

## BOARD OF DIRECTORS MEETING (Open)

Date: 11 September 2019

Item Ref:

09

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

<b>OUTCOME</b>	To have a Corporate Risk Register in place that provides assurance that corporate risks are regularly reviewed, monitored and managed.
<b>TIMETABLE FOR DECISION</b>	11 September 2019
<b>LINKS TO OTHER KEY REPORTS / DECISIONS</b>	Internal Audit Reports covering Risk Management arrangements Directorate Risk Registers <a href="#">Risk Management Strategy</a> <a href="#">Shaping the Future, the Trust Strategy &amp; Strategic Planning Framework 2017-2020</a>
<b>STRATEGIC AIM:</b> <b>STRATEGIC OBJECTIVE:</b> <b>BAF RISK NUMBER:</b> <b>BAF RISK DESCRIPTION:</b>	Quality & Safety Effective governance, quality assurance and improvement will underpin all we do A101iii 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.
<b>LINKS TO NHS CONSTITUTION &amp; OTHER RELEVANT FRAMEWORKS, RISK, OUTCOMES ETC</b>	<a href="#">Provider Licence</a> <a href="#">Annual Governance Statement</a> <a href="#">NHS Foundation Trust Code of Governance</a>
<b>IMPLICATIONS FOR SERVICE DELIVERY AND FINANCIAL IMPACT</b>	Implications of individual risks outlined on the register.
<b>CONSIDERATION OF LEGAL ISSUES</b>	Breach of SHSC Constitution Standing Orders Breach of NHS Improvement's Governance regulations and Provider Licence.

<b>Author of Report</b>	Sam Stoddart
<b>Designation</b>	Deputy Board Secretary
<b>Date of Report</b>	September 2019

## SUMMARY REPORT

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**Report to:** Board of Directors  
**Date:** 11 September 2019  
**Subject:** Corporate Risk Register (CRR)  
**Author:** Sam Stoddart, Deputy Board Secretary

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### 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.

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.

In addition, 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. The Board should note that EDG has fully reviewed the CRR and recommend it to the Board.

## 2.1 Closed Risks

**Risk 3916 – call volumes at START/SPA** This was reviewed by the Director of Operations and Transformation. All controls have been revised to better reflect the current situation and the residual risk score reduced to 9 from 12 as a result of call answer rates remaining high (83%) and the number of complaints reducing. A new project manager is in post and a contact centre manager post is currently to advert; these posts will work to optimise the system and build greater resilience during spikes in activity. Therefore EDG agreed to its de-escalation for continued oversight at directorate level at its meeting of 5//9/19.

**Risk 4167 – end of life of Windows 7.** This has been reviewed by the Deputy Director of IMST. The remaining action has now been completed and all necessary staff are in post. At its meeting of 5/5/19 EDG considered the risk is being effectively managed at directorate level and that corporate oversight was no longer necessary.

## 2.2 Escalated Risk

**Risk 4223 – health and safety risk due to lack of health and safety infrastructure** This risk has been subject to comprehensive review as well as close scrutiny by the Workforce and OD Committee. As a result the risk description has changed, the residual risk score increased from moderate (12) to high (15) and additional controls and actions added.

## 2.3 New Risks

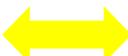
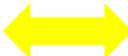
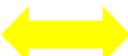
**Risk 4264 – failure to meet contractual requirements for complaints** Now that assurance has been provided regarding data accuracy regarding complaints, compliments and fastracks, a new risk has emerged regarding compliance with contractual requirements for complaints and fastracks. An action plan to address the issues and improve the governance infrastructure has been submitted to NHS Sheffield CCG and a meeting is scheduled for 16/9/19 to discuss and agree this. EDG agreed at its meeting of 5/9/19 for the risk to be included on the CRR.

## 2.4 Corporate Risk Register

The table below shows the 15 risks on the CRR and updates made since its last presentation to the Board in July 2019. The full CRR is attached at the end of this document.

Board is asked to note that each risk has been subject to a comprehensive review since it was last received. Some risks have had their descriptions amended and others have had a whole scale review of their controls. Board should note in particular that whilst reports may have been received regarding a reduction in violent incidents,

the risk rating remains the same for 4124 and there has been a recent increase in incidents and the issues remains a serious concern within the care network. All changes are noted in the updates.

