Sheffield Health and Social Care NHS Foundation Trust

Board of Directors (Open)

Date:	11 March 2020	Item Ref:	

TITLE OF PAPER	Corporate Risk Register
TO BE PRESENTED BY	Samantha Harrison, Interim Director of Corporate Governance
ACTION REQUIRED	For 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 March 2020
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 & 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	2 March 2020

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Sheffield Health and Social Care NHS Foundation Trust

SUMMARY REPORT

1. Purpose

For approval	*For a collective decision*	*To report progress*	*To seek input from*	*For information*	*Other (Please state below)*
		✓			

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 Board 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. They 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 4328 - Risk that patient care may be compromised as a result of failure in connectivity/SKYPE platform. The inclusion of this risk on the CRR was approved by EDG on 9/1/20. It was initially scored as a 12 (4x3). However following review in February, the risk score was reduced to 9 to reflect business continuity plans in place which are mitigating the risk, and continued and close oversight of the issue. Therefore EDG agreed on 27/2/20 to closure of the risk at a corporate level, but for continued oversight at care network level. As such, the risk does not appear on the CRR but Board need to have oversight of any short-term risks.

Risk 4329 - There is a risk of non-compliance against the MHA Code of Practice in relation to seclusion facilities which could result in CQC compliance notice. This was approved for inclusion on the CRR by EDG on 9/1/20 but subsequently merged into risk 3679 which was expanded to include risks specific to the inpatient environment.

2.2 Reduced, Escalated Risks and Amended Risks

Risk 3679 – the inpatient environment cannot provide adequate assurance that risk is being managed and could result in patient safety incidents and harm. This is a revision of the risk description, which previously only cited ligature risk. It has been expanded to reflect the range of issues on inpatient wards and has amalgamated risk 4329 into it. Due to the broader nature of the risk and in response to CQC safety notices, the residual risk score has been increased to 15 from 10. Expansion of this risk was agreed by EDG at its meeting of 30/1/20. This is now a high risk.

Risk 3831 – risk that levels of registered nurse vacancies (band 6) may adversely affect the quality and safety of care provided on acute wards due to over reliance on newly qualified (band 5) nurses.
The risk description has been expanded to reflect the feedback received from the CQC following the recent Well-led inspection. Whilst the residual risk score is the same at 12, has changed from moderate and likely to major and possible.

Risk 4078 – staff survey (2018) results indicate a reduction in staff engagement and motivation impacting on the quality of care.
The HR Director would like to undertake a comprehensive review of this risk in order to produce a more clearly defined and measurable risk. This will be presented to EDG on 26 March 2020.

Risk 4190 – Risk to 16-18 year olds transitioning between SCH and SHSC in line with agreed transitions policy.
In response to the CQC, the Trust will no longer be providing this service from 1/4/20. Therefore EDG will be asked to approve closure of this risk which it is presented on 26/3/20.

Risk 4276 – risk of physical harm to patients due to lack of physical health checks following administration of rapid tranquilisation.
In response to the initial CQC feedback from the recent Well-led inspection, both risk scores have increased with the initial score changing from 16 to 20 and the residual changing to 16 from 12. This is now a high risk.

Risk 4284 – risk of further action being taken against the Trust if significant improvements are not made in the areas identified and outlined within feedback received from the CQC during their Well-led inspections.
The risk description has been revised to reflect the actions still outstanding and those required following both the 2018 well-led inspection and the recent CQC feedback prior to receipt of the final inspection report. Both risk scores have been increased, with the initial score increasing to 20 from 16 and the residual score increasing to 15 from 12. Controls have been amended, existing actions updated and new actions added. This is now a high risk.

2.3 New Risks

Risk 4324 - There is a risk to patient safety and service provision within the adult Recovery Teams caused by a fault on the telephone system resulting in calls being unanswered and calls not being identified impacting on the number of complaints and potential reputational damage.
This was approved for inclusion on the CRR by EDG on 9/1/20. Originally the residual risk score was 15 (high) but subsequent actions and controls have contributed to mitigation the risk and as such the residual risk score now stands at 12.

Risk 4325 - Risk to Health & Safety of staff, service users and others due to a lack of access to a Back Care Advisor and Moving & Handling Training at all levels
This risk sits on the both Scheduled and Planned Care Network and Crisis and Emergency Care Network. It was escalated and approved by EDG for inclusion on the CRR on 9/1/20. The risk was formally part of corporate risk 4223, but the back care element has been removed in order to provide greater specificity to each aspect of the risk as a whole.

Risk 4326 - Patient safety is at risk because key clinical systems that require planned maintenance (for security and licensing reasons) rely on IMST staff working out of hours when they are not contracted to do so, and are often the single point of failure when systems require downtime out of hours.
This was approved for inclusion on the CRR by EDG on 9/1/20 and had a residual score of 12. In the intervening period controls and actions have helped to mitigate the risk and its score has been reduced to 9. It remains on the CRR for continued high level oversight.

