

BOARD OF DIRECTORS MEETING (Open)

Date: 8 May 2019

Item Ref:

8

TITLE OF PAPER	Corporate Risk Register (CRR)
TO BE PRESENTED BY	Margaret Saunders, Director of Corporate Governance (Board Secretary)
ACTION REQUIRED	Discussion and approval

OUTCOME	To have a Corporate Risk Register in place that provides assurance that corporate risks are regularly reviewed, monitored and managed.
TIMETABLE FOR DECISION	8 May 2019
LINKS TO OTHER KEY REPORTS / DECISIONS	Internal Audit Reports covering Risk Management arrangements Directorate Risk Registers Risk Management Strategy Shaping the Future, the Trust Strategy & Strategic Planning Framework 2017-2020
STRATEGIC AIM: STRATEGIC OBJECTIVE: BAF RISK NUMBER: BAF RISK DESCRIPTION:	Value for Money We will improve the productivity and efficiency of our services A401ii Trust governance systems are not sufficiently embedded which may reduce the effective means by which exec directors can consistently and continually be held to account for the delivery of sound strategies, effective management of risk and the quality of service provision.
LINKS TO NHS CONSTITUTION & OTHER RELEVANT FRAMEWORKS, RISK, OUTCOMES ETC	Provider Licence Annual Governance Statement NHS Foundation Trust Code of Governance
IMPLICATIONS FOR SERVICE DELIVERY AND FINANCIAL IMPACT	Implications of individual risks outlined on the register.
CONSIDERATION OF LEGAL ISSUES	Breach of SHSC Constitution Standing Orders Breach of NHS Improvement's Governance regulations and Provider Licence.

Author of Report	Sam Stoddart
Designation	Deputy Board Secretary
Date of Report	April 2019

SUMMARY REPORT

Report to: Board of Directors
Date: 8 May 2019
Subject: Corporate Risk Register
Author: Sam Stoddart, Deputy Board Secretary

1. Purpose

<i>For approval</i>	<i>For a collective decision</i>	<i>To report progress</i>	<i>To seek input from</i>	<i>For information</i>	<i>Other (Please state below)</i>
		✓			

2. Summary

The Corporate Risk Register is a mechanism to manage high level risks facing the organisation from a strategic, clinical and business risk perspective. The high level strategic risks identified in the CRR are underpinned and informed by risk registers overseen at the local operational level within Directorates.

Risks are evaluated in terms of likelihood and impact using the 5 x 5 matrix where a score of 1 is a very low likelihood or a very low impact and 5 represents a very high likelihood or significant impact. This simple matrix is used to classify risks as very low (green), low (yellow), moderate (amber) or high (red).

1-4	Very Low Risk
5-8	Low Risk
9-12	Moderate Risk
15-25	High Risk

The aim is to draw together all high level operational risks that the Trust faces on a day-to-day basis, risks that cannot be controlled within a single directorate/care network or that affect more than one directorate/care network, and record those onto a composite risk register thus establishing the organisational risk profile. All risks escalated by Directorates i.e., risks rated 12 or above are brought before EDG on a monthly basis to determine the appropriateness for inclusion on the CRR.

Once accepted onto the CRR, risks are assigned an executive lead.

The Committee is asked to note that whilst risks need to have reached a residual risk rating of 12 for escalation, when being considered by EDG for inclusion on the CRR, the risk score should be reviewed to consider its score from an organisational

perspective and should be reflective of the Trust's risk appetite. This may result in either a lower or higher residual risk rating than that given by the directorate/care network. The key point is that the risk needs to have executive/board level oversight until such a time that it has been sufficiently mitigated.

Risks are required to be reviewed by the third Thursday of every month in order that a current CRR can be presented to EDG on the last Thursday of every month, therefore it should be noted that not all risks will have been updated by the time the CRR is presented to Board.

Assigned risks are presented to Board Committees on a quarterly basis where they are required to ensure papers presented provide sufficient assurance of mitigation and management of risk.

The table below shows the 14 risks on the CRR and updates made since its last presentation to the Audit Committee. The full CRR is attached at the end of this document.

2.1 De-escalated and Closed Risks

Closed - risk 3659 - Cyber security attacks having a detrimental impact on patient safety and clinical operations could result in adverse publicity, potential data loss and financial implications. Now that cyber security tools and NHS CareCert are in place, whilst cyber attacks may still happen, their impact has reduced. Therefore the risk rating was reviewed and reduced to 8. On 28/2/19 EDG agreed de-escalation from the CRR for continued oversight at directorate level.

