

BOARD OF DIRECTORS MEETING (Open)

Date: 10 July 2019

Item Ref:

12

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	10 July 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 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	July 2019

SUMMARY REPORT

Report to: Board of Directors
Date: 10 July 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.

2.1 Closed Risks

Risk 3917 - Inability to deliver routine assessment through the EWS within the 3 week timescale

After having been reviewed by the Associate Director the residual risk rating reduced to 10 from 12. As all actions that can be taken have been taken and despite having only two thirds of the workforce in place due to national recruitment difficulties and a 40% increase in demand, the service is meeting its activity expectations and is actively managing any risks. EDG agreed on 6/6/19 to de-escalate the risk for oversight at care network level.

2.2 New Risks

Risk 4222 - Risk to patient safety and service quality due to some medicines management practices falling below expected standards

This risk was highlighted by the CQC during their well-led inspection in 2018 and the Trust's Internal Auditors undertook a review which resulted in limited assurance. As a result a number of actions are underway to address inconsistencies in practice. EDG agreed to the escalation of this risk on 6/6/19.

Risk 4223 - Heightened risk of injury or ill health to staff, patients or visits to due staff uncertainty about health and safety roles

This risk was reviewed by the Director of Human Resources and EDG agreed to its escalation at its meeting of 6/6/19.

Risk 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 do actions

This risk was created at the request of the Quality Assurance Committee and was approved by EDG at its meeting of 27/6/19.

2.3 Corporate Risk Register

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

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	Action: updated and timescale + 2 months

Risk No	Risk Description	Residual Risk Rating	Changes to Risk Rating	Risk Owner	Updates
3679	Risk of <i>serious</i> harm to service users via ligatures.	10 (5x2)		Mike Hunter	No change
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 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	Action updated and timescale + 2 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	5 controls rationalised to 3 Action 1: updated and timescale + 2 months Action 2: updated and timescale + 2 months Action 3: updated and timescale + 2 months 1 action closed
4078	Staff survey results (2018) indicate a reduction in staff engagement and motivation impacting on quality of care	12 (3x4) Moderate		Dean Wilson	Control 5: new Action 2: new
4079	Failure to deliver an appropriately safe quality of waste management	12 (4x3) Moderate		Phil Easthope	Action update and timescale + 3 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		Phil Easthope	Action 1: updated Action 2: updated and timescale + 2 weeks
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	Action 1: no change Action 2: updated and timescale + 1 month Action 3: updated and timescale + 3 months
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		Mike Hunter	No change
4167	Certainly Windows 7 will reach the end of life on	12 (4x3) Moderate		Phil Easthope	Control 6: new Action completed and

Risk No	Risk Description	Residual Risk Rating	Changes to Risk Rating	Risk Owner	Updates
	14/1/20. Risk there by exploits in our security and vulnerabilities in our infrastructure and technology				closed
4189	The Falsified Medicines 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	15 (3x5) High	↔	Mike Hunter	Action updated and timescale + 5 months
4190	Risk to 16-18 year olds transitioning between Sheffield Children's NHS FT and SHSC	12 (4x3) Moderate	↔	Clive Clarke	Action 1: new Action 2: new Action 3: updated and timescale + 3 months
4222	Risk to patient safety and service quality due to some medicines management practices falling below expected standards	12 (4x3) Moderate	NEW RISK	Mike Hunter	
4223	Heightened risk of injury or ill health to staff, patients or visits to due staff uncertainty about health and safety roles	12 (4x3) Moderate	NEW RISK	Dean Wilson	
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 do actions	15 (3x5) Moderate	NEW RISK	Mike Hunter	

2.3 Risk Profile

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

<u>Consequence</u>		(1) Rare	(2) Unlikely	(3) Possible	(4) Likely	(5) Almost Certain
Catastrophic (5)			1			
Major (4)				9		
Moderate (3)				1	3	2
Minor (2)						
Negligible (1)						

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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CORPORATE RISK REGISTER (FULL)

As at: July 2019

Risk No. 2175 v. 11	Risk Type: Financial	Monitoring Group: Finance, Information & Performance Committee
Version Date: 16/01/2019	Directorate: Finance	Last Reviewed: 20/06/2019
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		
16 HIGH S: 4 Major L: 4 Likely	<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 	12 MODERATE S: 4 Major L: 3 Possible	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.	Progress report taken to EDG 20/06/19. gap reduced to modest £135k split across IMST & HR. Clinical plans remain NR to the extent of c£0.6m and linked to vacancies and workforce challenge gaps. Will re-assess next steps following qtr 1 reporting. Finance continue to link in on a 1 to 1 basis.	31/07/2019 James Sabin

- Routine finance reporting via EDG, FIPC and Board includes detail around CIP reporting and delivery.

