

# Board of Directors Public

## SUMMARY REPORT

Meeting Date: 23 March 2022

Agenda Item: 17

<b>Report Title:</b>	<b>Corporate Risk Register</b>	
<b>Author(s):</b>	Amber Wild, Corporate Assurance Manager	
<b>Accountable Director:</b>	Susan Rudd, Director of Corporate Governance	
<b>Other Meetings presented to or previously agreed at:</b>	<b>Committee/Group:</b>	Finance and Performance Committee, Quality Assurance Committee, People Committee, Audit and Risk Committee, Mental Health Legislation Committee
	<b>Date:</b>	9-11 November 2021
<b>Key Points recommendations to or previously agreed at:</b>	The Corporate Risk Register (CRR) is reported for consideration since it was last reported to Board in November 2021. Changes and updates to individual risks are highlighted in bold, italic text within the register which is attached as an appendix, and a snapshot of the risk register is detailed in the cover report.	

### Summary of key points in report

A snapshot of the risks is provided in the report, together with an indication of risk score movement since the previous report to Board. The full Corporate Risk Register as attached as an appendix and updates that have been to each risk are shown by bold, italicised text.

All risks highlighted in the summary report have been presented to the appropriate Board subcommittee for discussion.

A significant amount of work continues with risk authors to strengthen the controls and assurances, and to ensure that action plans and action progress have been reviewed and amended to support the understanding of the impact of actions to mitigate the risk.

### Recommendation for the Board/Committee to consider:

<b>Consider for Action</b>		<b>Approval</b>	<b>X</b>	<b>Assurance</b>	<b>X</b>	<b>Information</b>	
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To receive the Corporate Risk Register and note changes.

### Please identify which strategic priorities will be impacted by this report:

Covid-19 Recovering effectively	Yes	<b>X</b>	No	
CQC Getting Back to Good – Continuous improvement	Yes	<b>X</b>	No	

Transformation – Changing things that will make a difference					Yes	X	No	
Partnerships – working together to make a bigger impact					Yes	X	No	
<b>Is this report relevant to compliance with any key standards ? State specific standard</b>								
Care Quality Commission	Yes	X	No		“Systems and processes must be established to ensure compliance with the fundamental standards”			
Data Security Protection Toolkit	Yes		No	X				
Any Other Standards								
<b>Have these areas been considered ? YES/NO</b>					<b>If Yes, what are the implications or the impact? If no, please explain why</b>			
Service user/Carer Safety and Experience	Yes		No	X	Not directly in relation to this report – specific detail within the BAF for each area			
Financial (revenue & capital)	Yes		No	X				
Organisational Development/Workforce	Yes		No	X				
Equality, Diversity & Inclusion	Yes		No	X				
Legal	Yes		No	X				

## Section 1: Analysis and supporting detail

### Background

1.1 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).

1.2 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 which reach a residual score of 12 should be escalated.

### Corporate Risk Register Snapshot

1.3 Below is a snapshot of the risks, ordered from top to bottom by current risk score, followed by initial risk score. The full detail of these risks can be found in the appendix. New risks are identifiable in bold, italicised text, in the snapshot below.

1.4 Changes to existing risks are identified by bold, italicised text within the risk register, attached in the appendix to this report.

1.5

Initial risk score		Current risk score			Target risk score			Monitoring Group
Impact	Likelihood	Total	Impact	Likelihood	Total	Impact	Likelihood	
<p><b><i>4823: There is a risk that patients with a Learning Disability/and or with Autism will be admitted onto an acute mental health ward due to the current closure of ATS at SHSC. This has and will result in patient been inappropriately placed on an Acute Mental Health Ward, this environment is not fitting to patient with Learning Disability or their sensory needs, in addition staff on Acute Mental Health wards are not appropriately trained Learning Disability Staff. It poses a risk to Adult mental health patients and makes them vulnerable - increases the possibility of risk of negatively impacting the mental health needs of those patient, and could cause a deterioration in the behaviour that cause concern of the LD patient admitted. Green Light Working does not mitigate risk for patient with Moderate to Severe LD, it is important to continue to use Green Light Working when appropriate</i></b></p>								
5	4	20	4	4	16	0	0	0