Closed - risk 4012 - Risk to quality of care and patient safety during a period of transition to the new model of service delivery for Adult Recovery Services throughout 2018. This risk was reviewed along with the linked directorate risk (3988) as part of the Network Patient Safety Meeting on 20 March 2019. Its broad description was considered and it was agreed that it should be closed down and a new more relevant risk created relating to high caseloads. Therefore two team risks were created to replace this (numbers 4181/4182) and these will be escalated to directorate level for continued oversight and management. On 28/3/19 EDG agreed de-escalation from the CRR for continued oversight at directorate level.

Closed - risk 4013 - A report commissioned by executive directors suggests there is risk the quality and safety of care provided at ATS falls below standard resulting in service users not receiving the care required. The Quality Project Charter Group has developed and worked through an extensive plan to address this risk which has been monitored via Trust governance systems. At a Quality Assurance meeting on 11/1/19 with the NHS Sheffield CCG Quality and Standards Team, the Trust was informed that the CCG were assured significant progress had been made and they would therefore step down the risk to standard reporting processes. The residual risk rating was subsequently reduced from 12 (4x3) to 4 (2x2) and on 28/2/19 EDG approved de-escalation from the CRR for continued oversight at team and care network level until such time as the risk is closed.

De-escalated risk 4012 – risk of insufficient consultant cover. Further controls have been put in place and new actions reducing the impact of the risk. The residual risk score has been reduced to 12 (3x4) from 16 (4x4).

De-escalated risk 4121 – patient safety, service efficiency and effectiveness at risk from Insight instability. Further controls have been put in place and new actions reducing the impact of the risk. The residual risk score has been reduced to 12 (3x4) from 16 (4x4).

2.2 New Risks

Risk 4079 – failure to deliver an appropriately safe quality of waste management service. This risk was previously on the CRR but was de-escalated in December 2018 following the appointment of an alternate waste management service provider. However, teething problems with the provider have escalated and there are new and unresolved problems. Support from the centre is being withdrawn. EDG approved reopening of the risk on 28/2/19.

Risk 4140 – Possibility of an issue with the supply of medication following EU exit. It was agreed that executive oversight of the risk was required and EDG approved its inclusion on the CRR on 17/1/19.

Risk 4167 – Window 7 will reach the end of its life on 14/1/2020. This was considered by EDG on 28/2/19 and approved for inclusion on the CRR.

Risk 4189 – This risk was been escalated by the Chief Pharmacist in response to the uncertainty of a no-deal exist from the EU and the impact this will have on the Falsified Medicines Directive which became a requirement on 9/2/19. It was approved onto the CRR by EDG on 28/3/19.

Risk 4190 – this risk represents two escalated risks; one from the Scheduled and Planning Care Network and the other from the Crisis and Emergency Care Network. Inclusion on the CRR was considered and approved by EDG on 28/3/19 and a single, overarching risk has been created.

Risk No	Risk Description	Residual Risk Rating	Changes to Risk Rating	Risk Owner	Updates
2175	Failure to deliver required levels of CIP and disinvestments recurrently – specifically in relation to 2019/20	12 (4x3) Moderate		Phillip Easthope	Controls 3, 4 & 5 new Action 1: new 3 actions closed
3679	Risk of <i>serious</i> harm to service users via ligatures.	10 (5x2)		Mike Hunter	1 closed action
3831	Risk that Registered Nurse vacancies may adversely affect the quality and continuity of care provided in the acute wards.	12 (4x3) Moderate		Liz Lightbown	Action 1: updated
3916	Significant issue at START and SPA with high call volumes resulting in reputational damage, increased complaints and clinical risk	12 (4x3) Moderate		Clive Clarke	Last control new Action 1: new 1 action closed
3917	Inability to deliver routine	12 (3x4)		Clive Clarke	Action 1: updated and

Risk No	Risk Description	Residual Risk Rating	Changes to Risk Rating	Risk Owner	Updates
	assessment through the EWS within the 3 week timescale	Moderate			timescale + 3 months
4021	Risk of insufficient consultant cover as a result of retirements, relation and maternity leave potentially impacting on the safety and quality of care provided	12 (3x4) Moderate		Mike Hunter	Last control new Action 1: revised description, updated and timescale + 5 months Action 2: new Action 3: new Action 4: updated and timescale +3 months
4078	Staff survey results (2018) indicate a reduction in staff engagement and motivation impacting on quality of care	12 (3x4) Moderate		Dean Wilson	Risk description year amended Controls 3 & 4 replaced previous controls Action 1: new 3 actions closed
4079	Failure to deliver an appropriately safe quality of waste management	12 (4x3) Moderate	NEW RISK	Phil Easthope	Previously on CRR, reopened.
4121	Patient safety, service efficiency and effectiveness and access to patient information is being put at risk as a result of Insight instability	12 (4x3) Moderate		Phil Easthope	Risk description amended Last control new Action 1: updated and timescale + 6 months Action 2: updated and timescale + 3 months.
4124	Risk of harm to staff following an increase in the number of incidents of violence and aggression causing harm.	12 (3x4) Moderate		Clive Clarke	Last control new Action 1: updated and timescale + 6 months Action 2: updated and timescale + 3 months Action 3: updated and timescale + 3 month 1 action closed
4140	Possibility of an issue with the supply of medication after the contingency plans put in place by the UK Government for EU Exit resulting in a gap in medical supply to service users.	9 (3x3) Moderate	NEW RISK	Mike Hunter	
4167	Certainly Windows 7 will reach the end of life on 14/1/20. Risk there by exploits in our security and vulnerabilities in our infrastructure and technology	12 (4x3) Moderate	NEW RISK	Phil Easthope	
4189	The Falsified Medicines	15 (3x5)	NEW	Mike Hunter	