Risk No. 3679 v.4	Risk Type: Safety	Monitoring Group: Quality Assurance Committee
Version Date: 17/10/2018	Directorate: Crisis & Emergency Care	Last Reviewed: 23/05/2019
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"> • 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. 	10 MODERATE S: 5 Catastrophic L: 2 Unlikely	

- 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
- 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

CORPORATE RISK REGISTER (FULL)

As at: July 2019

Risk No. 3831 v.4	Risk Type: Workforce	Monitoring Group: Workforce & Organisation Development Committee
Version Date: 03/07/2018	Directorate: Crisis & Emergency Care	Last Reviewed: 21/06/2019
BAF Ref: A102i	Exec Lead: Executive Director - Nursing & Professions	Review Frequency: Monthly
<p>Details of Risk:</p> <p>Risk that levels of Registered Nurse vacancies may adversely affect the quality and continuity of care provided in the acute wards.</p>		

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"> 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 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 	<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>Nurse recruitment initiatives ongoing</p> <p>30/04/2020 Christopher Wood</p>

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 v.2	Risk Type: Quality	Monitoring Group: Quality Assurance Committee
Version Date: 22/10/2018	Directorate: Crisis & Emergency Care	Last Reviewed: 21/06/2019
BAF Ref: A101ii	Exec Lead: Executive Director - Operational Delivery	Review Frequency: Monthly
<p>Details of Risk:</p> <p>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.</p>		

CORPORATE RISK REGISTER (FULL)

As at: July 2019

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"> • 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 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>Project group established to explore contact centre approach options and supporting technology required plus to review pathways and information flow</p>	<p>31/10/2019 Nick Gillott</p>

CORPORATE RISK REGISTER (FULL)

As at: July 2019

Risk No. 4021 v.7	Risk Type: Workforce	Monitoring Group: Workforce & Organisation Development Committee
Version Date: 04/06/2019	Directorate: Crisis & Emergency Care	Last Reviewed: 21/06/2019
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		
<p>16 HIGH</p> <p>S: 4 Major L: 4 Likely</p>	<ul style="list-style-type: none"> Recruitment to Clinical Fellow posts Consultant appointments made during 2018/19 Ongoing recruitment programme of SAS/Consultants from the UK . 	<p>12 MODERATE</p> <p>S: 3 Moderate L: 4 Likely</p>	<p>Planned international recruitment of Consultant and Staff Grades and Associate Specialist (SAS) doctors</p> <p>Development of support package for SAS doctors to become consultants</p> <p>Recruitment to Clinical Fellow posts</p>	<p>Work is progressing on this action. Timescales have been extended by two months.</p> <p>Work is progressing on this action. Timescale extended by two months.</p> <p>Further recruitment of clinical fellows remains ongoing therefore timescale extended by two months to reflect this.</p>	<p>31/07/2019 Peter Bowie</p> <p>31/07/2019 Mike Hunter</p> <p>31/07/2019 Peter Bowie</p>

CORPORATE RISK REGISTER (FULL)

As at: July 2019

Risk No. 4078 v.4	Risk Type: Workforce	Monitoring Group: Workforce & Organisation Development Committee
Version Date: 20/03/2019	Directorate: Human Resources	Last Reviewed: 25/06/2019
BAF Ref: A204	Exec Lead: Director Of Human Resources	Review Frequency: Monthly
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. PERSON
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 established led by Chief Executive and meets regularly with middle managers to address culture and management 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 Key areas identified within the themes for action and presented to Quality Assurance Committee, Clinical Operations and Governance group for oversight on progress 	12 MODERATE S: 3 Moderate L: 4 Likely	<ul style="list-style-type: none"> Evaluation of pulse check results to inform future OD plans Initial pulse check closed 31/07/2019 Sarah Bawden Drop in sessions to engage with staff on key areas for action 30/09/2019 Dean Wilson