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 and specifically in relation to 2019/20	<b>12 (4x3) Moderate</b>		Phillip Easthope	Action 1: updated + 3 months
3679	Risk of serious harm to service users via ligatures.	<b>10 (5x2) Moderate</b>		Mike Hunter	All controls closed and new controls added to reflect current position and provide better summary of risk. Action 1: new
3831	Risk that levels of Registered Nurse vacancies may adversely affect the quality and continuity of care provided in the acute wards	<b>12 (4x3) Moderate</b>		Liz Lightbown	Controls closed and new controls added to reflect current position. Action 1: update provided and action owner changed
3916	Significant issue at START and SPA with high call volumes resulting in reputational damage, increased complaints and clinical risk	<b>9 (3x3) Moderate</b>		Clive Clarke	RISK CLOSED, AGREED BY EDG ON 5/9/19
4021	Risk of insufficient consultant cover as a result of retirements, relocation and maternity leave potentially impacting on the safety and quality of care	<b>12 (3x4) Moderate</b>		Mike Hunter	Action 1: updated + 3 months Action 2: updated + 3 months Action 3: updated + 3 months
4078	Staff survey results (2018) indicate low staff engagement which may impact on the quality of care	<b>12 (3x4) Moderate</b>		Dean Wilson	Revised risk description 2 controls closed 1 new control control 2 expanded 2 actions closed 2 new actions
4079	Failure to deliver an appropriately safe quality of waste management service	<b>12 (4x3) Moderate</b>		Phil Easthope	Action 1: updated + 2 months

Risk No	Risk Description	Residual Risk Rating	Changes to Risk Rating	Risk Owner	Updates
4121	Patient safety, service efficiency and effectiveness and access to patient information is being put at risk as a result of Insight instability	<b>12 (4x3) Moderate</b>	↔	Phil Easthope	All controls closed and new controls created to better reflect current situation Action 1: updated + 1 month Action 2: updated + 2 months
4124	Risk of harm to staff following incidents of violence and aggression causing harm which could impact on morale, sickness rates, staff attrition and difficulty in recruitment	<b>12 (3x4) Moderate</b>	↔	Clive Clarke	Revised risk description Controls 1-3: description expanded Control 6: updated Controls 8&9: new Action 1: updated + 3 months Action 2: no change Action 3: new 1 action closed
4140	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.	<b>9 (3x3) Moderate</b>	↔	Mike Hunter	No change
4167	There is a certainty that as Windows 7 will reach end of life on 14/1/20, Microsoft will no longer provide Windows updates bringing greater cyber vulnerabilities	<b>12 (4X3) Moderate</b>	↔	Phil Easthope	RISK CLOSED, AGREED BY EDG ON 5/9/19
4189	The Falsified Medicines Directive comes into force on 9/2/19 and the Trust will not be compliant due to concerns about the EU Exit Strategy and ready availability of the necessary software	<b>15 (3x5) High</b>	↔	Mike Hunter	No change
4190	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	<b>12 (4x3) Moderate</b>	↔	Clive Clarke	Action 2: updated Action 3: updated Action 4: new

Risk No	Risk Description	Residual Risk Rating	Changes to Risk Rating	Risk Owner	Updates
	with the agreed Sheffield Transitions Policy.				
4222	Risk to patient safety and service quality due to some medicines management practices falling below expected standards	<b>12 (4x3) Moderate</b>	↔	Mike Hunter	Action 1: updated + 3 months Action 2: updated + 2 months Action 3: no change 1 action closed
4223	Risk to health and safety of staff and service users due to lack of health and safety infrastructure (moving and handling training/back care advisor and risk assessment)	<b>15 (3x5) High</b>	↑	Dean Wilson	Revised risk description and rating increased Controls 7&8: new Action 1: new Action 2: new Action 3: new Action 4: no change Actions 5-7: new 1 action completed and closed
4240	Risk that the Trust may not improve the quality of patient care due to being unable to evidence the completion of all must do and should actions required by the CQC	<b>15 (3x5) High</b>	↔	Mike Hunter	Action 1: updated + 2 months Action 2: new
4264	Failure to meet contractual requirements set down by NHSSCCG for conducting and completing complaints within given timescales	<b>12 (3x4) Moderate</b>	NEW RISK	Margaret Saunders	APPROVED FOR INCLUSION ON CRR BY EDG ON 5/9/19