Risk No	Risk Description	Residual Risk Rating	Changes to Risk Rating	Risk Owner	Updates
	Directive effective 19/2/19 and the Trust may not be compliant with legislation due to concerns about EU Exit strategy and the availability of the necessary software upgrades	High	RISK		
4190	Risk to 16-18 year olds transitioning between Sheffield Children's NHS FT and SHSC	12 (3x4) Moderate	NEW RISK	Clive Clarke	

2.3 Risk Profile

The table below shows the spread of risks on the corporate risk register.

Consequence

Catastrophic (5)		1			
Major (4)			7		
Moderate (3)			1	4	1
Minor (2)					
Negligible (1)					
	(1) Rare	(2) Unlikely	(3) Possible	(4) Likely	(5) Almost Certain

Likelihood

3. Next Steps

- Corporate risks will be discussed with risk leads to ensure accurate recording of risks, controls and actions;
- The Director of Corporate Governance (Board Secretary) will maintain the corporate risk register on the Board's behalf;
- Following discussion at EDG regarding escalated directorate risks, additional risks may be added to the register prior to presentation at the next Board meeting;
- Board will receive the register every three months for review and assurance;
- The Corporate Risk Register will continue to be presented to the EDG on a monthly basis and Audit & Risk Committee on a quarterly basis. Those risks relevant to each Board committee will be submitted to that committee quarterly for oversight and update.

4. Required Actions

The Board is asked to:

- Acknowledge the revision of the CRR;
- Receive the CRR;

- Consider any assurance (or not) provided by papers brought before the Board that risks are being managed and provide the Director of Corporate Governance (Board Secretary) with any relevant information so that risks can be updated.

5. Monitoring Arrangements

The corporate risk register will be maintained by the Director of Corporate Governance (Board Secretary). Monitoring by the Board, EDG and Board Committees will be detailed as in paragraph 3 above.

6. Contact Details

For further information, please contact:

Margaret Saunders, Director of Corporate Governance (Board Secretary)

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Email: Margaret.Saunders@shsc.nhs.uk

RISK REGISTER CORPORATE (PUBLIC)

AS AT: May 2019

Risk No. 2175 **Risk Type:** Financial **Directorate:** Finance **Last reviewed:**
BAF Ref: A401i **Risk Source:** Risk Assessment **Monitoring Group:** Finance, Information & Perform 15/04/2019

Details of Risk: Failure to deliver required levels of CIP and disinvestments recurrently - Specifically in relation to 2019/20.

INITIAL RISK	CONTROLS IN PLACE	RESIDUAL RISK	ACTIONS PLANNED & MOST RECENT PROGRESS WITH TARGET DATE/RESP.		
<p>16 HIGH</p> <p>S: 4 Major L: 4 Likely</p>	<ul style="list-style-type: none"> • Transformational Operational Group (TOG) will shortlist, prioritise and recommend for decision schemes to support the Trust achieve its savings challenge / strategic change programmes. • Trust business planning systems and processes. Including CIP planning, QIA and executive oversight. • Finance Performance Management Framework will continue to monitor and manage directorate performance based on a tiered approach to distance from targets. requesting action plans as appropriate to report to EDG. <p>First formal review of financial performance will be concluded at quarter 1 by which time all developed CIP plans will have been via a QIA process.</p> <ul style="list-style-type: none"> • Additional CIP target issued to procurement to support trust wide non pay savings and drive VFM. Links to NHSi expectations and will also link into national initiatives including Model Hospital and national Benchmarking data • Routine finance reporting via EDG, FIPC and Board includes detail around CIP reporting and delivery. 	<p>12 MODERATE</p> <p>S: 4 Major L: 3 Possible</p>	<p>A number of new recommendations were agreed as part of the 1st draft financial plan aimed at minimising CIPs across the Trust. This included adopting a slightly less risk averse approach re NR underspends driven by investment delays and recruitment slippage.</p>	<p>The financial plan has been submitted in line with Board Approval. The CIP gap and risk for 2019/20 stands at c£0.655m. This is made up as follows :- Clinical £0.431m, IMST £0.171m and HR £0.053m.</p> <p>The CIP plans are scheduled to go via a QIA process during April. Until concluded some further risk remains on plans developed to date. Action plans for areas with gaps will be developed by directorate leads. Financial Performance process also under review. First reviews will be carried out for qtr 1.</p>	<p>31/05/2019 James Sabin</p>

