confirm the correct strategy has been adopted to keep potential significant risks under prudent control
b.	**ADVISE** on any further risk treatment required
c.	**NOTE** the increase in overdue incidents in web holding and response

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

Trust Risk Register		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: 7th February 2019

Monthly Risk Register Report

1.0   INTRODUCTION

1.1   This report provides 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   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 Novembers 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   Due to an error in the system we use to record and monitor risk assessments, some of the risks may have been reviewed and the date not captured. This will be rectified and all risks reviewed on time prior to the next report.

3.0   WEB HOLDING INCIDENTS

3.1   There are a total of 692 incidents in web-holding waiting to be managed as at 29 January 2019, of which 156 are over 21 days, an increase on the number reported to the Board in January 2019 (149).

	Overdue as at 29/01/19	In Date as at 29/01/19
Corporate Nursing & Facilities	0	2
Corporate Operations	4	9
Estates & New Hospital Project	1	2
Imaging	22	9
Medical Director Office	9	2
Medicine & Emergency Care	61	221
Organisation Development	0	3
Pathology	0	12
Primary Care & Community Therapies	0	68
Strategy & Governance	0	2
Surgery	53	156
Women & Child Health	6	50
Total	**156**	**536**

3.2   Due to an error with reporting from the incident reporting system further detail is not available on incidents older than 5 weeks at the time of reporting.

3.3   129 incidents were reported to CLE as being 5 weeks old and over. The report above has being scheduled to go to Groups and Executives from Monday 4 February 2019, providing the problems are resolved.

3.4   In addition, Clinical Groups and Corporate Directorates are provided with the more detailed report of how overdue and when incidents will become overdue at Executive Committees.

4.0   RECOMMENDATIONS

Trust Board is asked to:

a)   **CONSIDER**, challenge and confirm the correct strategy has been adopted to keep potential significant risks under prudent control
b)   **ADVISE** on any further risk treatment required
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
1 February 2018