### 2.3 Risk Profile

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

		<u>Consequence</u>				
<u>Likelihood</u>	Catastrophic (5)		1			
	Major (4)			6		
	Moderate (3)			1	4	3
	Minor (2)					
	Negligible (1)					
		(1) Rare	(2) Unlikely	(3) Possible	(4) Likely	(5) Almost Certain

### 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 as recommended by EDG;
- 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](mailto:Margaret.Saunders@shsc.nhs.uk)

# CORPORATE RISK REGISTER (FULL)

As at: September 2019

Risk No. 2175 v.11	Risk Type: Financial	Monitoring Group: Finance, Information & Performance Committee
Version Date: 16/01/2019	Directorate: Finance	Last Reviewed: 29/08/2019
BAF Ref: A401i	Exec Lead: Executive Director Of Finance	Review Frequency: Monthly
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. PERSON		
<p><b>16 HIGH</b> S:4 Major L:4 Likely</p>	<ul style="list-style-type: none"> <li>Transformational Operational Group (TOG) will shortlist, prioritise and recommend for decision schemes to support the Trust achieve its savings challenge / strategic change programmes.</li> <li>Trust business planning systems and processes. Including CIP planning, QIA and executive oversight.</li> <li>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.</li> </ul> <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"> <li>Additional CIP target issued to procurement to support trust wide non pay savings and drive VFM.</li> </ul> <p>Links to NHSi expectations and will also link into national initiatives including Model Hospital and national Benchmarking data</p> <ul style="list-style-type: none"> <li>Routine finance reporting via EDG, FIPC and Board includes detail around CIP reporting and</li> </ul>	<p><b>12 MODERATE</b> 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>Modest progress continues to be made and where plans are being developed, these are being routed via the QIA process.</p> <p>There remains a small CIP gap within HR of £53k. Other corporate directorates of Estates and IMST have non recurrent solutions but are working on more recurrent solutions.</p> <p>The clinical directorate has a large element non recurrently identified c£1.3m but is predominantly delivered linked to vacancy factors. The extent that this is accepted as recurrent c50%) is currently under review.</p> <p>Financial management performance meetings are in the process of being scheduled following quarter 1 reported positions. These will be led by the</p>	<p>31/10/2019 James Sabin</p>

delivery.

CFO and DDOF.

At a trust level, the overall positions is being mitigated due to general workforce challenges/vacancy levels. As a result, no further intervention is proposed by EDG or FIPC until post a quarter 2 review.

# CORPORATE RISK REGISTER (FULL)

As at: September 2019

Risk No. <b>3679</b> v.6	Risk Type: Safety	Monitoring Group: Quality Assurance Committee
Version Date: 19/08/2019	Directorate: Crisis & Emergency Care	Last Reviewed: 19/08/2019
BAF Ref: A101i	Exec Lead: Executive Medical Director	Review Frequency: Quarterly
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. PERSON
<p><b>20 HIGH</b></p> <p>S:5 Catastrophic L: 4 Likely</p>	<ul style="list-style-type: none"> <li>• Policies and standard operating procedures are embedded, including: ligature risk reduction, observation, risk management including DRAM.</li> <li>• Individual service users are risk assessed - DRAM in place.</li> <li>• Inpatient environments have weekly health and safety checks and an annual formal ligature risk assessment. Plans to mitigate key risks are in place as part of the Acute Care Modernisation.</li> <li>• Routine programme of updating equipment to latest anti-ligature fixtures and fittings.</li> <li>• Staff receive clinical risk training, including suicide prevention, and all ligature incidents are reviewed.</li> </ul>	<p><b>10 MODERATE</b></p> <p>S:5 Catastrophic L:2 Unlikely</p>	<p>Review of Ligature Policy to include blind spots.</p> <p>31/12/2019 Deborah Horne</p>