Risk No. 3679	Risk Type: Safety	Directorate: Crisis & Emergency Care	Last reviewed:
BAF Ref: A101i	Risk Source: Risk Assessment	Monitoring Group: Quality Assurance Committee	10/04/2019

Details of Risk: Risk of serious harm to service users via ligatures.

INITIAL RISK	CONTROLS IN PLACE	RESIDUAL RISK	ACTIONS PLANNED & MOST RECENT PROGRESS WITH TARGET DATE/RESP.
<p>20 HIGH</p> <p>S: 5 Catastrophic L: 4 Likely</p>	<ul style="list-style-type: none"> • Service user individual risk assessments. • Annual formal ligature risk assessments. • Weekly Health and Safety checks. • Reviews following ligature incidents. • Ligature risk reduction policy and procedures. • Management of equipment and estates work. • Clinical risk training. • Clinical practice including observations as directed by observation policy. • Risk identified at directorate level on risk register. • Design of new clinical environments. • Engagement in collaborative care planning with service users. • Observation policy reviewed and approved 5/10/17 by EDG. • Directorate leads identified to implement new Observations policy. Shirley Lawson (Inpatient), Anthony Bainbridge (Specialist), Maxine Statham (Learning disabilities). • Anti-ligature sanitary ware installed at Forest Lodge 	<p>10 MODERATE</p> <p>S: 5 Catastrophic L: 2 Unlikely</p>	

- Anti-ligature doors and doors and door furniture now in place at Forest Lodge
- Wards and communal areas zoned
- New dormitory door fitted on Dovedale.
- DRAM risk assessment in place
- Ligatures assessed against ligature reduction list
- Suicide prevention training being delivered to all staff

Risk No. 3831	Risk Type: Workforce	Directorate: Crisis & Emergency Care	Last reviewed:
BAF Ref: A102i	Risk Source: Risk Assessment	Monitoring Group: Workforce & Organisation Devel	10/04/2019

Details of Risk: Risk that levels of Registered Nurse vacancies may adversely affect the quality and continuity of care provided in the acute wards.

INITIAL RISK	CONTROLS IN PLACE	RESIDUAL RISK	ACTIONS PLANNED & MOST RECENT PROGRESS WITH TARGET DATE/RESP.	
<p>16 HIGH</p> <p>S: 4 Major L: 4 Likely</p>	<ul style="list-style-type: none"> • Rolling Recruitment Programme covering the Acute Care Wards in place. • Use of the E-roster system should mean that Registered Nurse (RN) planned shift requirements are booked six weeks in advance on the roster and are reviewed on a shift by shift basis for each 24/7 period. However wards are not applying the rules and meeting this requirement & rosters are not being signed off on time. There is therefore a Gap in this control currently. • Creative ways of filling vacancies have been undertaken e.g. 2 band 5 OTs to Stanage Ward • Where required, using the e-roster shift by shift 	<p>12 MODERATE</p> <p>S: 4 Major L: 3 Possible</p>	<p>Trust-wide work to introduce new roles in line with national initiatives: Higher Degree Nurse Apprenticeships; Nursing Associates; Approved / Responsible Clinicians.</p>	<p>Programme of nurse recruitment ongoing. Opportunities for rotation to be extended.</p> <p style="text-align: right;">30/04/2020 Christopher Wood</p>

review process, if staff are required to work elsewhere to meet clinical need staff may be appropriately redeployed for a temporary period.

- Wards may block book bank and /or agency staff on the e-roster system to cover any RN vacancy
- To improve retention and support a new 2 year preceptorship programme has been introduced whereby newly qualified nurses will receive appropriate mentoring & supervision, competency development and rotational opportunities.
- SHSC is taking part in the NHSi Cohort 2 Recruitment & Retention Programme for RN's and we have chosen to focus on Acute Care Wards.
- To support recruitment & retention of RNs in the Acute Care Wards two new Nurse Consultant posts have been created and will be in post from August 2018.
- Confirm and Challenge meeting in place from 23/9/18 chaired by Deputy Chief Nurse.
- Deputy Director of Nursing Operations signs off each ward's Roster Performance prior to presentation at the Confirm and Challenge Meeting

Risk No. 3916	Risk Type: Quality	Directorate: Crisis & Emergency Care	Last reviewed:
BAF Ref: A101ii	Risk Source: Incident	Monitoring Group: Quality Assurance Committee	15/04/2019

Details of Risk: The services (START and SPA) have had significant issues with high call volumes for a long period of time despite attempts to manage the flow and introduce new systems. Services continue to experience high call volumes. This is having serious consequences in terms of reputational damage to the service, an increase in complaints, clinical risk for service users and

a risk for new to treatment service users who are unable to make contact with the service.