Risk 4327 - Patient safety is being put at risk through inconsistent processes to store scanned documents relating to their care across clinical teams. This results in patient documentation being stored in a number of digital locations, and not uploaded to INSIGHT (including hard drives, shared network drives).
This was approved for inclusion on the CRR by EDG on 9/1/20. Since inclusion the risk description has been amended to give greater clarity and the residual risk score has been reduced as result of new controls and actions.

Risk 4330 - There is a risk that at times referral demand outstrips supply resulting in an inability to complete timely triage
This was approved for inclusion on the CRR by EDG on 9/1/20 and reflects the nature of the changing risk within SPA. Whilst the residual score falls below the escalation threshold, the service remains a priority for oversight at executive and board level, hence its inclusion. Following a request from QAC, a review of SPA is taking place to provide clarity regarding any outstanding risks.

2.3 Corporate Risk Register

The table below shows the 21 risks on the CRR and updates made since its last presentation to Board in December 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 & disinvest-ments recurrently, specifically in relation to 2019/20.	**12 (4x3) Moderate**		Actions updated but little progress to report	Executive Director of Finance	No change to controls Action 1: updated, timescale + 3 months Action 2: new
3679	The inpatient environment cannot provide adequate assurance that risk is being managed and could result in patient safety incidents and harm	**15 (5x3) High**		Refer to paragraph 2.2	Executive Medical Director	Risk description amended Residual risk score increased Controls 6, 7 & 8 new Action 1: new Action 2: new
3831	Risk that levels of registered nurse (band 6) vacancies may adversely affect the quality & safety of care provided on acute wards due to over reliance on newly qualified (band 5) nurses.	**12 (3x4) Moderate**		Refer to paragraph 2.2	Executive Director of Nursing & Professions	Risk description amended Residual risk score changed from moderate and likely (12) to major and possible (12) Controls 8&9: new Action 1: new Action 2: updated Action 3: new Action 4: new
3916	Reputational and potential patient safety risk at START and SPA due to an inability to meet peaks in call volumes	**9 (3x3) Moderate**		Review underway which will inform future of risk	Executive Director Operational Delivery	Control 8: new Action 1: new 1 action closed and now control
4021	Risk of insufficient consultant cover impacting on the safety and quality of care provided in community adult psychiatry	**9 (3x3) Moderate**		Reduction in risk score from 12 (4x3). Review/ closure in March	Executive Medical Director	Control 4: new Action 1: no change Action 2: timescale + 2 months

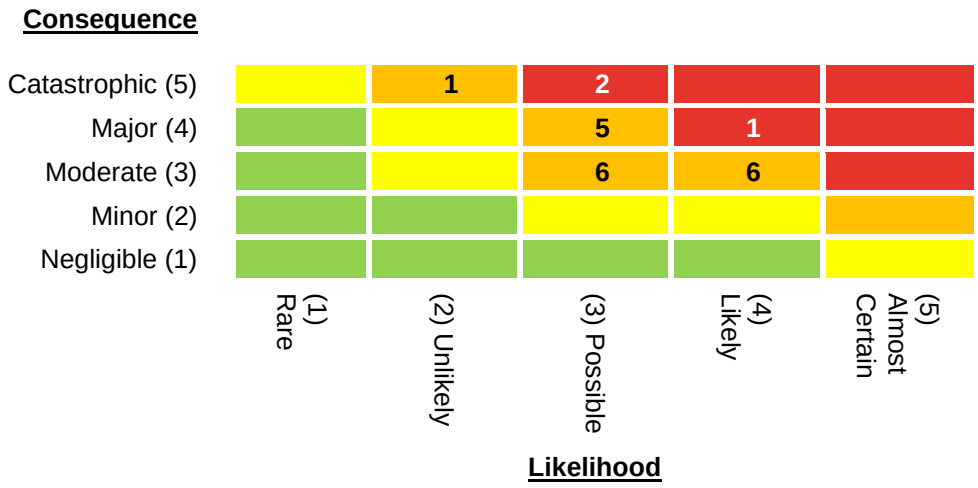
Risk No	Risk Description	Residual Risk Rating	Changes to Risk Rating	Rationale for change/no change	Risk Owner	Updates
4078	Staff survey results (2018) indicate a reduction in staff engagement and motivation impacting on the quality of care	**9 (3x3) Moderate**		Refer to paragraph 2.2	Director of HR	Controls 6-8: new Action 1: no change Action 2: updated, timescale + 6 months Action 3: no change Action 4: 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	No change to controls Action 1: updated, timescale + 5 months
4121	Patient safety, service efficiency & effectiveness & 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 Operational Delivery	No change to controls Action 1: updated, timescale + 3 months 2 new actions 1 action closed and completed
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**		Situation remains the same	Executive Director Operational Delivery	Controls 8&9: new Action 1: updated, timescale + 2 months Action 2: updated, timescale + 3 months Action 3: new 1 action completed now control
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.	**9 (3x3) Moderate**		UK is in transitional arrangements with the EU until 31/12/20 resulting in no change to this risk	Executive Medical Director	No change
4189	The FMD 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**		Updated, but risk remains at same level	Executive Medical Director	Control 3: new Action 1: updated, timescale + 5 months 1 action completed and closed, now control
4190	Risk to 16-18 year olds transitioning between Sheffield Children's NHS FT & SHSC in line with the agreed Sheffield Transitions Policy.	**12 (4x3) Moderate**		Refer to paragraph 2.2.	Executive Director Operational Delivery	Control 4: updated Control 11: new Action 1: new 1 action closed