Risk No. <b>3831</b> v.6	Risk Type: Workforce	Monitoring Group: Workforce & Organisation Development Committee
Version Date: 15/08/2019	Directorate: Crisis & Emergency Care	Last Reviewed: 15/08/2019
BAF Ref: A102i	Exec Lead: Executive Director - Nursing & Professions	Review Frequency: Monthly
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. PERSON		
<b>16 HIGH</b> S: 4 Major L: 4 Likely	<ul style="list-style-type: none"> <li>• Creative ways of filling vacancies have been undertaken e.g. 2 band 5 OTs to Stanage Ward</li> <li>• Wards may block book bank and /or agency staff on the e-roster system to cover any RN vacancy</li> <li>• To improve retention and support a new 12 month preceptorship programme has been introduced whereby newly qualified nurses will receive appropriate mentoring &amp; supervision, competency development and rotational opportunities.</li> <li>• 4-weekly E-Roster Confirm and Challenge meeting embedded</li> <li>• Deputy Director of Nursing Operations signs off each ward's Roster Performance prior to presentation at the Confirm and Challenge Meeting</li> <li>• Deputy Director of Nursing led recruitment and retention programme for the inpatient wards.</li> <li>• Development of new roles: Nurse Consultant, trainee Nursing Associate (TNA), trainee Advanced Clinical Practitioner (tACP) and Nurse Apprenticeships.</li> <li>• Funding secured for additional trainees in</li> </ul>	<b>12 MODERATE</b> S: 4 Major L: 3 Possible	Trust-wide work to introduce new roles in line with national initiatives: Higher Degree Nurse Apprenticeships; Nursing Associates; Approved / Responsible Clinicians.	40 preceptorship nurses appointed from September 2019 (83% assigned to acute wards), interviews for 11 posts for Advanced Clinical Practitioners taken place August 2019, 15 trainee nursing associates recruited to acute wards.	30/04/2020 Anthony Bainbridge

2019/20.

# CORPORATE RISK REGISTER (FULL)

As at: September 2019

Risk No. <a href="#">4021</a> v.7	Risk Type: Workforce	Monitoring Group: Workforce & Organisation Development Committee
Version Date: 04/06/2019	Directorate: Crisis & Emergency Care	Last Reviewed: 09/08/2019
BAF Ref: A102i	Exec Lead: Executive Medical Director	Review Frequency: Monthly
<p>Details of Risk:</p> <p>Risk of insufficient consultant cover as a result of retirements, relocation and mat leave potentially impacting on the safety and quality of care provided.</p>		

INITIAL RISK	CONTROLS IN PLACE	RESIDUAL RISK	ACTIONS PLANNED & MOST RECENT PROGRESS WITH TARGET DATE/RESP. PERSON		
<b>16 HIGH</b> S: 4 Major L: 4 Likely	<ul style="list-style-type: none"> <li>Recruitment to Clinical Fellow posts</li> <li>Consultant appointments made during 2018/19</li> <li>Ongoing recruitment programme of SAS/Consultants from the UK .</li> </ul>	<b>12 MODERATE</b> S: 3 Moderate L: 4 Likely	Planned international recruitment of Consultant and Staff Grades and Associate Specialist (SAS) doctors	Work ongoing.	31/10/2019 Peter Bowie
			Development of support package for SAS doctors to become consultants	Work ongoing. Consultant recently appointed to community/Older peoples service.	31/10/2019 Mike Hunter
			Recruitment to Clinical Fellow posts	Work ongoing.	31/10/2019 Peter Bowie

# CORPORATE RISK REGISTER (FULL)

As at: September 2019

Risk No. <b>4078</b> v.6	Risk Type: Workforce	Monitoring Group: Workforce & Organisation Development Committee
Version Date: 23/08/2019	Directorate: Human Resources	Last Reviewed: 23/08/2019
BAF Ref: A204	Exec Lead: Director Of Human Resources	Review Frequency: Monthly
<b>Details of Risk:</b> Staff survey results (2018) continue to indicate low staff engagement which may impact on the quality of care.		

INITIAL RISK	CONTROLS IN PLACE	RESIDUAL RISK	ACTIONS PLANNED & MOST RECENT PROGRESS WITH TARGET DATE/RESP. PERSON
<b>12 MODERATE</b> S:3 Moderate L:4 Likely	<ul style="list-style-type: none"> <li>Leadership Engagement Network</li> <li>Listening into Action adopted by the Trust. Clinical Lead in place supported by an established group of LiA Champions.</li> <li>Key areas identified within the themes for action and presented to Quality Assurance Committee, Clinical Operations and Governance group for oversight on progress. Specific action areas have been identified against each theme.</li> <li>Director of Organisation Development in post.</li> </ul>	<b>12 MODERATE</b> S:3 Moderate L:4 Likely	HR linking with Scheduled and Planned Care Network re planned schedule of engagement regarding safety and quality.  Organisational diagnostic to be undertaken (evaluation of culture, engagement etc)
			31/03/2020 Liz Johnson  31/01/2020 Dean Wilson