INITIAL RISK	CONTROLS IN PLACE	RESIDUAL RISK	ACTIONS PLANNED & MOST RECENT PROGRESS WITH TARGET DATE/RESP.
<p>20 HIGH</p> <p>S: 4 Major</p> <p>L: 5 Almost Certain</p>	<ul style="list-style-type: none"> • Call groups in place to escalate calls to a wider staff group. • Further escalation to service managers where calls have been waiting for a set period of time. • Other staff groups asked to log into call groups to answer calls. • Outcomes dependent on Trust-wide Telephony Strategy. • 4 wte call handling staff in post from May 2018 • Oversight provided by Associate Clinical Director and Deputy Associate Director • Regular meetings in place to monitor progress against agreed actions • An additional 2wte agency telephonists in place • A Multi-Channel Communications Programme Manager is now in post and has prioritised the analytic capacity to understand the number of calls per day, answered/unanswered calls, call duration and calls waiting. • System allows statistics re calls to be viewed to support improvements in call management - gap in control - not being fully utilised 	<p>12 MODERATE</p> <p>S: 4 Major</p> <p>L: 3 Possible</p>	<p>Contact management solution to be evaluated. However, in the first place a clinical project sponsor required from clinical operations.</p> <p>31/08/2019 Nick Gillott</p>

RISK REGISTER CORPORATE (PUBLIC)

AS AT: May 2019

Risk No. 3917 **Risk Type:** Safety **Directorate:** Crisis & Emergency Care **Last reviewed:**
BAF Ref: A102ii **Risk Source:** Risk Assessment **Monitoring Group:** Quality Assurance Committee 10/04/2019

Details of Risk: Inability to deliver routine assessment through the Emotional Wellbeing Service within the 3 week timescale due to higher than anticipated demand, coupled with the backlog created from previous teams and implementation.

INITIAL RISK	CONTROLS IN PLACE	RESIDUAL RISK	ACTIONS PLANNED & MOST RECENT PROGRESS WITH TARGET DATE/RESP.		
<p>20 HIGH</p> <p>S: 4 Major L: 5 Almost Certain</p>	<ul style="list-style-type: none"> Additional resource to support incoming referrals has been recruited to. Activity and demand levels monitored through dashboard. Clinical mobilisation lead support in place. Ongoing support by Associate Clinical Director. Monthly SPA/Crisis Hub meetings established and chaired by Deputy Service Director. New admin structure in place Four additional band 6s in place Nurse consultant in place Dedicated Senior Operational Manager in place MDT review risk of service users on the waiting list on a weekly basis. 	<p>12 MODERATE</p> <p>S: 3 Moderate L: 4 Likely</p>	<p>Development of group work approach to cater for larger numbers of individuals at any one time and hence improve efficiency and waiting list.</p>	<p>Backlog being worked through.</p>	<p>30/06/2019 Kim Tissington</p>

Risk No. 4021 **Risk Type:** Workforce **Directorate:** Crisis & Emergency Care **Last reviewed:**
BAF Ref: A102i **Risk Source:** Business Planning **Monitoring Group:** Workforce & Organisation Devel 10/04/2019

Details of Risk: Risk of insufficient consultant cover as a result of retirements, relocation and mat leave potentially impacting on the safety and quality of care provided.

INITIAL RISK	CONTROLS IN PLACE	RESIDUAL RISK	ACTIONS PLANNED & MOST RECENT PROGRESS WITH TARGET DATE/RESP.		
16 HIGH S: 4 Major L: 4 Likely	<ul style="list-style-type: none"> Recruitment of Clinical Fellow post Consultant in Liaison Psychiatry appointed to and in post from end June 2018 Consultant in Recovery South in post from October 2018 Short term cover provided by agency locum posts and fixed term posts Recruited 2 new inpatient consultants in post February 2019. 	12 MODERATE S: 3 Moderate L: 4 Likely	<ul style="list-style-type: none"> Recruitment of Recovery, OA CMHT, OA Inpatient consultants scheduled for April 2019 Planned international recruitment of Consultant and Staff Grades and Associate Specialist (SAS) doctors Development of SAS doctors to consultants Recruitment to Clinical Fellow posts 	<ul style="list-style-type: none"> Recruitment to OA inpatient and community consultant posts and speciality doctor positions still on-going. Two additional Clinical Fellows appointed but not yet in post 	<ul style="list-style-type: none"> 31/08/2019 Peter Bowie 31/05/2019 Dean Wilson 31/05/2019 Mike Hunter 31/05/2019 Peter Bowie