CORPORATE RISK REGISTER (FULL)

As at: July 2019

Risk No. 4079 v.3	Risk Type: Safety	Monitoring Group: Quality Assurance Committee
Version Date: 28/02/2019	Directorate: Facilities	Last Reviewed: 24/06/2019
BAF Ref: A102ii	Exec Lead: Executive Director - Operational Delivery	Review Frequency: Monthly
<p>Details of Risk:</p> <p>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.</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"> • 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 	<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>Regret there remains little change with the national situation due to lack of capacity in the national system which is outside the Trust's control. NHSi remain involved and there is no imminent prospect of this being resolved. Other Trusts remain in the same position.</p> <p>30/08/2019 Helen Payne</p>

CORPORATE RISK REGISTER (FULL)

As at: July 2019

Risk No. 4121 v.3	Risk Type: Quality	Monitoring Group: Finance, Information & Performance Committee
Version Date: 22/02/2019	Directorate: IMS&T	Last Reviewed: 13/06/2019
BAF Ref: A404	Exec Lead: Executive Director Of Finance	Review Frequency: Monthly
<p>Details of Risk:</p> <p>Patient safety, service efficiency and effectiveness and access to patient information is put at risk as a result of insight instability.</p>		

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"> 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>Deputy Director to meet with Business Continuity Lead to discuss wider plan and testing against system downtime.</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>12/07/2019 Nick Gillott</p>

CORPORATE RISK REGISTER (FULL)

As at: July 2019

Risk No. 4124 v. 1	Risk Type: Safety	Monitoring Group: Quality Assurance Committee
Version Date: 20/12/2018	Directorate: Crisis & Emergency Care	Last Reviewed: 21/06/2019
BAF Ref: A204	Exec Lead: Executive Director - Operational Delivery	Review Frequency: Monthly
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. PERSON		
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 Review of pilot security service to evaluate impact on risk. Pilot body cam system, evaluate and develop business case if appropriate	Monitoring continues. Improvement maintained. Contract being established via framework. Extension to body cams pilot agreed	31/07/2019 Maxine Statham 31/07/2019 Deborah Horne 30/09/2019 Adelaide Chibanda

Risk No. 4140 v. 1	Risk Type: Safety	Monitoring Group: Quality Assurance Committee
Version Date: 21/01/2019	Directorate: Medical	Last Reviewed: 21/06/2019
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.		

CORPORATE RISK REGISTER (FULL)

As at: July 2019

INITIAL RISK	CONTROLS IN PLACE	RESIDUAL RISK	ACTIONS PLANNED & MOST RECENT PROGRESS WITH TARGET DATE/RESP. PERSON
<p>12 MODERATE</p> <p>S: 3 Moderate L: 4 Likely</p>	<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 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 	<p>9 MODERATE</p> <p>S: 3 Moderate L: 3 Possible</p>	

Risk No. 4167 v.1	Risk Type: Business	Monitoring Group: Finance, Information & Performance Committee
Version Date: 28/02/2019	Directorate: IMS&T	Last Reviewed: 01/07/2019
BAF Ref: A404	Exec Lead: Executive Director Of Finance	Review Frequency: Monthly
<p>Details of Risk:</p> <p>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.</p>		

CORPORATE RISK REGISTER (FULL)

As at: July 2019

INITIAL RISK	CONTROLS IN PLACE	RESIDUAL RISK	ACTIONS PLANNED & MOST RECENT PROGRESS WITH TARGET DATE/RESP. PERSON
<p>25 HIGH</p> <p>S: 5 Catastrophic L: 5 Almost Certain</p>	<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 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. • In June 2019 BPG approved paper detailing additional 2 new staff to support mitigating actions. One already in post, the other to be appointed shortly. 	<p>12 MODERATE</p> <p>S: 4 Major L: 3 Possible</p>	

CORPORATE RISK REGISTER (FULL)

As at: July 2019

Risk No. 4189 v.1	Risk Type: Statutory	Monitoring Group: Quality Assurance Committee
Version Date: 01/04/2019	Directorate: Medical	Last Reviewed: 21/06/2019
BAF Ref: A101i	Exec Lead: Executive Medical Director	Review Frequency: Monthly
<p>Details of Risk:</p> <p>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</p>		

