

BOARD OF DIRECTORS (Open)

Date: 11 December 2019

Item

10

TITLE OF PAPER	Corporate Risk Register (CRR)
TO BE PRESENTED BY	Samantha Harrison, Interim 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	11 December 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:	Quality & Safety Effective governance, quality assurance and improvement will underpin all we do A101iii Risk that Trust governance systems are not sufficiently embedded
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	December 2019

SUMMARY REPORT

Report to: Board of Directors
Date: 11 December 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.

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 4222 – Risk to patient safety and service quality due to some medicines management practices falling below expected standards in the acute inpatient wards

This was reviewed by the Chief Pharmacist. Two actions were completed following which there has been a reduction in incidents. The residual risk score was therefore reduced to 9 (3x3) from 12 (4x3). At its meeting of 31/10/19 EDG agreed to de-escalation of this risk, removal from the CRR but continued oversight at directorate level.

Risk 4240 – failure to evidence completion of all must do and should do CQC actions - the risk was reviewed by the Director of Quality. The residual risk rating was reduced to 9 from 15 following progress on outstanding actions. EDG agreed to its de-escalation and closure from the CRR at its meeting of 3/10/19.

2.2 Reduced, Escalated Risks and Amended Risks

Reduced risk 4078 – Staff survey (2018) results indicate low staff engagement - this was reviewed by the Director of HR. There has been a positive impact in terms of staff engagement due to the expansion and embeddedness of LIA and the expansion of LIA champions. In order to demonstrate to staff the Board's desire to respond to LIA findings, the Trust's staff newsletter 'Connect' has regularly included articles regarding "You Said, We Did" which has demonstrated management of the risk. EDG considered this at its meeting of 3/10/19 and agreed to the revised risk score. EDG also agreed the risk should maintain its executive and board oversight.

Risk 4189 – The Falsified Medicines Directive (FMD) comes into force on 9/2/19 and the trust will not be compliant with the legislation due to concerns related to the EU Exist Strategy and ready availability of software.

As part of the trust's Whole Dealer's Licence (WDL) with the MHRA, there is a requirement to check the validity of suppliers into the chain for medicines every two weeks. The risk of falsified medicines entering the chain has not changed, but the robust nature of the checks lead to a reduction in the risk to our patients and service users. Therefore the residual risk score has been reduced to 9 (3x3) from 15 (3x5) to reflect the level of assurance currently in place. Reduction of the risk score was agreed by EDG on 28/11/19. However, the risk will remain at the reduced level on the CRR.

Reduced risk 4223 – health and safety risk due to lack of health and safety infrastructure - This risk has been subject to comprehensive review and the back

care and moving and handling training elements originally included have been removed. The risk description has therefore been amended and the residual risk rescored to reflect the greater specificity of the risk. The score has reduced to 12 from 15. This was considered by EDG at its meeting on 28/11/19. A new escalated risk has been created relating specifically to back care and moving and handling training and is currently awaiting a decision by EDG as to its inclusion or not on the CRR. Should it be approved, Board will have sight of it at the next presentation of the CRR in March 2020.

2.3 New Risks

Risk 4276 – risk of physical harm to service users due to lack of physical health checks following administration of rapid tranquilisation

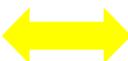
This risk was escalated by the Crisis and Emergency Care Network and is rated 12. It was considered by EDG on 3/10/19 and agreed for inclusion on the CRR.

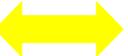
Risk 4284 “Potential risk of regulatory breach or Enforcement Notice from the CQC as a result of our inability to deliver the required improvements in relation to physical health, nurse call alarms and the refurbishment of Bungalow 3 at Forest Close, in a timely manner.”

This risk was created on the instructions of EDG at its meeting of 3/10/19 following the closure of the broader CQC action plan risk. This risk gives specificity to those issues highlighted by the CQC at their last inspection which have yet to be completed and will ensure that scrutiny and oversight is focused on the relevant areas. EDG agreed to its inclusion on the CRR at its meeting of 31/10/19.