<b>3679:</b> There is a risk to patient safety arising from the quality and safety of the ward environments across SHSC hospital sites, including access to ligature anchor points.									Quality Assurance Committee
5	4	20	5	3	15	2	2	4	↔
<b>4330:</b> There is a risk that service users cannot access secondary mental health services through the Single Point of Access within an acceptable waiting time due to an increase in demand and insufficient clinical capacity.									Quality Assurance Committee
5	4	20	5	3	15	2	2	4	↔
<b>4475:</b> There is a risk that there are insufficient beds to meet service demand; caused by bed closures linked to the eradication of dormitories and ward refurbishment; resulting in a need to place service users out of city.									Quality Assurance Committee
4	5	20	3	5	15	3	2	6	↔
<b>4121:</b> There is a risk to patient safety, caused by key clinical documents being deleted, resulting in clinical decisions being made with incomplete or limited information and potential delays to patient treatment, e.g. missed appointments.									Finance and Performance Committee
4	5	20	3	5	15	1	4	4	↔
<b>4745:</b> <i>There is a risk that complaints will not be responded to in a timely manner which will give rise to breaches of contractual standards and dissatisfaction from service users, carers and families. The untimely delays could lead to a failure to learn and correct issues in a timely manner and ensure good quality care/prevent future issues arising.</i>									Quality Assurance Committee
3	5	15	3	5	15	3	2	6	↔
<b>4362:</b> There is a risk that the Trust will be unable to provide safe patient care or protect the health and wellbeing of its workforce due to the pandemic Coronavirus (Covid-19) which will impact on all services, both clinical and corporate.									Quality Assurance Committee
5	5	25	4	3	12	2	2	4	↔
<b>4456:</b> <i>There is a risk that the Specialist Community Forensic team will be unable to perform their business as usual, specifically the provision of outstanding holistic community care for forensic service users. This is caused by a lack of clinical base for the team due to the temporary base at Fulwood House being no longer available (Leaving Fulwood Project) from approximately April 2022. Resulting in a reduction in quality of care, an inability to work cohesively as a team and systems and structures within the service being impacted.</i>									Finance and Performance Committee
4	4	16	3	4	12	0	0	0	↔
<b>3831:</b> There is a risk to the quality and safety of patient care and ward leadership due to an over-reliance on agency staffing and preceptorship nurses and an insufficient number of qualified, substantive, nursing staff.									People Committee
4	4	16	3	4	12	3	2	6	↔
<b>4409:</b> There is a risk the Trust is unable to provide sufficient additional nursing/nursing associate placement capacity to meet demand caused by a combination of factors, combined with vacancies, skill mix challenges, and									People Committee