Risk No	Risk Description	Residual Risk Rating	Changes to Risk Rating	Rationale for change/no change	Risk Owner	Updates
4223	Risk to the health & safety of staff & service users due to a lack of Health & Safety infrastructure (Risk Assessment Training)	**12 (3X4) Moderate**		Work continues to mitigate risk, but risk score still appropriate	Director of HR	1 control closed, no longer relevant Control 5: new Action 1: updated Action 2: updated, timescale + 2 months Action 3: updated
4264	Failure to meet contractual requirements for conducting and completing complaints	**12 (3x4) Moderate**		Risk reviewed, residual score still in keeping with actions outstanding.	Interim Director of Corporate Governance	Control 3: expanded Controls 4&5: new Action 1: new Action 2: updated, timescale + 3 months Action 3: updated, timescale + 2 months Action 4: revised wording, updated, timescale + 5 months
4276	Risk of physical harm to patients due to lack of physical health checks following administration of rapid tranquilisation.	**12 (4x4) High**		Refer to paragraph 2.2.	Executive Director Operational Delivery	Initial risk score increased to 20 (4x5) from 16 (4x4) Residual risk score increased to 16 (4x4) from 12 (4x3) Control 7: new Action 1: new Action 2: updated, timescale + 1 month Action 3: updated, timescale + 2 months
4284	Risk of further action being taken against the Trust if significant improvements are not made in the areas identified and outlined within feedback received from the CQC during their well-led inspections.	**15 (5x3) High**		Refer to paragraph 2.2.	Executive Medical Director	Initial risk score increased to 20 (5x4) from 16 (4x4) Residual risk score increased to 15 (5x3) from 12 (4x3) Risk description amended Control 1: amalgamated with another control Control 2: updated Control 3: new Control 4: revised Action 1: updated, timescale + 2 months Actions 2: amended, update added, timescale + 2 months Action 3: updated Actions 4&5: new
4324	Risk to patient safety and service provision within adult recovery teams caused by a fault on the telephone system	**12 (3x4) Moderate**		Since its inclusion on the CRR the residual risk score as reduced to 12 from 15	Executive Director Operational Delivery	NEW RISK

Risk No	Risk Description	Residual Risk Rating	Changes to Risk Rating	Rationale for change/no change	Risk Owner	Updates
4325	Risk the health & safety of staff, service users & others due to lack of access to back care advisor and moving & handling training at all levels.	**12 (3x4) Moderate**	⟺	No change in the residual risk score since its inclusion on the CRR	Director of Human Resources	NEW RISK
4326	Patient safety at risk because of key clinical systems that required planned maintenance rely on IMST staff working out of hours	**9 (3x3) Moderate**	⟺	Reduction in residual risk score since its inclusion on the CRR	Executive Director of Operational Delivery	NEW RISK
4327	Patient safety is being put at risk through inconsistent approaches to store scanned documents relating to their care across clinical teams	**12 (4x3) Moderate**	⟺	No change in residual risk score since its inclusion on CRR	Executive Director of Operational Delivery	NEW RISK
4330	Risk that at times referral demand outstrips supply resulting in an inability to complete timely triage	**10 (5x2)**	⟺	Continued oversight	Executive Director of Operational Delivery	NEW RISK

2.3 Risk Profile

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



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 April 2020 before their next presentation to Board in June.

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 with assurance as outlined;
- 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: March 2020

Risk No. 2175 v.11	Risk Type: Financial	Monitoring Group: Finance & Performance Committee
Version Date: 16/01/2019	Directorate: Finance	Last Reviewed: 21/02/2020
BAF Ref: A4O1	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	• 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.	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.	No progress within HR. IMST still reliant on NR solutions. The clinical directorate still have £300k delivered non recurrently but this should be addressed in the risk share settlement negotiated with the CCG. We therefore move into 20/21 with a manageable £960k vacancy factor within clinical operations. The focus is solely on 20/21 planning. The position is of serious concern. Senior managers, including Directors do not appear to be acknowledging the need for CIPs never mind developing options or solutions. Regardless of the issues or risks that would need review, scrutiny and assurance via the QIA progress some plans do need to be developed and considered. With the LTP investments and other agreed	31/03/2020 James Sabin

		staffing levels, large elements of costs are difficult to reduce but some efficiency plans are needed as many investments are not commissioner backed. With the exception of Strategy, Finance and Nursing most areas are at risk of having no CIP plans at the time of plan submission.		
	As part of CIP planning for 20/21 alternative CIP methodology will be explored for consideration. One option proposed includes a CFO led negotiated approach but bringing in various metrics linking in performance, benchmarking and evidenced based resourcing. This will be progressed throughout January and February	On-going - Final plans will go via EDG and then to FPC on 30th March (Delegated authority) for Board retrospective approval on the 8th April	31/03/2020 Lisa Collett	

