

Report Title	Monthly Risk Register Report		
Sponsoring Executive	Kam Dhami, Director of Governance		
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Meeting	Trust Board	Date	4 th July 2019

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

In June, the Clinical Leadership Executive (CLE) reviewed the current risk rating for 309 Amber and Red risks. The outcome of the exercise was that just over a third of the risks on the risk register can be archived as they are issues or are no longer a risk.

52 risks were rated correctly leaving the largest group of risks to be revisited mostly due to needing a revised risk statement or because the current risk rating is not correct. The refreshed risks will be presented to the Risk Management Committee and CLE in July. The focus will then turn to the target scores and the robustness of the mitigation plans to achieve this position.

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 <i>[specify in the paper]</i>	X

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

RMC 10 June 2019 and CLE 25 June 2019

4. Recommendation(s)

Trust Board is asked to:

- NOTE** the work of CLE in reviewing current risk ratings
- NOTE** the continued challenge of managing incidents within the set timeframe

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: 4th July 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 RISK ASSESSMENT REVIEW

2.1 The Clinical Leadership Executive (CLE) undertook an exercise, at its June meeting, to confirm and challenge the current risk rating of each risk with an initial rating of 9 and above (ambers and reds).

2.2 The purpose of the exercise was to test the robustness of the risk assessment looking at the likelihood of the risk occurring and the severity of the impact should it happen.

2.3 The current risk rating provides a view of the effectiveness of completed mitigations on the risk materialising. If the mitigation actions are effective the risk rating will decrease, with usually either one of the severity or likelihood reducing. Rarely is this both.

2.4 A risk rating that has not decreased may be indicative of the wrong mitigating actions being applied or, that actions have not been carried out.

2.5 A total of 309 risks were reviewed, under challenge, by the leaders within the Clinical Groups and Corporate Directorates, CLE members were asked to indicate which of the following applied to each of their risks:

- The current risk rating is correct
- It is not a risk (not well framed or is an issue – to be archived)
- The risk assessment needs revisiting (score or description)

2.6 52 of the 309 risks reviewed were identified as having the correct current risk rating.

2.7 There was a large group of risks, 113, felt to no longer be 'live' and could be removed from monitoring (archived) or that are issues as they are currently being managed.

- 2.8 20 risks were identified as needing reframing and the scores revisiting.
- 2.9 The final group numbered 124 risks and these will be reviewed and revised over the coming month to ensure they articulate the risk, have the correct impact and likelihood scoring and include adequate actions to further mitigate to a tolerable level
- 2.10 What Groups and Directorates took from the exercise, in addition, was that the check and challenge within their own teams needs to be tightened up to provide a more robust governance process around risk management.

3.0 WEB HOLDING INCIDENTS

3.1 There are a total of 443 incidents in web-holding waiting to be managed as at 27 June 2019, of which 31 are over 21 days, a decrease of 2 on the number reported to Trust Board in April.

	Overdue as at 27/06/19	In Date as at 27/06/19
Corporate Nursing & Facilities	0	2
Corporate Operations	2	8
Estates & New Hospital Project	6	11
Finance	1	0
Imaging	0	15
Medical Director Office	1	0
Medicine & Emergency Care	7	177
Organisation Development	0	1
Primary Care & Community Therapies	0	44
Strategy & Governance	6	38
Surgery	0	52
Women & Child Health	8	64
Total	31	412

- 3.2 Two Clinical Groups have achieved no overdue incidents (Surgery and PCC&T) and are a week ahead in the ones that are ‘in date’ to be managed. The Risk Management Committee will review and learn from them, to implement their practices in other areas.
- 3.3 Overdue incidents in Web-holding will continue to be monitored until there is a sustained practice of zero overdue.

4.0 RECOMMENDATIONS

Trust Board is asked to:

- a) **NOTE** the work of CLE in reviewing current risk ratings
- b) **NOTE** the continued challenge of managing incidents within the set timeframe.

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
27 June 2019