2.3 Corporate Risk Register

The table below shows the 16 risks on the CRR and updates made since its last presentation to Board in September 2019. The full CRR is attached at the end of this document.

Risk No	Risk Description	Residual Risk Rating	Changes to Risk Rating	Rationale for change/no change	Risk Owner	Updates
2175	Failure to deliver required levels of CIP and disinvestments recurrently and specifically in relation to 2019/20	12 (4x3) Moderate		Minor changes following recent M7 progress within the clinical directorate. This does not impact on residual risk score	Executive Director of Finance	Action 1: progress added, timescale + 2 months
3679	Risk of serious harm to service users via ligatures.	10 (5x2) Moderate		Profile remains unchanged	Executive Medical Director	Review not yet due, review dates in line with risk management strategy.
3831	Risk that levels of Registered Nurse vacancies may adversely affect the quality and continuity of care provided in the acute wards	12 (4x3) Moderate		Continue to monitor closely at both team and organisational level. National challenges remain but the trust will review the residual risk score when newly recruited staff have embedded	Executive Director of Nursing & Professions	1 control removed, no longer applicable Action 1: progress added

Risk No	Risk Description	Residual Risk Rating	Changes to Risk Rating	Rationale for change/no change	Risk Owner	Updates
				into the organisation		
3916	Reputational and potential patient safety risk at START and SPA due to an inability to meet peaks in call volumes	9 (3x3) Moderate		Profile remains unchanged	Executive Director of Operational Delivery	Review not yet due, review dates in line with risk management strategy.
4021	Risk of insufficient consultant cover as a result of retirements, relocation and maternity leave potentially impacting on the safety and quality of care provided in community adult psychiatry	12 (3x4) Moderate		Whilst a consultant appointment was made into SPA/EWS the individual will not be post until April 2020. The appointment does not significantly mitigate the continued risk	Executive Medical Director	Risk description amended to add community adult psychiatry Control 1: amended Control 2: amended Action 1: progress added and timescale + 5 months (to reflect long term nature of action) Action 2: progress added and timescale + 3 months Action closed as a control (clinical fellow posts)
4078	Staff survey results (2018) continue to indicate low staff engagement which may impact on the quality of care.	9 (3x3) Moderate		Residual risk score reduced since September	Director of HR	Control 5: new Action 2: risk owner changed Action 3: new
4079	Failure to deliver an appropriately safe quality of waste management service	12 (4x3) Moderate		No change to national picture	Executive Director of Finance	Action: progress added and timescale + 2 months
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		Risk reviewed – no change to risk rating.	Executive Director of Finance	Action 1: progress added, timescale + 3 months Action 2: progress added, timescale + 2.5 months
4124	Risk of harm to staff following incidents of violence and aggression which could impact on morale, sickness rates, staff attrition and difficulty in recruitment	12 (3x4) Moderate		Risk remains at same level. However work on nurse call alarm systems begins shortly which will help support staff and manage the risk.	Executive Director Operational Delivery	Action 1: progress added, timescale + 3 months Action 2: progress added, timescale + 4 months Action 3: progress added
4140	Possibility of an issue with supply of medication after the	9 (3x3) Moderate		As EU exist date amended, contingency	Executive Medical Director	No current update to actions