CORPORATE RISK REGISTER (FULL)

As at: March 2020

Risk No. 3679 v.7	Risk Type: Safety	Monitoring Group: Quality Assurance Committee
Version Date: 24/02/2020	Directorate: Crisis & Emergency Care	Last Reviewed: 24/02/2020
BAF Ref: A1O1i	Exec Lead: Executive Medical Director	Review Frequency: Monthly

Details of Risk:

The inpatient environment cannot provide adequate assurance that risk is being managed and could result in patient safety incidents and harm.

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	• Policies and standard operating procedures are embedded, including: ligature risk reduction (which now includes blind spots), observation, risk management including DRAM and seclusion policy. • Individual service users are risk assessed - DRAM in place and enhanced observations mobilised as required. • 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 in the long term. • Routine programme of updating equipment to latest anti-ligature fixtures and fittings. • Staff receive clinical risk training, including suicide prevention and RESPECT and all ligature incidents are reviewed. • CQC MHA oversight (visits, report and action plans) • Mental Health Legislation Committee with oversight of compliance in relation to seclusion facilities • Local seclusion SOP in place at Stanage and	15 HIGH S:5 Catastrophic L:3 Possible	In response to the Section 29a notice from the CQC, a review of inpatient environments will take place to assess against compliance with the Mental Health Code of Practice and regulatory standards.	This review is currently in hand, and scheduled to be completed in line with defined timescales.	31/03/2020 Helen Payne
			In response to the Section 29a notice from the CQC, the Trust has commissioned an architect to scope the options to eradicate dormitories and deliver compliance seclusion facilities.	Options to be presented to the April Board of Directors for a decision.	31/03/2020 Helen Payne

Burbage in order to increase medical reviews when someone is in seclusion.

CORPORATE RISK REGISTER (FULL)

As at: March 2020

Risk No. 3831 v.8	Risk Type: Workforce	Monitoring Group: Workforce & Organisation Development Committe
Version Date: 24/02/2020	Directorate: Crisis & Emergency Care	Last Reviewed: 24/02/2020
BAF Ref: A1O2i	Exec Lead: Executive Director - Nursing & Professions	Review Frequency: Monthly

Details of Risk:

Risk that levels of Registered Nurse (band 6) vacancies may adversely affect the quality and safety of care provided on the acute wards due to over reliance on newly qualified (band 5) nurses.

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	• 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 for new roles in 2020/21 from HEE. • Fortnightly supervision for band 5 nurses.	12 MODERATE S:3 Moderate L:4 Likely	Appointment to a lead post in clinical operations to co-ordinate the recruitment and retention of registered nurses		30/04/2020 Anthony Bainbridge
			Trust-wide work to introduce new roles in line with national initiatives: Higher Degree Nurse Apprenticeships; Nursing Associates; Approved / Responsible Clinicians.	Number of vacancies at band 5 reducing. Still deficit in Band 6 staffing levels linked to expansion and development of other services (ie staff moving from wards to community based services). Further band 5 recruitment March 2020.	30/04/2020 Anthony Bainbridge
			Increased AHP and Psychology support for 24 hour environment.	Outline business case agreed in principle. Full business case to be presented to March 2020 Board of Directors	31/03/2020 Liz Lightbown
			Trust investigating recruitment and retention premias		31/03/2020 Michelle Fearon

• Advanced Clinical Practitioners (band 7) in place to support wards (quality and standards).

CORPORATE RISK REGISTER (FULL)

As at: March 2020

Risk No. 3916 v.5	Risk Type: Quality	Monitoring Group: Quality Assurance Committee
Version Date: 23/09/2019	Directorate: Crisis & Emergency Care	Last Reviewed: 24/02/2020
BAF Ref: A1O1ii	Exec Lead: Executive Director - Operational Delivery	Review Frequency: Quarterly

Details of Risk:

There is a reputational and potential patient safety risk at START and SPA due to an inability to meet peaks in call volumes.