Risk No. <b>4079</b> v.3	Risk Type: Safety	Monitoring Group: Quality Assurance Committee
Version Date: 28/02/2019	Directorate: Facilities	Last Reviewed: 20/08/2019
BAF Ref: A102ii	Exec Lead: Executive Director - Operational Delivery	Review Frequency: Monthly

## 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. PERSON		
<b>20 HIGH</b> S:4 Major L:5 Almost Certain	<ul style="list-style-type: none"> <li>Risk under management of Trust's Emergency Planning arrangements led by Clive Clarke as Executive Lead for emergency planning</li> <li>Significant contingency plans have been drawn up under the co-ordination of Sarah Ellison, Trust Lead for Waste Management</li> <li>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 &amp; Humber Consortium for waste management affected)</li> <li>NHSi have identified an alternative waste management provider but contingency arrangements are in place and will apply for several months.</li> <li>Communications about this matter are being co-ordinated via NHSi and with the Trust's communications service</li> </ul>	<b>12 MODERATE</b> S:4 Major L:3 Possible	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.	To date there has been very little change to the national situation. Local Trusts including SHSC are reluctant to enter into devolved contracts due to the continuing non-regulatory compliance of PHS (Mitie's sub-contractor) which leaves Trusts open to significant safety and reputational risk should an incident occur and the contractor has not carried out their legislative requirements and/or these cannot be proven (which are complex for waste management particularly clinical waste streams). SHSC is continuing to liaise with NHSi about the situation.	31/10/2019 Helen Payne

# CORPORATE RISK REGISTER (FULL)

As at: September 2019

Risk No. 4121 v.6	Risk Type: Quality	Monitoring Group: Finance, Information & Performance Committee
Version Date: 21/08/2019	Directorate: IMS&T	Last Reviewed: 21/08/2019
BAF Ref: A404	Exec Lead: Executive Director Of Finance	Review Frequency: Monthly

**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. PERSON
<p><b>16 HIGH</b> S: 4 Major L: 4 Likely</p>	<ul style="list-style-type: none"> <li>Newly purchased tools allow active monitoring of the underlying infrastructure. Spikes in activity on the servers which affect the performance and stability will be addressed as soon as they are identified.</li> <li>Improved backup infrastructure in place which allow improved recovery time. Hourly snapshots of data in place meaning data older than an hour is not lost.</li> <li>View only access to emergency INSIGHT available should the live system fail.</li> <li>Ongoing programme of server patching to ensure optimum performance and security of the infrastructure on which INSIGHT sits.</li> </ul>	<p><b>12 MODERATE</b> 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>IMST has contributed to the Trust Wide Business Continuity Plan. Additional work to be undertaken with BCP lead to ensure business and clinical area plans accommodate INSIGHT failure.</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>Some work from the investment option has been completed leading to new controls in place. Additional requirements subject to a further business case to be ratified by the DD and ADD IMST.</p> <p>30/09/2019 Nick Gillott</p> <p>30/09/2019 Nick Gillott</p>

# CORPORATE RISK REGISTER (FULL)

As at: September 2019

Risk No. <b>4124</b> v.2	Risk Type: Safety	Monitoring Group: Quality Assurance Committee
Version Date: 19/08/2019	Directorate: Crisis & Emergency Care	Last Reviewed: 19/08/2019
BAF Ref: A204	Exec Lead: Executive Director - Operational Delivery	Review Frequency: Monthly
Details of Risk:		
Risk of harm to staff following 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. PERSON		
<b>15 HIGH</b> S:3 Moderate L:5 Almost Certain	<ul style="list-style-type: none"> <li>• Policy and governance structure in place to ensure incidents are properly reviewed and lessons learned</li> <li>• Staffing levels increased to new establishment</li> <li>• A minimum of 3 x Respect trained staff on each shift</li> <li>• Group response arrangements in place</li> <li>• Safety &amp; Security Task &amp; Finish Group in place</li> <li>• Security service in place for all 24/7 bedded services.</li> <li>• Acuity tool in place and being used by all wards.</li> <li>• Monthly interface with South Yorkshire Police</li> <li>• 24/7 senior clinical leadership in place</li> </ul>	<b>12 MODERATE</b> S:3 Moderate L:4 Likely	<p>Ensure sufficient Respect trained staff rostered for night shifts</p> <p>Pilot body cam system, evaluate and develop business case if appropriate</p> <p>Explore options for upgrading alarm systems at MCC, G1, FC and Maple and install in line with risk and resources available.</p>	<p>Monitoring continues. Improvement maintained.</p> <p>Extension to body cams pilot agreed</p> <p>Survey completed. Alarm points agreed. Work to be tendered.</p>	<p>31/10/2019 Maxine Statham</p> <p>30/09/2019 Adelaide Chibanda</p> <p>31/12/2019 Michelle Fearon</p>