Risk No	Risk Description	Residual Risk Rating	Changes to Risk Rating	Rationale for change/no change	Risk Owner	Updates
	contingency plans put in place by the UK Government for EU exit resulting in a gap in medication supply to our service users.			plans remain in place and at same level.		
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	9 (3x3) Moderate		Reduction – see 2.2 for rationale	Executive Medical Director	Action 1: progress added, timescale + 2 months
4190	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.	12 (4x3) Moderate		Risk remains at same level and negotiations remain ongoing with CCG and SCH.	Executive Director Operational Delivery	Control 10: new 3 actions closed as controls 6 actions closed, no longer relevant or now controls Action 1: new Action 2: action owner changed Action 3: new
4223	Risk to the health and safety of staff and service users due to a lack of Health & Safety infrastructure (Risk Assessment Training)	12 (3X4) Moderate		Reference to moving & handling issues have been removed as these will be noted within a new specific risk. Risk rating aligned to new specificity of risk	Director of HR	Risk description amended (back care/moving & handling removed) 4 controls closed Control 5: new Control 6: new Action 1: progress added Action 2: responsible person changed Action 3: new 1 action completed and closed and now control 5
4264	Failure to meet contractual requirements for conducting and completing complaints	12 (3x4) Moderate		To highlight that Q2 saw an improvement but it is not felt appropriate at this stage to reduce the risk rating. This will be considered at the time of Q3 reporting.	Interim Director of Corporate Governance	Action 1: progress added, timescale + 1 month & risk lead changed Action 2: progress added & timescale + 2 months Action 3: progress added & timescale + 1 month
4276	Risk of physical harm to patients due to lack of physical health checks	12 (4x3) Moderate	NEW RISK		Executive Director Operational Delivery	

Risk No	Risk Description	Residual Risk Rating	Changes to Risk Rating	Rationale for change/no change	Risk Owner	Updates
	following administration of rapid tranquilisation.					
4284	Potential risk of regulatory breach or enforcement notice from the CQC as a result of inability to deliver required improvements	12 (4x3) Moderate	NEW RISK		Executive Medical Director	

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

3. Next Steps

The risks will be reviewed within the given monthly timeframe for presentation to EDG on the last Thursday of each month. In addition, relevant risks will be reviewed by Board committees in January 2020. The CRR will next be presented to the Board in March 2020.

In addition, the following will take place:

- Corporate risks will be discussed with risk leads to ensure accurate recording of risks, controls and actions;
- The Interim 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 and its committees will receive the register every three months for review, oversight, update and assurance where necessary;
- The Corporate Risk Register will continue to be presented to the EDG on a monthly basis.

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 Interim 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:

Samantha Harrison, Interim Director of Corporate Governance

Email: Samantha.harrison@shsc.nhs.uk

CORPORATE RISK REGISTER (FULL)

As at: December 2019

Risk No. 2175 v.11	Risk Type: Financial	Monitoring Group: Finance, Information & Performance Committee
Version Date: 16/01/2019	Directorate: Finance	Last Reviewed: 25/11/2019
BAF Ref: A401	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>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. 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. Additional CIP target issued to procurement to support trustwide 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>Some progress has been made with regards to the clinical CIP identification. Elements have been identified via vacancy factors but on both a recurrent and non recurrent basis. Further progress is anticipated throughout quarter 3. Progress also needs to continue to convert the IMST and Estate NR solutions into recurrent solutions and close the unidentified gap in HRc£40k.</p> <p>Risk remains unchanged and consciously not escalated due to recent progress.</p>	<p>31/12/2019 James Sabin</p>

CORPORATE RISK REGISTER (FULL)

As at: December 2019

Risk No. 3679 v.6	Risk Type: Safety	Monitoring Group: Quality Assurance Committee
Version Date: 19/08/2019	Directorate: Crisis & Emergency Care	Last Reviewed: 23/09/2019
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		
20 HIGH S:5 Catastrophic L: 4 Likely	<ul style="list-style-type: none"> • Policies and standard operating procedures are embedded, including: ligature risk reduction, observation, risk management including DRAM. • Individual service users are risk assessed - DRAM in place. • 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. • Routine programme of updating equipment to latest anti-ligature fixtures and fittings. • Staff receive clinical risk training, including suicide prevention, and all ligature incidents are reviewed. 	10 MODERATE S:5 Catastrophic L:2 Unlikely	Review of Ligature Policy to include blind spots.	Review in progress	31/12/2019 Maxine Statham

CORPORATE RISK REGISTER (FULL)