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	• 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. • Additional expertise and dedicated project management in place including governance infrastructure.	9 MODERATE S: 3 Moderate L: 3 Possible	Commissioned review of SPA including urgent, routine and core management to identify any outstanding areas of risk	Review underway - to be reported to QAC in April 2020.	30/04/2020 Deborah Horne

CORPORATE RISK REGISTER (FULL)

As at: March 2020

Risk No. 4021 v.9	Risk Type: Workforce	Monitoring Group: Workforce & Organisation Development Committe
Version Date: 27/01/2020	Directorate: Crisis & Emergency Care	Last Reviewed: 24/01/2020
BAF Ref: A1O2i	Exec Lead: Executive Medical Director	Review Frequency: Quarterly

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	• Ongoing recruitment to Clinical Fellow posts • Consultant appointments made during 19/20 • Ongoing recruitment programme of SAS/Consultants from the UK . • Over-establishment of specialty doctors in community services	9 MODERATE S:3 Moderate L:3 Possible	Planned international recruitment of Consultant and Staff Grades and Associate Specialist (SAS) doctors	6 SAS appointments made in Sept 2019 with people in post between Nov 19 and Feb 20.	31/03/2020 Peter Bowie
			Development of support package for SAS doctors to become consultants.	Partial implementation.	31/03/2020 Mike Hunter

CORPORATE RISK REGISTER (FULL)

As at: March 2020

Risk No. 4078 v.8	Risk Type: Workforce	Monitoring Group: Workforce & Organisation Development Committe
Version Date: 19/12/2019	Directorate: Human Resources	Last Reviewed: 25/02/2020
BAF Ref: A2O4	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	• Leadership Engagement Network • Listening into Action adopted by the Trust. Clinical Lead in place supported by an established and growing group of LiA Champions. Now 50 Champions and identifying improvement workstreams. • 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. LiA sponsor group established and meets weekly • Staff engagement measures identified and reviewed including: - Increase in number of staff completing the staff survey 36%-40% - Trust has 50 LiA champions - Significant number of staff responded to LiA initiatives - Number of staff in BME staff network continue	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.		31/03/2020 Liz Johnson
			Organisational diagnostic to be undertaken (evaluation of culture, engagement etc)	Initial priorities identified for diagnostic continuing until July 2020, therefore timescale amended accordingly.	31/07/2020 Rita Evans
			Organisation Development Strategy to be developed.		31/03/2020 Rita Evans
			Wellbeing priorities are being developed by LiA crowdfix and these are being actioned and include Flex working, breaks, delivering health and wellbeing roadshows, mental health first aid, mindfulness and supervision.		31/07/2020 Caroline Parry

to increase (currently approx. 50)
- Lived experience group has around 20 members

• Bullying and Harrasment drop in sessions delivered across Trust sites 13 delivered as of 23/12 and 4 more planned for new year. These sessions gather rich and qualitative information to inform action planning

• New Staff Survey Steering Group in place

CORPORATE RISK REGISTER (FULL)

As at: March 2020

Risk No. 4079 v.3	Risk Type: Safety	Monitoring Group: Quality Assurance Committee
Version Date: 28/02/2019	Directorate: Facilities	Last Reviewed: 20/02/2020
BAF Ref: A1O2ii	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	• 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 has been no significant national change; "wrangling" continues about the inability of PHS to deliver a legally compliant service. The Trust is working the local regional waste consortium to consider options for re-tendering the contract during 2020.	29/05/2020 Helen Payne

Risk No. 4121 v.6	Risk Type: Quality	Monitoring Group: Finance & Performance Committee
Version Date: 21/08/2019	Directorate: IMS&T	Last Reviewed: 19/02/2020
BAF Ref: A4O4	Exec Lead: Executive Director - Operational Delivery	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		
16 HIGH S:4 Major L:4 Likely	• 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.	12 MODERATE S:4 Major L:3 Possible	A business continuity plan to be developed and tested across the trust through required governance routes.	Business Continuity factored in to the internal Audit programme covering INSIGHT outage, network outage and telephony outage.	31/03/2020 Nick Gillott
			Work to stabilise insight has been undertaken through 2019. A gap analysis is now underway and will develop into a business case for any additional works identified.	Next gaps addressed through prioritised upgrade to the SQL server. UAT planned for completion 30/06/2020	28/02/2020 Nick Gillott
			Upgrade of SQL database infrastructure to ensure we remain in support with MS and that vulnerabilities to the system are minimised. Scheduled to go through User Acceptance testing through Q4 2019/20.	Project brief drafted and UAT strategy documented with key roles identified. Project initiated with a target date to successful completion by 30 June 2020.	30/06/2020 Ben Sewell

CORPORATE RISK REGISTER (FULL)

As at: March 2020

Risk No. 4124 v.3	Risk Type: Safety	Monitoring Group: Quality Assurance Committee
Version Date: 23/09/2019	Directorate: Crisis & Emergency Care	Last Reviewed: 24/02/2020
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	• 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 • Body Cam system in place • Alarm system upgrade agreed and work underway	12 MODERATE S:3 Moderate L:4 Likely	Ensure sufficient Respect trained staff rostered for night shifts	Substantive staffing levels improved. Additional Respect training accessed	31/03/2020 Maxine Statham
			Business case to be completed for CCTV on ward and external areas.	Business case could not be developed until the recording policy has been approved. As this is now in place, work will begin on writing the business case.	31/03/2020 Deborah Horne
			Training programme for new staff to support effectiveness on the ward.		30/06/2020 Anthony Bainbridge