Risk No. 4140 v.1	Risk Type: Safety	Monitoring Group: Quality Assurance Committee
Version Date: 21/01/2019	Directorate: Medical	Last Reviewed: 28/08/2019
BAF Ref: A101ii	Exec Lead: Executive Medical Director	Review Frequency: Monthly

## 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. PERSON
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12 MODERATE  
S:3 Moderate  
L:4 Likely

- 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 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

9 MODERATE  
S:3 Moderate  
L:3 Possible

# CORPORATE RISK REGISTER (FULL)

As at: September 2019

Risk No. <a href="#">4189</a> v.1	Risk Type: Statutory	Monitoring Group: Quality Assurance Committee
Version Date: 01/04/2019	Directorate: Medical	Last Reviewed: 28/08/2019
BAF Ref: A101i	Exec Lead: Executive Medical Director	Review Frequency: Monthly

## 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. PERSON
<b>15 HIGH</b> S:3 Moderate L:5 Almost Certain	<ul style="list-style-type: none"> <li>The Trust has approved the purchase of the upgraded JAC system which has FMD compliance.</li> <li>There is a concern that if the UK leaves without a deal, the FMD will no longer be applicable in the UK</li> </ul>	<b>15 HIGH</b> S:3 Moderate L:5 Almost Certain	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.  current upgrade is priority. FMD compliant upgrade scheduled for Autumn 2019  31/10/2019 Abiola Allinson

Risk No. 4190 v.1	Risk Type: Safety	Monitoring Group: Quality Assurance Committee
Version Date: 08/04/2019	Directorate: Crisis & Emergency Care	Last Reviewed: 19/08/2019
BAF Ref: A102ii	Exec Lead: Executive Director - Operational Delivery	Review Frequency: Monthly
<p>Details of Risk:</p> <p>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.</p> <p>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.</p> <p>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&amp;E Mental Health Liaison Team, Adult Home Treatment Team and on Inpatient wards.</p>		

INITIAL RISK	CONTROLS IN PLACE	RESIDUAL RISK	ACTIONS PLANNED & MOST RECENT PROGRESS WITH TARGET DATE/RESP. PERSON		
<b>15 HIGH</b> S:5 Catastrophic L:3 Possible	<ul style="list-style-type: none"> <li>Transition Lead in place who attends regular transition meetings with Sheffield Children's NHS FT (SCH).</li> <li>Plans are developed for those who are known to be transitioning.</li> <li>Regular meetings take place between the Director of Clinical Operations at SHSC and the Associate Director of Child &amp; Adolescent Mental Health Services (CAMHs) at SCH.</li> <li>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.</li> <li>Transitions SOP in place.</li> <li>Consultant screening of referrals for people under the age of 18 referred for Early Intervention as well as initial assessment by</li> </ul>	<b>12 MODERATE</b> S:4 Major L:3 Possible	<p>Work in partnership with SCH to support compliance with the transitional policy. Reporting and escalating any concerns to the Director of Clinical Operations SHSC</p> <p>Maintain on an interim basis the provision of a crisis service to 16 and 17 years olds to address current gap.</p> <p>Explore information sharing options (SCH and SHSC) to improve clinical management arrangements of transitional and or crisis care of 16 and 17 olds.</p>	<p>Liaison meetings on going with SCH. Any concerns escalated to Director of Clinical Ops.</p> <p>Arrangement to maintain service provision to address gap extended</p> <p>Piloting viewing of electronic record of CAMHs PAS</p>	<p>30/09/2019 Christopher Wood</p> <p>30/09/2019 Christopher Wood</p> <p>30/09/2019 Kim Tissington</p>

consultant.

- 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.

Negotiations with NHS Sheffield CCG for a care navigator to oversee transitions.