As at: December 2019

Risk No. 3831 v.7	Risk Type: Workforce	Monitoring Group: Workforce & Organisation Development Committee
Version Date: 02/10/2019	Directorate: Crisis & Emergency Care	Last Reviewed: 19/11/2019
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
<p>16 HIGH S: 4 Major L: 4 Likely</p>	<ul style="list-style-type: none"> • Creative ways of filling vacancies have been undertaken e.g. 2 band 5 OTs to Stanage Ward • To improve retention and support a new 12 month preceptorship programme has been introduced whereby newly qualified nurses will receive appropriate mentoring & supervision, competency development and rotational opportunities. • 4-weekly E-Roster Confirm and Challenge meeting embedded • Deputy Director of Nursing Operations signs off each ward's Roster Performance prior to presentation at the Confirm and Challenge Meeting • Deputy Director of Nursing led recruitment and retention programme for the inpatient wards. • Development of new roles: Nurse Consultant, trainee Nursing Associate (TNA), trainee Advanced Clinical Practitioner (tACP) and Nurse Apprenticeships. • Funding secured for additional trainees in 2019/20. 	<p>12 MODERATE 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>Substantive staffing levels on the wards improving as new recruits start in post.</p> <p>30/04/2020 Anthony Bainbridge</p>

CORPORATE RISK REGISTER (FULL)

As at: December 2019

Risk No. 3916 v.5	Risk Type: Quality	Monitoring Group: Quality Assurance Committee
Version Date: 23/09/2019	Directorate: Crisis & Emergency Care	Last Reviewed: 19/11/2019
BAF Ref: A101ii	Exec Lead: Executive Director - Operational Delivery	Review Frequency: Quarterly
<p>Details of Risk:</p> <p>There is a reputational and potential patient safety risk at START and SPA due to an inability to meet peaks in call volumes.</p>		

INITIAL RISK	CONTROLS IN PLACE	RESIDUAL RISK	ACTIONS PLANNED & MOST RECENT PROGRESS WITH TARGET DATE/RESP. PERSON		
<p>20 HIGH</p> <p>S:4 Major L:5 Almost Certain</p>	<ul style="list-style-type: none"> • Additional call handling staff in post • Service understanding of the number of calls per day, answered/unanswered calls, call duration and calls waiting now in place • System allows live data to be viewed to support improvements in call management • Weekly review of call response rates • Task and finish group in place • Call answer rates now between 77-84% • Business rules updated resulting in improvement in response rates. 	<p>9 MODERATE</p> <p>S:3 Moderate L:3 Possible</p>	<p>Project to be established to profile current work demands and processes; and to agree future processes and standards to be implemented maximising the support of call centre technology solutions.</p>	<p>Contact manager appointed. Start date not yet known. IT project manager appointed and in post. New Senior Operational Manager for SPA appointed to and started in post.</p>	<p>31/12/2019 Nick Gillott</p>

CORPORATE RISK REGISTER (FULL)

As at: December 2019

Risk No. 4021 v.8	Risk Type: Workforce	Monitoring Group: Workforce & Organisation Development Committee
Version Date: 23/09/2019	Directorate: Crisis & Emergency Care	Last Reviewed: 22/11/2019
BAF Ref: A102i	Exec Lead: Executive Medical Director	Review Frequency: Monthly

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 in community adult psychiatry.

INITIAL RISK	CONTROLS IN PLACE	RESIDUAL RISK	ACTIONS PLANNED & MOST RECENT PROGRESS WITH TARGET DATE/RESP. PERSON		
16 HIGH S: 4 Major L: 4 Likely	<ul style="list-style-type: none"> Ongoing recruitment to Clinical Fellow posts Consultant appointments made during 19/20 Ongoing recruitment programme of SAS/Consultants from the UK . 	12 MODERATE S: 3 Moderate L: 4 Likely	Planned international recruitment of Consultant and Staff Grades and Associate Specialist (SAS) doctors	6 SAS appointments made in September with people in post between November 19 to Feb 20. As this is a long term action, timescale extended by 5 months to year end.	31/03/2020 Peter Bowie
			Development of support package for SAS doctors to become consultants	Partial implementation. As longer-term action therefore timescale extended by 3 months.	01/02/2020 Mike Hunter