Risk No. 4140 v.1	Risk Type: Safety	Monitoring Group: Quality Assurance Committee
Version Date: 21/01/2019	Directorate: Medical	Last Reviewed: 20/02/2020
BAF Ref: A1O1ii	Exec Lead: Executive Medical Director	Review Frequency: Quarterly

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
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: March 2020

Risk No. 4189 v.2	Risk Type: Statutory	Monitoring Group: Quality Assurance Committee
Version Date: 22/11/2019	Directorate: Medical	Last Reviewed: 20/02/2020
BAF Ref: A1O1i	Exec Lead: Executive Medical Director	Review Frequency: Quarterly

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		
15 HIGH S:3 Moderate L:5 Almost Certain	• 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 • Embedded practice to check on a fortnightly basis the validity of suppliers in the chain for medicines (Whole Dealers Licence).	9 MODERATE S:3 Moderate L:3 Possible	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.	Version 2019 is still undergoing beta testing. System 2018 will stay in place till issues are ironed out.	31/05/2020 Abiola Allinson

Risk No. 4190 v.3	Risk Type: Safety	Monitoring Group: Quality Assurance Committee
Version Date: 23/09/2019	Directorate: Crisis & Emergency Care	Last Reviewed: 24/02/2020
BAF Ref: A1O2ii	Exec Lead: Executive Director - Operational Delivery	Review Frequency: Monthly

Details of Risk:

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

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

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	• 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. This will not be extended after 31/3/20. • 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.	12 MODERATE S:4 Major L:3 Possible	Multi agency group in place (CCG, SHSC, SCH) to collaborate on future service requirements for children and adult home treatment using national investments. 30/06/2020 Michelle Fearon

- Process in place to escalate any concerns in relation to compliance to Director of Operations.
- 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.
- A monthly Transitions clinical interface meeting has now been established. Representative from SPA, Recovery, and EI meet with CAMHS and LA children's services to plan the transition of young people at 171/2 years old to ensure a structured care plan is in place.

CORPORATE RISK REGISTER (FULL)

As at: March 2020

Risk No. 4223 v.11	Risk Type: Safety	Monitoring Group: Workforce & Organisation Development Committe
Version Date: 20/12/2019	Directorate: Human Resources	Last Reviewed: 25/02/2020
BAF Ref: A1O2ii	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		
16 HIGH S:4 Major L:4 Likely	• 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 • Task & Finish Group in place which oversees the completion, storage, monitoring and response to environmental/workplace risk assessments • An in house Risk Assessment training programme for managers and supervisors has been put in place.	12 MODERATE S:3 Moderate L:4 Likely	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.	The 2nd of the new inhouse basic Risk assessment training courses has been completed. More are planned for February and March 2020. Development of the foundation stage training package that will include this basic Risk assessment is ongoing and subject to agreement will be ready to go in April 2020.	31/03/2020 David Emblen
			Review of Health & Safety Policy.	Trust H&S policy is due to be re presented at the H&S group for agreement on the 25/02/2020 prior to it going to the Policy Governance Group. The delay was caused by discussions around process and the consultation pathway for this policy.	30/04/2020 David Emblen
			Develop a Business Case to support funding and delivery of a wider programme of Health &	Ongoing	31/03/2020 David Emblen

Safety Training.

CORPORATE RISK REGISTER (FULL)

As at: March 2020

Risk No. 4264 v.1	Risk Type: Business	Monitoring Group: Quality Assurance Committee
Version Date: 05/09/2019	Directorate: Corporate Governance	Last Reviewed: 24/02/2020
BAF Ref: A1O1iii	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	• 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'. Q3 outturn performance 83% of complaints processed within agreed timeframes. • Internal Audit Advisory Report completed Oct 2019 highlighting good practice and identifying further actions which have been incorporated into the action plan. • Lean processes in place for complaints, FOIs and compliments which will improve internal systems of control.	12 MODERATE S:3 Moderate L:4 Likely	Improve internal systems of control via implementation of new 'Lean' processes for complaints, compliments and fastracks.	Lean processes have been implemented for complaints, FOIs and compliments. Two workshops to be held in February 2020 to review fastracks (what is working and what is not).	31/03/2020 Anita Winter
			Improve internal systems of control through implementation of standard operating protocols for complaints, compliments and fastracks.	Lean processes fully implemented for Complaints and Compliments. Two workshops to be held in February to review Fastracks, what is working/what is not working.	31/03/2020 Joanne Slater
			Response to backlog fastracks to be completed	At the close of Q3 69% of fastracks have been responded to and closed. The additional capacity secured continues to focus on closing down these concerns but due some requiring more indepth investigation progress has been slow.	31/03/2020 Anita Winter

	Skill mix review confirmed Complaints Manager at band 7 to be recruited substantively	Work in progress on new job description. Recruitment to commence March 2020.	30/06/2020 Clive Clarke