increased service demands could result in a failure to meet long term transformation targets and a shortage of nurses to meet identified recruitment shortages. This could impact on the Trust's reputation and ability to deliver existing and/or increased demand for services.									
4	4	16	4	3	12	3	1	3	↔
<b>4615:</b> <i>Lack of compliance with legislation "Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013. RIDDOR puts duties on employers, the self-employed and people in control of work premises (the Responsible Person) to report certain serious workplace accidents, occupational diseases and specified dangerous occurrences (near misses). Currently this responsibility is with Patient Safety Specialist, it has become clear, through the Health and Safety Committee, that there is a lack of connectivity between Health and Safety input, Ulysses incident reports and ERoster/staff absence recording resulting in lack of submissions and data sharing to ensure lesson learnt.</i>									Quality Assurance Committee
4	4	16	4	3	12	4	2	8	↔
<b>4124:</b> There is a risk of harm to members of staff through clinical incidents of violence or aggression within inpatient areas. This may adversely affect staff wellbeing, staff morale, recruitment and attrition if not appropriately mitigated.									Quality Assurance Committee
3	5	15	3	4	12	2	2	4	↔
<b>4613:</b> There is a risk to the quality of patient of care and to the clinical leadership of services within the Acute and Community Directorate arising due to vacancies across the medical workforce and an over-reliance upon locum medical staff.									Quality Assurance Committee
3	5	15	3	4	12	3	2	6	↔
<b>4377:</b> Failure to deliver the required level of CIP for 2021/22. This includes closing any b/f recurrent gap and delivering the required level of efficiency during the financial year 2021/22.									Finance and Performance Committee
3	4	12	4	3	12	3	3	9	↔
<b>4375:</b> There is a risk that paper-based documents currently stored at Fulwood will be compromised, the leaving Fulwood project has no current scope to scan and store paper based documents resulting in documentation not being secured or accessible after the headquarter move.									Audit and Risk Committee
3	4	12	3	4	12	0	0	0	↔
<b>4483:</b> There is a risk that trust IT systems and data could be compromised as a result of members of staff providing personal credentials and information upon receipt of phishing emails received.									Audit and Risk Committee
3	4	12	3	4	12	3	2	6	↔
<b>4407:</b> There is a risk of fire on the acute wards caused by service users smoking or using lighters/matches to set fires resulting in harm to service users, staff and property/facilities.									Quality Assurance Committee
5	4	20	4	3	12	2	2	4	↔
<b>4749:</b> There is a risk that the Trust is unable to meet the identified training needs for the existing workforce because of a lack of budget resulting in failing to meet workforce transformation priorities									People Committee

3	4	12	3	4	12	2	2	4	
<b>4756: Demand for the SAANS greatly outweighs the resource and capacity of the service. This is resulting in longer/lengthy wait times and high numbers of people waiting</b>									Quality Assurance Committee
4	5	20	3	4	12	0	0	0	
<b>4757: Demand for Gender greatly outweighs the resource/capacity of the service. This resulting in lengthy waits and high numbers of people waiting</b>									Quality Assurance Committee
4	5	20	3	4	12	0	0	0	
<b>4276: There is a risk of physical harm to service users due to an absence of physical health monitoring, in accordance with the physical health policy and standard operating procedure, following the administration of rapid tranquilisation medication</b>									Quality Assurance Committee
4	5	20	4	3	12	2	2	4	
<b>4727: There is a risk that staff will fail to identify, act upon, report and manage safeguarding risks in their line of duty which will result in harm to patients and/or their families and children. this is a statutory responsibility</b>									Quality Assurance Committee
5	3	15	5	2	10	4	1	4	
<b>4742: Staff may fail to identify and report individuals who are susceptible to radicalisation as defined in the Prevention of Terrorism Act. SHSC has failed to train the required staff groups in PREVENT level 3 WRAP training as outlined in the NHSE guidance for Health Providers and as stipulated in DHSC Prevent training framework, updated 2021 commenced 2015.</b>									Quality Assurance Committee 
4	4	16	4	2	8	4	1	4	
<b>4376: There is a risk that clinical records and documents could be accessed by non-SHSC due to limited physical security controls in place at Presidents Park where the documents are stored resulting in potential data and information security breaches.</b>									Audit and Risk Committee 
3	3	9	3	3	9	0	0	0	
<b>4769: There is a risk of legal challenge as the volunteer database is not held in line with GDPR requirements, the database has not been maintained to ensure volunteers complete safeguarding training, refresh DBS or complete required mandated induction training. there is no clear log of supervision or of the hours volunteers are working to ensure they are appropriately supported. Details of volunteers are held on a spreadsheet. we may be breaching information governance and GDPR requirements.</b>									Quality Assurance Committee
4	5	20	3	3	9	2	1	2	
<b>4804: There is a risk that Back to Good progress will be impacted during the Omicron variant wave resulting in missed delivery dates of required actions. This will impact on quality, safety and regulatory requirements.</b>									Quality Assurance Committee 
4	3	12	2	3	6	1	1	1	
<b>4078: Low staff engagement which may impact on the quality of care, as indicated by the Staff Surveys 2018-2020</b>									People Committee 