CORPORATE RISK REGISTER (FULL)

As at: December 2019

Risk No. 4078 v.7	Risk Type: Workforce	Monitoring Group: Workforce & Organisation Development Committee
Version Date: 30/09/2019	Directorate: Human Resources	Last Reviewed: 04/10/2019
BAF Ref: A204	Exec Lead: Director Of Human Resources	Review Frequency: Quarterly
Details of Risk:		
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
12 MODERATE S:3 Moderate L:4 Likely	<ul style="list-style-type: none"> Leadership Engagement Network Listening into Action adopted by the Trust. Clinical Lead in place supported by an established and growing group of LiA Champions. 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. Director of Organisation Development in post. Regular communication with staff via 'Connect' demonstrating the actions taken by Trust in response to LIA feedback. 	9 MODERATE S:3 Moderate L:3 Possible	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) Organisation Development Strategy to be developed.
			31/03/2020 Liz Johnson 31/01/2020 Rita Evans 31/03/2020 Rita Evans

Risk No. 4079 v.3	Risk Type: Safety	Monitoring Group: Quality Assurance Committee
Version Date: 28/02/2019	Directorate: Facilities	Last Reviewed: 12/11/2019
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		
20 HIGH S:4 Major L:5 Almost Certain	<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 months. Communications about this matter are being co-ordinated via NHSi and with the Trust's communications service 	12 MODERATE 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.	There remains next to no change with the national picture. Simon Corben (NHS E&F) has just written to Trust about waste management and this communication is being assessed for implications. However it is not expected it will impact on this risk for the time being.	20/12/2019 Helen Payne

CORPORATE RISK REGISTER (FULL)

As at: December 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: 14/11/2019
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>16 HIGH S:4 Major L:4 Likely</p>	<ul style="list-style-type: none"> 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. 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. View only access to emergency INSIGHT available should the live system fail. Ongoing programme of server patching to ensure optimum performance and security of the infrastructure on which INSIGHT sits. 	<p>12 MODERATE 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>Initial BCP test undertaken by SHSC, further work scheduled.</p> <p>31/12/2019 Nick Gillott</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>Gap analysis underway lead by project manager. Ongoing work has reduced the risk as we have addressed many issues in the original request for business case. Resulting gaps to be discussed as appropriate - position approved by DTB08/10/2019.</p> <p>13/12/2019 Nick Gillott</p>

CORPORATE RISK REGISTER (FULL)

As at: December 2019

Risk No. 4124 v.3	Risk Type: Safety	Monitoring Group: Quality Assurance Committee
Version Date: 23/09/2019	Directorate: Crisis & Emergency Care	Last Reviewed: 19/11/2019
BAF Ref: A2O4	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		
15 HIGH S:3 Moderate L:5 Almost Certain	<ul style="list-style-type: none"> • Policy and governance structure in place to ensure incidents are properly reviewed and lessons learned • Staffing levels increased to new establishment • A minimum of 3 x Respect trained staff on each shift • Safety & Security Task & Finish Group in place • Security service in place for all 24/7 bedded services. • Monthly interface with South Yorkshire Police • 24/7 senior clinical leadership in place 	12 MODERATE S:3 Moderate L:4 Likely	Ensure sufficient Respect trained staff rostered for night shifts Pilot body cam system, evaluate and develop business case if appropriate Explore options for upgrading alarm systems at MCC, G1, FL and Maple and install in line with risk and resources available. Business case to be completed for CCTV on ward and external areas.	New recruits continue to start in post. Additional Respect level 3 training dates made available. Business case under development Contractors now appointed and will be meeting onsite during December. Work to commence by year end firstly at Forest Close, then Maple followed by MCC and G1	31/01/2020 Maxine Statham 31/01/2020 Adelaide Chibanda 31/12/2019 Michelle Fearon 31/12/2019 Deborah Horne

Risk No. 4140 v.1	Risk Type: Safety	Monitoring Group: Quality Assurance Committee
Version Date: 21/01/2019	Directorate: Medical	Last Reviewed: 22/11/2019
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