Risk No. 4276 v.2	Risk Type: Safety	Monitoring Group: Quality Assurance Committee
Version Date: 24/02/2020	Directorate: Crisis & Emergency Care	Last Reviewed: 24/02/2020
BAF Ref: A1O2ii	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		
20 HIGH S: 4 Major L: 5 Almost Certain	• Physical Health Policy in place • 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 undertake monthly audit of physical health checks following rapid tranquilisation • 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. • Executive-led Physical Health Oversight Group in response to Section 29a notice led by Executive Director of Nursing and Professions	16 HIGH S: 4 Major L: 4 Likely	Finalise IT tool, initiate training and roll out and update of local Standard Operating Procedures to reflect the change.		30/04/2020 Christopher Wood
			Audit of physical health check compliance to be carried out through POMH audit process	Following decrease in compliance, an improvement plan has been produced for with ward manager comments are being sought. Timescale extended by one month to reflect actions resulting from audit.	31/03/2020 Maxine Statham
			Development of an IT based system to support accurate recording and data gathering of all physical health checks following rapid tranquilisation.	News2 trial currently underway on one ward. Learning from trial will take place in order to make necessary adjustments. Timescale extended by 2 months.	31/03/2020 Christopher Wood

Risk No. 4284 v.3	Risk Type: Statutory	Monitoring Group: Quality Assurance Committee
Version Date: 03/03/2020	Directorate: Medical	Last Reviewed: 03/03/2020
BAF Ref: A1O1i	Exec Lead: Executive Medical Director	Review Frequency: Monthly

Details of Risk:

Risk of further action being taken against the Trust if significant improvements are not made in the areas identified and outlined within feedback received from the CQC during their well-led inspections.

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	• Physical Health Improvement Group reconstituted with Executive Director leadership and direction, enabling a focused remit on physical health monitoring post restrictive intervention and enabling changes in clinical practice. • Business case approved regarding Forest Close and work now underway. • Executive Director leadership agreed for each of the required improvement areas and working groups established. • Weekly monitoring of progress on remedial actions undertaken at EDG with exception reporting route to Board in place.	15 HIGH S:5 Catastrophic L:3 Possible	Nurse call system to be installed at Maple Ward and Forest Lodge.	Forest Lodge complete, training to begin. Maple 50% complete as at 3/3/20.	31/03/2020 Helen Payne
			Refurbishment of Bungalow 3 to be completed	Procurement exercise complete, order placed with successful contractor. Pre-start 10/3/20. Twelve week programme therefore timescale extended.	10/07/2020 Helen Payne
			Nurse call system to be installed in remaining inpatient areas.	Stanage Ward to commence March, Burbage in April/May and G1 in May/June.	30/06/2020 Helen Payne
			Action plan to address areas for improvement being developed.		13/03/2020 Andrea Wilson
			Implement improvement action plan once developed.		29/05/2020 Andrea Wilson

CORPORATE RISK REGISTER (FULL)

As at: March 2020

Risk No. 4324 v.4	Risk Type: Reputational	Monitoring Group: Quality Assurance Committee
Version Date: 21/02/2020	Directorate: Scheduled & Planned Care	Last Reviewed: 21/02/2020
BAF Ref: A1O1ii	Exec Lead: Executive Director - Operational Delivery	Review Frequency: Monthly

Details of Risk:

There is a risk to patient safety and service provision within the adult Recovery Teams caused by a fault on the telephone system resulting in calls being unanswered and calls not being identified impacting on the number of complaints and potential reputational damage.

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	• New voicemail messages in place for when people are waiting identifying alternative ways to communicate with the service. • Oversight and monitoring taking place at both team and care network level. • New simple solutions (remedial actions) in place to reduce impact of calls waiting.	12 MODERATE S:3 Moderate L:4 Likely	Review data with IMST who will undertake a study to identify probable causes and solutions. Initial remedial actions to be implemented immediately whilst a comprehensive report of the review will be presented to senior managers for long term solutions.	Study complete. Report in the process of being written. To be presented at Clinical Ops in March 2020	31/03/2020 Nick Gillott

Risk No. 4325 v.2	Risk Type: Safety	Monitoring Group: Workforce & Organisation Development Committe
Version Date: 09/01/2020	Directorate: Crisis & Emergency Care	Last Reviewed: 22/02/2020
BAF Ref: A2O4	Exec Lead: Director Of Human Resources	Review Frequency: Monthly

Details of Risk:

Risk to Health & Safety of staff, service users and others due to a lack of access to a Back Care Advisor and Moving & Handling Training at all levels.