30/11/2019  
Michelle  
Fearon

# CORPORATE RISK REGISTER (FULL)

As at: September 2019

Risk No. <a href="#">4222</a> v.1	Risk Type: Statutory	Monitoring Group: Quality Assurance Committee
Version Date: 11/06/2019	Directorate: Medical	Last Reviewed: 28/08/2019
BAF Ref: A102ii	Exec Lead: Executive Medical Director	Review Frequency: Monthly

## Details of Risk:

There is a risk to patient safety and service quality due to some medicines management practices falling below expected standards in the acute in-patient wards. These risks were identified by an external audit of our medicines management practices.

INITIAL RISK	CONTROLS IN PLACE	RESIDUAL RISK	ACTIONS PLANNED & MOST RECENT PROGRESS WITH TARGET DATE/RESP. PERSON
<b>16 HIGH</b> S: 4 Major L: 4 Likely	<ul style="list-style-type: none"> <li>Reminder of the process of checking controlled drugs and Benzodiazepines</li> <li>Medicines Optimisation Committee have reviewed and approved updated Trust controlled drugs SOPs.</li> </ul>	<b>12 MODERATE</b> S: 4 Major L: 3 Possible	<p>Review of Rapid tranquillisation This is still outstanding. It is currently undergoing user evaluation testing. Pharmacy developed to support recording feeding into this to support the parameter information to ensure it is accurate</p> <p>Task and Finish group reviewing authorised witness training for second checkers of controlled drugs when qualified nurse, pharmacist or medic not available</p> <p>Agreed competency framework rolled out for quantity checkers for controlled drugs. Ward have implemented. This will be ongoing as new staff come on board</p> <p>Implementation plan in place for newly reviewed and approved SOPs</p>
			01/10/2019 Christopher Wood
			30/09/2019 Abiola Allinson
			30/09/2019 Abiola Allinson

Risk No. <a href="#">4223</a> v.7	Risk Type: Safety	Monitoring Group: Workforce & Organisation Development Committee
Version Date: 03/09/2019	Directorate: Human Resources	Last Reviewed: 03/09/2019
BAF Ref: A102ii	Exec Lead: Director Of Human Resources	Review Frequency: Monthly
Details of Risk:		
Risk to the health and safety of staff and service users due to a lack of Health & Safety infrastructure (Moving & Handling Training/Back Care Advisor and Risk Assessment Training)		

INITIAL RISK	CONTROLS IN PLACE	RESIDUAL RISK	ACTIONS PLANNED & MOST RECENT PROGRESS WITH TARGET DATE/RESP. PERSON		
<b>20 HIGH</b> S: 4 Major L: 5 Almost Certain	<ul style="list-style-type: none"> <li>• People Handling &amp; Risk Assessment Key Trainer's Certificate (RoSPA Quals Level 4) training has been delivered in Dec 2018 and May 2019.</li> <li>• People Handling &amp; Risk Assessment Key Trainer's Refresher Certificate training delivered Jan 2019.</li> <li>• Programme of training for staff in H&amp;S in place which will clarify roles and responsibilities of all staff</li> <li>• Moving &amp; Handling trainer has been identified to work two days a week for six months to support the delivery of training to key areas.</li> <li>• Baseline/core group of risk assessments for all 24hr care service areas has been completed and copies are held centrally on datastore</li> <li>• Task and Finish group in place that oversees the training delivery for moving and handling.</li> <li>• Health &amp; Safety Group</li> <li>• Health &amp; Safety Level 2 Risk Assessment Training delivered to 26 staff across clinical operations</li> </ul>	<b>15 HIGH</b> S: 3 Moderate L: 5 Almost Certain	<p>Business case to be produced to support the recruitment of a 0.50wte Back Care Advisor</p> <p>Baseline/core group of risk assessments for community teams to be completed</p> <p>Training needs analysis being progressed in relation to the workplace risk assessment process in support of a risk assessment training programme.</p>	<p>Business case completed to go through appropriate governance processes in September 2019.</p> <p>A further quality review process took place on 27 August 2019. Areas of omission and inaccuracy identified. H&amp;S Lead tasked to action and correct. These will be further reviewed before sign-off.</p> <p>Draft training needs analysis has been approved by the Health and safety group this is being developed further to identify which staff, at which levels, require what training to ensure it can be put into the Trust Training Matrix. To meet the initial need ward managers have been prioritised for some basic training and this has now been delivered. (updated by D Emblen 02-09/2019)</p>	<p>30/09/2019 Dean Wilson</p> <p>30/09/2019 Dean Wilson</p> <p>28/10/2019 Dean Wilson</p>