Risk No. 4190 v.3	Risk Type: Safety	Monitoring Group: Quality Assurance Committee
Version Date: 23/09/2019	Directorate: Crisis & Emergency Care	Last Reviewed: 22/11/2019
BAF Ref: A102ii	Exec Lead: Executive Director - Operational Delivery	Review Frequency: Monthly
Details of Risk:		
<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>		

INITIAL RISK	CONTROLS IN PLACE	RESIDUAL RISK	ACTIONS PLANNED & MOST RECENT PROGRESS WITH TARGET DATE/RESP. PERSON		
15 HIGH S:5 Catastrophic L: 3 Possible	<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. Process in place to escalate any concerns in relation to compliance to Director of Operations. 	12 MODERATE S:4 Major L: 3 Possible	Negotiations with NHS Sheffield CCG and Sheffield Children's NHS FT for a care navigator to oversee transitions.	Negotiations remain ongoing.	31/01/2020 Michelle Fearon

- Interim provision of crisis service for 16-17 year olds in place to address current gap agreed to 24 Feb 2020
- Statement of Intent (SoI) 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.
- Information sharing for 16-18 year olds who present to the A&E Mental Health Liaison Team and Adult Home Treatment Teams now in place.

CORPORATE RISK REGISTER (FULL)

As at: December 2019

Risk No. 4223 v. 10	Risk Type: Safety	Monitoring Group: Workforce & Organisation Development Committee
Version Date: 26/11/2019	Directorate: Human Resources	Last Reviewed: 25/11/2019
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 (Risk Assessment Training)

INITIAL RISK	CONTROLS IN PLACE	RESIDUAL RISK	ACTIONS PLANNED & MOST RECENT PROGRESS WITH TARGET DATE/RESP. PERSON
<p>16 HIGH S: 4 Major L: 4 Likely</p>	<ul style="list-style-type: none"> • Programme of training for staff in H&S in place which will clarify roles and responsibilities of all staff • Baseline/core group of risk assessments for all 24hr care service areas and community teams have been completed and copies are held centrally on datastore • Health & Safety Group • Health & Safety Level 2 Risk Assessment Training delivered to 26 staff across clinical operations • Local risk assessment drop-in support programme set up across acute inpatient areas. • Task & Finish Group in place which oversees the completion, storage, monitoring and response to environmental/workplace risk assessments 	<p>12 MODERATE S: 3 Moderate L: 4 Likely</p>	<p>Further development of a Trust wide H&S training programme linked to the Trust Training Matrix that gives a clear training requirement dependant on role.</p> <p>Draft Health & Safety matrix agreed at EDG November 2019</p> <p>Review of Health & Safety Policy.</p> <p>Develop a Business Case to support funding and delivery of a wider programme of Health & Safety Training.</p>
			<p>31/03/2020 David Emblen</p> <p>20/02/2020 David Emblen</p> <p>31/03/2020 David Emblen</p>

CORPORATE RISK REGISTER (FULL)

As at: December 2019

Risk No. 4264 v.1	Risk Type: Business	Monitoring Group: Quality Assurance Committee
Version Date: 05/09/2019	Directorate: Corporate Governance	Last Reviewed: 25/11/2019
BAF Ref: A101iii	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		
16 HIGH S: 4 Major L: 4 Likely	<ul style="list-style-type: none"> 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. 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. All 'backlog' complaints completed and system now working in 'real time'. 	12 MODERATE S: 3 Moderate L: 4 Likely	Increase staffing capacity to ensure response rate of 85% is met within 25 days (1wte Complaints Manager and 1wte Business Support Officer)	Interviews held to 14 November 2019, 1.80 wte Agency administrative staff have been recruited to commence in post 26 November 2019 to 31 March 2019. Skill mix process to commence prior to substantive recruitments.	31/01/2020 Joanne Slater
			Improve internal systems of control through implementation of standard operating protocols for complaints, compliments and fastracks.	There has been a delay in the implementation of 'lean' working due to the absence of staff within the Corporate Affairs Team. The development of SOPs is underway.	31/12/2019 Joanne Slater
			Response to backlog fastracks to be completed	At the close of Q2, 67% of fastracks have been responded to and closed. Additional capacity through the use of a bank worker has been secured on short term basis to support completion.	31/01/2020 Anita Winter