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	• People Handling & Risk Assessment Key Trainer's Certificate (RoSPA Quals Level 4) training has been delivered in December 2018 and may 2019 • Moving & Handling trainer identified to work two days a week for six months to support the delivery of training in key areas. • Moving and Handling Task & Finish Group established which oversees the development and delivery of Moving & Handling Training; and establishment of Back Care Advisor Role. • Each Key Trainer/service area is supported by a lead clinician (Kate Scott, Physiotherapy Clinical Lead and Gargi Srivastava, Physiotherapy Mental Health Team). The lead clinicians are available to offer support around any service user issue related to moving and handling and also to advise Key Trainers around training delivery. • 'Air and Share' support sessions for Key Trainers in place • List of Key Trainers by service area agreed and shared across the Trust to raise awareness. • From January 2020 trust induction	12 MODERATE S:3 Moderate L:4 Likely	Implement recruitment processes for Back Care Advisor	Back Care Advisor post advertised, shortlisting completed with interviews scheduled for February 2020	31/03/2020 Anita Winter
			All Key Trainers to develop an action plan detailing how they will achieve 85% compliance for their staff team	All key trainers have been offered support through 'air and share' sessions on developing localised action plans. Action plans are in development and timescales extended by area dependent on level of priority.	28/02/2020 Anita Winter

incorporates level 1 and level 2 M&H training

CORPORATE RISK REGISTER (FULL)

As at: March 2020

Risk No. 4326 v.3	Risk Type: Safety	Monitoring Group: Finance & Performance Committee
Version Date: 13/01/2020	Directorate: IMS&T	Last Reviewed: 19/02/2020
BAF Ref: A4O4	Exec Lead: Executive Director - Operational Delivery	Review Frequency: Quarterly

Details of Risk:

Patient safety is at risk because key clinical systems that require planned maintenance (for security and licensing reasons) rely on IMST staff working out of hours when they are not contracted to do so, and are often the single point of failure when systems require downtime out of hours.

INITIAL RISK	CONTROLS IN PLACE	RESIDUAL RISK	ACTIONS PLANNED & MOST RECENT PROGRESS WITH TARGET DATE/RESP. PERSON		
12 MODERATE S:4 Major L:3 Possible	• TMG and Trust Operations confirm that unplanned maintenance on key systems is not always feasible outside core hours. Agreement that business continuity plans and alternate working practices can be effected by clinical areas as required. • Operational and clinical areas have access to read only systems in emergency and business continuity plans are in place - to be tested under upcoming audit.	9 MODERATE S:3 Moderate L:3 Possible	Development of SLAs for out of hours application support and additional costs that could be incurred by the Trust / clinical systems owner	ITIL / ITSM phase 1 live. Further work to understand SLAs to be undertaken through subsequent phases. No further update.	31/03/2020 Nick Gillott
			Project kick off meeting initiated - timeline for completion in progress		30/06/2020 Ben Sewell

CORPORATE RISK REGISTER (FULL)

As at: March 2020

Risk No. 4327 v.3	Risk Type: Safety	Monitoring Group: Finance & Performance Committee
Version Date: 26/01/2020	Directorate: IMS&T	Last Reviewed: 26/02/2020
BAF Ref: A4O4	Exec Lead: Executive Director - Operational Delivery	Review Frequency: Monthly

Details of Risk:

Patient safety is being put at risk through inconsistent processes to store scanned documents relating to their care across clinical teams. This results in patient documentation being stored in a number of digital locations, and not uploaded to INSIGHT (including hard drives, shared network drives).

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	• Rollout to services scanning to w:drive has been paused by the MFD project, pending change in process, and confirmation from clinical operations that existing w drive documents have been uploaded to INSIGHT (where applicable) with training from MFD team to scan to h:drives. • New Multi Function Device (scanners / printers) programme will ensure all documents scanned are done so in the same way across the Trust. This will be a change in practice but is still reliant on services taking scanned documents and uploading them to INSIGHT. • Configuration of MFD to save to H:\Scans folder is in place and confirmed by IMST and MFD Project Manager.	12 MODERATE S:4 Major L:3 Possible	

CORPORATE RISK REGISTER (FULL)

As at: March 2020

Risk No. 4330 v.2	Risk Type: Safety	Monitoring Group: Quality Assurance Committee
Version Date: 27/01/2020	Directorate: Crisis & Emergency Care	Last Reviewed: 24/02/2020
BAF Ref: A1O1ii	Exec Lead: Executive Director - Operational Delivery	Review Frequency: Quarterly

Details of Risk:

There is a risk that at times referral demand outstrips supply resulting in an inability to complete timely triage.

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	• Triage of all referrals establishing risk, urgency and priority • Nurse Consultant supports the team • Alternative assessment provision available i.e. Decisions Unit, Liaison • Call Centre Manager appointed • Customer Service Improvement Programme Manager in post • New leadership team in place.	10 MODERATE S:5 Catastrophic L:2 Unlikely	Customer Service Improvement Project initiated to review and standardise service offer and improve accessibility.		31/03/2020 Kim Tissington
			Commissioned review of SPA including urgent, routine and core management to identify any outstanding areas of risk	Review underway and results to be reported to QAC in April 2020.	30/04/2020 Deborah Horne

Total	**21**