Risk No. 4078 **Risk Type:** Workforce **Directorate:** Human Resources **Last reviewed:**
BAF Ref: A204 **Risk Source:** External Review **Monitoring Group:** Workforce & Organisation Devel 09/04/2019

Details of Risk: Staff survey results (2018) continue to indicate low staff engagement and motivation impacting on the quality of care.

INITIAL RISK	CONTROLS IN PLACE	RESIDUAL RISK	ACTIONS PLANNED & MOST RECENT PROGRESS WITH TARGET DATE/RESP.		
12 MODERATE S: 3 Moderate L: 4 Likely	<ul style="list-style-type: none"> HR Partners working with Directorates/Care Networks to review local actions via a gap analysis matrix that may address outcomes of the survey results in their service area. Leadership Engagement Network establish led by Chief Executive and meets regularly with middle managers to address culture and management 	12 MODERATE S: 3 Moderate L: 4 Likely	<ul style="list-style-type: none"> Evaluation of pulse check results to inform future OD plans 	<ul style="list-style-type: none"> Initial pulse check closed 	<ul style="list-style-type: none"> 31/07/2019 Sarah Bawden

issues.

- Listening into Action adopted by the Trust. Clinical Lead in place
- Regular microsystems and joint working with staff side to continually improve support and approaches to change

Risk No. 4079	Risk Type: Safety	Directorate: Facilities	Last reviewed:
BAF Ref: A102ii	Risk Source: External Review	Monitoring Group: Quality Assurance Committee	09/04/2019

Details of Risk: Failure to deliver an appropriately safe quality of waste management service due to the cessation of service delivery by the contracted company, following an assessment of their service by the Environment Agency, NHSi and NHSE. Clinical waste streams are particularly affected as general waste was sub-contracted to a different provider who can continue to deliver the service. This risk/incident is being managed nationally with affected Trusts expected to have contingency arrangements in place.

INITIAL RISK	CONTROLS IN PLACE	RESIDUAL RISK	ACTIONS PLANNED & MOST RECENT PROGRESS WITH TARGET DATE/RESP.	
<p>20 HIGH</p> <p>S: 4 Major L: 5 Almost Certain</p>	<ul style="list-style-type: none"> • Risk under management of Trust's Emergency Planning arrangements led by Clive Clarke as Executive Lead for emergency planning • Significant contingency plans have been drawn up under the co-ordination of Sarah Ellison, Trust Lead for Waste Management • NHSi, NHSE and the Environment Agency are working jointly to resolve this matter which is a national incident and not confined to this Trust (Trusts within the Yorkshire & Humber Consortium for waste management affected) • NHSi have identified an alternative waste management provider but contingency arrangements are in place and will apply for several 	<p>12 MODERATE</p> <p>S: 4 Major L: 3 Possible</p>	<p>PHS are continuing to provide the new clinical waste collection service. However further teething problems have emerged. The service continues to experience delivery problems and requires frequent intervention from the local waste management lead. There are significant issues with invoicing as we will not sign off on payments we believe to be incorrect. Support from the centre is being withdrawn.</p>	<p>Little change. James Clarke continues to lead on resolution of contract issues but there is no imminent prospect of resolution and NHSi have again become involved in the national scenario as many Trusts continue to experience similar issues.</p>
				<p>31/05/2019 Helen Payne</p>

months.

- Communications about this matter are being co-ordinated via NHSi and with the Trust's communications service

Risk No. 4121	Risk Type: Quality	Directorate: IMS&T	Last reviewed:
BAF Ref: A404	Risk Source: Risk Assessment	Monitoring Group: Finance, Information & Perform	15/04/2019

Details of Risk: Patient safety, service efficiency and effectiveness and access to patient information is put at risk as a result of insight instability.