Risk No. 4276 v.1	Risk Type: Safety	Monitoring Group: Quality Assurance Committee
Version Date: 04/10/2019	Directorate: Crisis & Emergency Care	Last Reviewed: 25/11/2019
BAF Ref: A102ii	Exec Lead: Executive Director - Operational Delivery	Review Frequency: Monthly
Details of Risk:		
Risk of physical harm to service users due to lack of physical health checks following administration of rapid tranquilisation		

INITIAL RISK	CONTROLS IN PLACE	RESIDUAL RISK	ACTIONS PLANNED & MOST RECENT PROGRESS WITH TARGET DATE/RESP. PERSON		
16 HIGH S: 4 Major L: 4 Likely	<ul style="list-style-type: none"> Physical Health Policy in place but requires review Use of rapid tranquilisation is monitored through reducing restrictive practice group Physical health checks following rapid tranquilisation are recorded and monitored on the weekly data for reducing restrictive practice. Governance officers will commence undertaking monthly audit of physical health checks following rapid tranquilisation. First audit due at the end of June. Local seclusion tracker in place. Ward Managers lead on reviewing compliance with physical health checks following rapid tranquilisation leading to seclusion. Physical Health Group established and led by the Associate Clinical Director (SPC Network). The group provides oversight and monitoring of the effective application of Physical Health Policy and all associated requirements as well as setting overarching Trust priorities in relation to physical health. 	12 MODERATE S: 4 Major L: 3 Possible	Audit of physical health check compliance to be carried out through POMH audit process	Data suggests increased compliance with physical health monitoring checks following rapid tranquilisation, e-mail reminders sent following all episodes. Continue to raise at all In patient ward managers meetings re compliance and leadership to support good practice	29/02/2020 Maxine Statham
			Development on an IT based system to support accurate recording and data gathering of all physical health checks following rapid tranquilisation.	Initial version for user acceptance to be site tested on one acute area once servers have been built and adapted to ensure full resilient	31/01/2020 Christopher Wood

CORPORATE RISK REGISTER (FULL)

As at: December 2019

Risk No. 4284 v.1	Risk Type: Statutory	Monitoring Group: Quality Assurance Committee
Version Date: 12/11/2019	Directorate: Medical	Last Reviewed: 25/11/2019
BAF Ref: A101i	Exec Lead: Executive Medical Director	Review Frequency: Monthly

Details of Risk:

Potential risk of regulatory breach or Enforcement Notice from the CQC as a result of our inability to deliver the required improvements in relation to physical health, nurse call alarms and the refurbishment of Bungalow 3 at Forest Close, in a timely manner.

INITIAL RISK	CONTROLS IN PLACE	RESIDUAL RISK	ACTIONS PLANNED & MOST RECENT PROGRESS WITH TARGET DATE/RESP. PERSON
16 HIGH S: 4 Major L: 4 Likely	<ul style="list-style-type: none"> Physical Health Improvement Group reconstituted with a focused remit on physical health monitoring post restrictive intervention and enabling changes in clinical practice. Physical Health Improvement Group established which has Executive Director leadership and direction. Regular reporting and monitoring of performance at local and care network level and remedial actions taken where necessary. Business case approved and tendering processes underway. 	12 MODERATE S: 4 Major L: 3 Possible	Business case for trust-wide nurse call alarm system is progressing through relevant governance systems. 31/01/2020 Helen Payne Nurse call system to be installed at Maple Ward and Forest Lodge. 31/01/2020 Helen Payne Procurement exercise to be completed and refurbishment works to be undertaken. 31/05/2020 Helen Payne Nurse call system to be installed in remaining inpatient areas. 30/06/2020 Helen Payne

Total 16