INITIAL RISK	CONTROLS IN PLACE	RESIDUAL RISK	ACTIONS PLANNED & MOST RECENT PROGRESS WITH TARGET DATE/RESP. PERSON		
<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>current upgrade is priority. FMD compliant upgrade scheduled for Autumn 2019</p>	<p>31/10/2019 Abiola Allinson</p>

Risk No. 4190 v.1	Risk Type: Safety	Monitoring Group: Quality Assurance Committee
Version Date: 08/04/2019	Directorate: Crisis & Emergency Care	Last Reviewed: 21/06/2019
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</p>		

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. 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 Clinical 	12 MODERATE 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>Provision ongoing.</p> <p>Plans being progressed.</p>	<p>30/09/2019 Christopher Wood</p> <p>30/09/2019 Christopher Wood</p> <p>30/09/2019 Kim Tissington</p>

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.

Risk No. 4222 v.1	Risk Type: Statutory	Monitoring Group: Quality Assurance Committee
Version Date: 11/06/2019	Directorate: Medical	Last Reviewed: 01/07/2019
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
16 HIGH S: 4 Major L: 4 Likely	<ul style="list-style-type: none"> • Reminder of the process of checking controlled drugs and Benzodiazepines • Medicines Optimisation Committee have reviewed and approved updated Trust controlled drugs SOPs. 	12 MODERATE S: 4 Major L: 3 Possible	<p>Review of Rapid tranquillisation monitoring. IT solution being developed to support recording</p> <p>Task and Finish Group reviewing medicines competency framework for nurses</p>
			<p>31/07/2019 Christopher Wood</p> <p>31/07/2019 Anthony Bainbridge</p>

CORPORATE RISK REGISTER (FULL)

As at: July 2019

Task and Finish group reviewing authorised witness training for second checkers of controlled drugs when qualified nurse, pharmacist or medic not available

31/07/2019
Abiola Allinson

Implementation plan in place for newly reviewed and approved SOPs

30/09/2019
Abiola Allinson

Risk No. 4223 v.4	Risk Type: Safety	Monitoring Group: Workforce & Organisation Development Committee
Version Date: 04/07/2019	Directorate: Human Resources	Last Reviewed: 04/07/2019
BAF Ref: A102ii	Exec Lead: Director Of Human Resources	Review Frequency: Monthly
<p>Details of Risk:</p> <p>Heightened risk of injury or ill health to staff, patients or visitors due to staff uncertainty about their health and safety roles and responsibilities in helping to prevent injury or ill health</p>		

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"> Review of moving and handling compliance completed Compliance records updated to reflect revised expectations of core competency requirements, systems for monitoring and review of compliance and update of key trainers. People Handling & Risk Assessment Key Trainer's Certificate (RoSPA Quals Level 4) training has been delivered in Dec 2018 and May 2019. 	<p>12 MODERATE</p> <p>S: 3 Moderate L: 4 Likely</p>	<p>Task and finish group commences July to oversee the completion and monitoring of all environmental risk assessment and training delivery.</p> <p>30/09/2019 Anita Winter</p>

- People Handling & Risk Assessment Key Trainer's Refresher Certificate training delivered Jan 2019.
- Programme of training for staff in H&S in place which will clarify roles and responsibilities of all staff
- Moving & Handling trainer has been identified to work two days a week for six months to support the delivery of training to key areas.
- Baseline/core group of risk assessments for all 24hr care service areas has been completed and copies are held centrally on datastore
- Task and Finish group in place that oversees the training delivery for moving and handling.

Risk No. 4240 v.2	Risk Type: Statutory	Monitoring Group: Quality Assurance Committee
Version Date: 04/07/2019	Directorate: Medical	Last Reviewed: 04/07/2019
BAF Ref: A101i	Exec Lead: Executive Medical Director	Review Frequency: Quarterly

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 COC prior to the next inspection.

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"> • Progress on actions being monitored monthly through Clinical Operations Performance and Governance meetings. • Head of Care Standards monitoring progress against corporate actions. 	<p>15 HIGH</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>31/08/2019 Michelle Fearon</p>

- Monthly exception reporting to Trust Management Group and the Executive Directors Group.

Total 16