INITIAL RISK	CONTROLS IN PLACE	RESIDUAL RISK	ACTIONS PLANNED & MOST RECENT PROGRESS WITH TARGET DATE/RESP.		
<p>16 HIGH</p> <p>S: 4 Major L: 4 Likely</p>	<ul style="list-style-type: none"> • IT Service Continuity Strategy Plan is under development to support this. • Infrastructure is in place. • A required investment plan will be developed and delivered to the Clinical Systems Strategy Group in December 2018. • There is a requirement for all service areas to develop and implement robust business continuity plans to be initiated in the event of an Insight outage. • Preferred investment option identified and agreed. • Rebuilt of Insight 1 underlying database. 	<p>12 MODERATE</p> <p>S: 4 Major L: 3 Possible</p>	<p>A business continuity plan to be developed and tested across the trust through required governance routes.</p> <p>Following approval by Clinical Systems Strategy Group (CSSG) of preferred investment option, business case to be completed and progressed through BPG and appropriate governance groups.</p>	<p>Development work continues but scale of work is increasing and understanding of the impact of other interconnected project on scope and timescales. Target date extended by 6 months to reflect this.</p> <p>Business case still being progressed. Timescale extended by 3 months to reflect time and capacity requirements.</p>	<p>31/08/2019 Nick Gillott</p> <p>30/06/2019 Nick Gillott</p>

RISK REGISTER

CORPORATE (PUBLIC)

AS AT: May 2019

Risk No. 4124 **Risk Type:** Safety **Directorate:** Crisis & Emergency Care **Last reviewed:**
BAF Ref: A204 **Risk Source:** Incident **Monitoring Group:** Quality Assurance Committee 10/04/2019

Details of Risk: Risk of harm to staff following an increase in the number of incidents of violence and aggression causing harm which could impact on morale, sickness rates, staff attrition and difficulty in recruitment

INITIAL RISK	CONTROLS IN PLACE	RESIDUAL RISK	ACTIONS PLANNED & MOST RECENT PROGRESS WITH TARGET DATE/RESP.		
15 HIGH S: 3 Moderate L: 5 Almost Certain	<ul style="list-style-type: none"> Incident reviews and remedial action Staffing levels increased where indicated Respect trained staff on shift Group response arrangements in place Safety & Security Task & Finish Group meeting in place from the 5th November 2018. Pilot security service in place from 26 November until 31 March 2019 for all 24/7 bedded services. Acuity tool in place and being used by all wards. 	12 MODERATE S: 3 Moderate L: 4 Likely	Ensure sufficient Respect trained staff rostered for night shifts	Monitoring continues. Improvement maintained.	31/07/2019 Maxine Statham
			Review of pilot security service to evaluate impact on risk.	Business case supported. Work on-going to put substantive arrangements in place.	30/06/2019 Deborah Horne
			Pilot body cam system, evaluate and develop business case if appropriate	Body Cams pilot in process	30/06/2019 Adelaide Chibanda

Risk No. 4140 **Risk Type:** Safety **Directorate:** Medical **Last reviewed:**
BAF Ref: A101ii **Risk Source:** Legislation **Monitoring Group:** Quality Assurance Committee 18/04/2019

Details of Risk: There is the possibility of an issue with supply of medication after the contingency plans put in place by the UK Government for EU exit resulting in a gap in medication supply to our service users. This is due to the uncertainty regarding the UK plans for leaving the EU.

INITIAL RISK	CONTROLS IN PLACE	RESIDUAL RISK	ACTIONS PLANNED & MOST RECENT PROGRESS WITH TARGET DATE/RESP.		
12 MODERATE S: 3 Moderate L: 4 Likely	<ul style="list-style-type: none"> UK Government six-week medicines stockpiling activity remains a critical part of the Department's UK-wide contingency plan, medicines and medical products will be prioritised on alternative routes to ensure the flow of all these products will continue 	9 MODERATE S: 3 Moderate L: 3 Possible			

unimpeded after 29 March 2019.
 In the event of delays caused by increased checks at EU ports, the Department will continue to develop the UK-wide contingency plan for medicines

- Agreement with other Chief pharmacists across the Sheffield footprint to support medication supply in an emergency situation
- Alternate medication choice and advice in the event of availability issues
- Stockholding in pharmacy of certain medications revised in line with usage figures

Risk No. 4167	Risk Type: Business	Directorate: IMS&T	Last reviewed:
BAF Ref: A404	Risk Source: Risk Assessment	Monitoring Group: Finance, Information & Perform	03/04/2019

Details of Risk: There is a certainty that as Windows 7 will reach end of life on the 14th January 2020, Microsoft will no longer provide Windows updates. The impact of this is that there is a risk that there may be exploits in our security and vulnerabilities in our infrastructure and technology, making the Trust more susceptible to cyber incidents.