3	4	12	3	3	9	2	2	6	
<b>4612:</b> There is a risk that system and data security will be compromised caused by IT systems continuing to run on software components that are no longer supported resulting in loss of critical services, data and inability to achieve mandatory NHS standards (Data Security Protection Toolkit)									Audit and Risk Committee
4	3	12	3	3	9	3	2	6	↔
<b>4480:</b> <i>There is a risk that Insight will become increasingly unstable and functionality restricted by continual development of the system, which is built on some obsolete and unsupported software components resulting in poor performance higher chances of failure, increased support and maintenance overheads for IMST and limitations with the trust adhering to NHS Digital and legislation standards including NHS Digital DSPT, Cyber Essentials and NIS.</i>									Audit and Risk Committee
4	3	12	3	3	9	3	3	9	↔

### Closed Risks

1.6 Risk 4805 relating to safeguarding functions has been closed as a duplicate of risk 4727

### Reduced/escalated risks

1.7 **Risk 4727** relating to the risk that staff may fail to manage safeguarding risks has been **reduced from a current risk score of 15 to 10** and approved by the Quality Assurance Committee. The target risk score has also been reduced from 5 to 4. Level 2 adult safeguarding training is at compliance and level 3 training has a training programme and trajectory in place, monitored through Safeguarding Committee and Back to Good Board.

**Risk 4742** relating to the risk of PREVENT training levels for staff has been reduced from a current risk score of 16 to 12 and **further reduced to 8** following implementation of agreed trajectories.

**Risk 4804** relating to the impact of Omicron on the Back to Good progress has a **reduced current score from 12 to 6**. Robust governance structures, Command structure and Back to Good delivery group in place. Risks to delivery of actions are identified, prioritised and mitigated.

**Risk 4769** relating to the volunteer database has a **reduced current score from 15 to 9**. A rapid development plan has been agreed and is underway for completion by April 2022 with a full review of the database already completed.

**Risk 4456** relating to lack of clinical base for Specialist Community Forensic team has been escalated from the Rehabilitation and Specialist Service Directorate Risk register. The full detail of the risk is included in the attached risk register.

### New risks

1.9 Each of the ten new risks that have been added to the Corporate Risk register since the last report to Board have been presented to the appropriate Committee for discussion.

These are indicated in bold italics in the snapshot above with full details of controls, caps and actions to mitigate risks detailed in the appendix.

## Risk profile

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

### 1.11 **Severity**

Catastrophic (5)		1	2		
Major (4)		1	6	1	
Moderate (3)			5	9	3
Minor (2)			1		
Negligible (1)					
<b>Likelihood</b>	(1) Rare	(2) Unlikely	(3) Possible	(4) Likely	(5) Almost Certain

## Section 2: Risks

- 2.1 Failure to properly review the CRR could result in Board or its committees not being fully sighted on key risks facing the organisation
- 2.2 There are no specific corporate risks around usage of the CRR.

## Section 3: Assurance

- 3.1 The information provided within the CRR is 'owned' by Executive Directors and reviewed/revised by colleagues within their directorates under their leadership.

## Section 4: Implications

### Strategic Aims and Board Assurance Framework

- 4.1 All.

### Equalities, diversity and inclusion

- 4.2 None directly arising from this report.

### Culture and People

- 4.3 None directly arising from this report.

### Integration and system thinking

- 4.4 None directly arising from this report.

### Financial

- 4.5 None directly arising from this report.

### Compliance - Legal/Regulatory

- 4.6 None directly arising from this report.



## Section 5: List of Appendices

1. Corporate Risk Register – March 2022