Task and finish group commences July to oversee the completion and monitoring of all environmental risk assessment and training delivery.	30/09/2019 Anita Winter
Compliance records to be updated to reflect revised expectations of core competency requirements.	31/10/2019 Anita Winter
System for monitoring and review of compliance and update of key trainers to be established	30/09/2019 Anita Winter
Review of the Health & Safety Policy	29/02/2020 Charlie Stephenson

# CORPORATE RISK REGISTER (FULL)

As at: September 2019

Risk No. <a href="#">4240 v.2</a>	Risk Type: Statutory	Monitoring Group: Quality Assurance Committee
Version Date: 04/07/2019	Directorate: Medical	Last Reviewed: 28/08/2019
BAF Ref: A101i	Exec Lead: Executive Medical Director	Review Frequency: Monthly

## Details of Risk:

Risk that the Trust may not improve the quality of patient care due to being unable to evidence the completion of all the 'Must do' and 'Should do' actions required by the CQC prior to the next inspection.

INITIAL RISK	CONTROLS IN PLACE	RESIDUAL RISK	ACTIONS PLANNED & MOST RECENT PROGRESS WITH TARGET DATE/RESP. PERSON		
<p><b>20 HIGH</b></p> <p>S: 4 Major L: 5 Almost Certain</p>	<ul style="list-style-type: none"> <li>Progress on actions being monitored monthly through Clinical Operations Performance and Governance meetings.</li> <li>Head of Care Standards monitoring progress against corporate actions.</li> <li>Monthly exception reporting to Trust Management Group and the Executive Directors Group.</li> </ul>	<p><b>15 HIGH</b></p> <p>S: 3 Moderate L: 5 Almost Certain</p>	<p>Need to provide appropriate evidence to demonstrate that actions have been completed and embedded into practice.</p> <p>360 Assurance conducting audit around CQC compliance.</p>	<p>Progress update reported to August's TMG. This showed some evidence of actions being completed. However, target date amended to reflect further work required in this area.</p>	<p>31/10/2019 Michelle Fearon</p> <p>31/10/2019 Julie Walton</p>

# CORPORATE RISK REGISTER (FULL)

As at: September 2019

Risk No. <a href="#">4264</a> v.1	Risk Type: Business	Monitoring Group: Quality Assurance Committee
Version Date: 05/09/2019	Directorate: Corporate Governance	Last Reviewed: 05/09/2019
BAF Ref:	Exec Lead: Director Of Corporate Governance	Review Frequency: Monthly

## Details of Risk:

Failure to meet the contractual requirements set down by NHS Sheffield CCG (NHSSCCG) for conducting and completing complaints within given timescales may result in a reduced quality of service to complainants and a reduction in NHSSCCG's business confidence in the Trust.

INITIAL RISK	CONTROLS IN PLACE	RESIDUAL RISK	ACTIONS PLANNED & MOST RECENT PROGRESS WITH TARGET DATE/RESP. PERSON
<b>16 HIGH</b> S: 4 Major L: 4 Likely	<ul style="list-style-type: none"> <li>Internal governance processes in place to ensure effective oversight of performance and compliance, including monthly report to EDG, quarterly report to QAC, reports to Board via significant issues report.</li> <li>Quarterly Quality Review Group provides external scrutiny and oversight of performance via agreed action plan which includes a trajectory for incremental improvement in achievement of targets for complaints and fastracks.</li> <li>All 'backlog' complaints completed and system now working in 'real time'.</li> </ul>	<b>12 MODERATE</b> S: 3 Moderate L: 4 Likely	<p>Increase staffing capacity to ensure response rate of 85% is met within 25 days (1wte Complaints Manager and 1wte Business Support Officer)</p> <p>31/12/2019 Margaret Saunders</p> <p>Improve internal systems of control via implementation of new 'Lean' processes for complaints, compliments and fastracks.</p> <p>31/10/2019 Anita Winter</p> <p>Improve internal systems of control through implementation of standard operating protocols for complaints, compliments and fastracks.</p> <p>31/10/2019 Joanne Slater</p> <p>Response to backlog fastracks to be completed</p> <p>31/12/2019 Anita Winter</p>

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**Total 15**