INITIAL RISK	CONTROLS IN PLACE	RESIDUAL RISK	ACTIONS PLANNED & MOST RECENT PROGRESS WITH TARGET DATE/RESP.	
25 HIGH S: 5 Catastrophic L: 5 Almost Certain	<ul style="list-style-type: none"> • General network protections, eg. Firewalls, Internet proxy servers, SEIM log systems, Antivirus, Ransomware protection and general ongoing maintenance of the IT infrastructure as well as maintaining support contracts and licence renewals. eg. regular updates on systems that can be updated. • Diligence of IMST colleagues. EG. IT Ops and IT Infrastructure engineers as well as the diligence of all SHSC staff as per recent cyber security 	12 MODERATE S: 4 Major L: 3 Possible	Mathew Needham to write a report for the appropriate governance groups to highlight mitigating options. For inclusion in this report, additional staff will be required if we want to complete our windows 10 deployment as close to the 14th January 2020 deadline as possible.	Cost of extended support to be in the order of \$20 per device. 01/05/2019 Mathew Needham

campaign undertaken by IT customer services manager Keeley Parker.

- The acknowledgement and completion of recommended actions where applicable and appropriate from the regular CareCERT emails from NHS Digital.

- The investigation of reported cyber risks and incidents both internally and externally and providing an updated response and any supporting guidance as soon as possible via IT Helpdesk emails and intranet, to Trust colleagues.

- Additional member of staff recruited to support management of risk.

Risk No. 4189	Risk Type: Statutory	Directorate: Medical	Last reviewed:
BAF Ref: A101i	Risk Source: Legislation	Monitoring Group: Quality Assurance Committee	18/04/2019

Details of Risk: The Falsified Medicines Directive (FMD) comes into force on 09/02/2019. SHSC NHS Foundation will not be compliant with the legislation as at this date due to concerns about the EU Exit strategy and ready availability of the necessary software with the upgrade to the JAC system

INITIAL RISK	CONTROLS IN PLACE	RESIDUAL RISK	ACTIONS PLANNED & MOST RECENT PROGRESS WITH TARGET DATE/RESP.
<p>15 HIGH</p> <p>S: 3 Moderate L: 5 Almost Certain</p>	<ul style="list-style-type: none"> • The Trust has approved the purchase of the upgraded JAC system which has FMD compliance. • There is a concern that if the UK leaves without a deal, the FMD will no longer be applicable in the UK 	<p>15 HIGH</p> <p>S: 3 Moderate L: 5 Almost Certain</p>	<p>An order for the upgraded JAC system compliant with the FMD has been placed/ When available it will be fully tested following which the JAC system will be upgraded.</p> <p>01/05/2019 Abiola Allinson</p>

Risk No. 4190 **Risk Type:** Safety **Directorate:** **Last reviewed:**
BAF Ref: A102ii **Risk Source:** External Review **Monitoring Group:** Quality Assurance Committee 08/04/2019

Details of Risk: There is a risk to 16-18 year olds transitioning between Sheffield Children's NHS FT and SHSC in their care being inadequately planned and co-ordinated in line with the agreed Sheffield Transitions Policy.

Due to the absence of commissioned, age-appropriate clinical alternatives, there is further risk to young people (aged 16-18) from the provision of adult home treatment provided by trained professionals as an alternative to inpatient admission.

In addition, the inability to view clinical records or information systems from partner organisations compromises the organisation's ability to provide appropriate management of 16-18 year olds who present to the A&E Mental Health Liaison Team, Adult Home Treatment Team and on Inpatient wards.

INITIAL RISK	CONTROLS IN PLACE	RESIDUAL RISK	ACTIONS PLANNED & MOST RECENT PROGRESS WITH TARGET DATE/RESP.
<p>15 HIGH</p> <p>S: 5 Catastrophic L: 3 Possible</p>	<ul style="list-style-type: none"> • Transition Lead in place who attends regular transition meetings with Sheffield Children's NHS FT (SCH). • Plans are developed for those who are known to be transitioning. • Regular meetings take place between the Director of Clinical Operations at SHSC and the Associate Director of Child & Adolescent Mental Health Services (CAMHs) at SCH. • An addendum to the Sheffield Transitions Policy has been put in place to cover the current gap in service provision in relation to community crisis care support for 16-17 year olds for up to 72 hours. Addendum to be regularly reviewed. • Transitions SOP in place. • Consultant screening of referrals for people under the age of 18 referred for Early Intervention as well as initial assessment by consultant. 	<p>12 MODERATE</p> <p>S: 4 Major L: 3 Possible</p>	<p>Explore information sharing options between SCH and SHSC to improve clinical management arrangements of transitional and/or crisis care of 16-17 year olds.</p> <p style="text-align: right;">30/06/2019 Kim Tissington</p>

- Process in place to escalate any concerns in relation to compliance to Director of Clinical Operations.
- Interim provision of crisis service for 16-17 year olds in place to address current gap.
- Statement of Intent (Sol) to align management arrangements between Sheffield Children's NHS Foundation Trust (SCNHSFT) and SHSC NHSFT for 14 to 25 year olds approved and in place.

Total 14
