

# Board of Directors

## SUMMARY REPORT

Meeting Date: 24 May 2023

Agenda Item: 23

<b>Report Title:</b>	<b>Corporate Risk Register</b>	
<b>Author(s):</b>	Amber Wild, Head of Corporate Assurance	
<b>Accountable Director:</b>	Deborah Lawrenson, Director of Corporate Governance	
<b>Other Meetings presented to or previously agreed at:</b>	<b>Committee/Group:</b>	The Corporate Risk register has been received at board sub-committees and the Risk Oversight Group.
	<b>Date:</b>	Last received: 9 May – People Committee 10 May 2023 – Quality Assurance Committee 11 May 2023 – Finance and Performance Committee 11 April 2023 – Risk Oversight Group
<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 Risk Oversight group in April 2023, committees in April and May 2023, and Board in March 2023.	

### Summary of key points in report

There are currently 19 risks on the Corporate Risk Register.

In line with the Risk Management Strategy risks which have a residual risk rating of 12 or above or risks that impact on several or all directorates/care networks are considered for inclusion onto the Corporate Risk Register. Through confirm and challenge at the Risk Oversight Group discussion takes place on whether risks should indeed be on the corporate risk register and where additional challenge is required at directorate level. The group also notes gaps on the risks which require addressing.

At the Risk Oversight Group, which currently meets bi-monthly risk owners are requested to attend for discussions on their risks on request, wherever possible. Since the Board last met the following ROG meeting has taken place

- ROG 11 April 2023 – at which there was a particular focus on those risks scoring below 12 which were not discussed at the February meeting where there was a particular focus on the highest scoring risks, in order for considered to be given to advising de-escalation.

The focus of discussion at the next meeting currently due to be held in June will be on risks that have been on the register for more than 1 year, those high-scoring risks which have not yet been presented at the group and any key updates proposed risks for de-escalation. The group will receive the full Corporate Risk Register in order to gain assurance risks have been updated.

Updates on discussions from the meeting and subsequent committee meetings are provided against the risks attached in **Appendix 1**.

Colleagues are reminded through the Performance Review meetings of the importance of ensuring risks are kept up to date and of the expectation that strong confirm and challenge is taking place at directorate level to ensure risks are appropriately scored and that there is improved grip on escalation and de-escalation. This is also stressed in discussions at board subcommittee.

As agreed at the April ROG meeting, the Chair of the group has written to executive leads to outline work required on the risks sitting within their areas asking that work takes place, with their risk owners, to ensure the risks are updated fully and appropriately populated by the time the group next meets in June, and to support reporting through the June board committees. It is recognised this work will take time to finalise. Where executive ownership has changed this has been updated on the CRR.

As with the Board Assurance Framework we will work with executive leads and risk owners to encourage identification of milestones to reach target scores and where the risks are aligned with the Board Assurance Framework risks – that cross over information should align.

It was agreed through the performance review process that the Chair of the ROG and the Head of Corporate Assurance will provide training to the clinical directorates and the Finance Team in Q1/Q2 on oversight of risks, risk scoring and effective confirm and challenge, to support them in cascading requirements down. There are risks across the organisation which are scoring highly and there is a need to understand the rationale for these not being included on the CRR and to have a stronger audit trail of discussion on these at the confirm and challenge stage at directorate level.

A more systematic approach to training will be put in place in the end of the year led by the Corporate Risk Officer, which is a new role currently in the process of recruitment.

Following discussion at QAC in April, at which the outcome of discussion on risks overseen by that committee were discussed, it was suggested it would be helpful to note on the Corporate Risk Register where risks are also overseen at the Tier II groups and where this is not already in place to add this additional assurance layer in. This work is now underway.

#### For additional background

The annual internal audit risk review has been finalised. The assurance level given was split - with substantial assurance given for the introduction of the Risk Oversight Group and the additional rigour this has provided but limited assurance given in respect of issues identified in risks across risk registers in the samples reviewed. Actions have been agreed with Internal Audit and these are being followed through in the current financial year with updates on progress provided to the Audit and Risk Committee through the Internal Audit tracker updates; and through the reports from Risk Oversight Group.

#### Risks monitored through board sub-committees

The board is asked to note key updates provided for the risks received at ~~the~~ board sub-committees as outlined below:

##### People Committee (May 2023):

- To note the recommended scoring to risk 5083 of an increased current risk score of  $3 \times 4 = 12$  (severity x likelihood) and a target risk score of  $3 \times 3 = 9$  (severity x likelihood) target score to fit with a moderate risk appetite.
- To note reduced current score for risk 3831 to  $3 \times 3 = 9$  (severity x likelihood) from  $3 \times 4 = 12$  (severity x likelihood).
- To note de-escalated risks 4409 and 4749

##### Quality Assurance Committee (May 2023):

- To note the principles around the intention to separate Risk 3679 into two risks for Estates and Clinical Directorates.
- To note closed de-escalated risk 4823

**Finance and Performance Committee (May 2023):**

- To note closed risk 4456 and 5029.

**Mental Health Legislation Committee (March 2023):**

- To consider inclusion of a risk around compliance with Mental Capacity Act training. The MHL risk register will be a standing item going forward to support discussions.

**A number of the risks require review of the target scores to ensure they align with the risk appetite scoring matrix.**

**Appendices:**

**Appendix 1-** Summary of risks assigned for oversight at board sub committees with highlights from discussions at Risk Oversight Group and committee meetings.

**Appendix 2 –** Corporate Risk Register May 2023. Provided to the Board via IBABs online portal and available on request.

**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 and approve changes highlighted in the summary report.

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

Recovering services and Improve Efficiency	Yes	<b>X</b>	No	
Continuous Quality Improvement	Yes	<b>X</b>	No	
Transformation – Changing things that will make a difference	Yes	<b>X</b>	No	
Partnerships – working together to make a bigger impact	Yes	<b>X</b>	No	

**Is this report relevant to compliance with any key standards ? State specific standard**

Care Quality Commission Fundamental Standards	Yes	<b>X</b>	No	“Systems and processes must be established to ensure compliance with the fundamental standards” See individual corporate risks for detail.
Data Security Protection Toolkit	Yes	<b>X</b>	No	All organisations that have access to NHS patient data and systems must use this toolkit to provide assurance that they are practising good data security and that personal information is handled correctly.
Any Other Standards				

**Have these areas been considered ? YES/NO**

If Yes, what are the implications or the impact?  
If no, please explain why

Service user/Carer Safety, Engagement and Experience	Yes	<b>X</b>	No	See detailed risk register for relevant references.
Financial (revenue & capital)	Yes	<b>X</b>	No	
Organisational Development/Workforce	Yes	<b>X</b>	No	
Equality, Diversity & Inclusion	Yes	<b>X</b>	No	
Legal	Yes	<b>X</b>	No	
Environmental Sustainability	Yes	<b>X</b>	No	

## 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 considered for escalation.

### Corporate Risk Register Snapshot

1.3 Below is a snapshot of the risks, ordered from highest to lowest 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 and are also reflected in the appendices.

Initial risk score		Current risk score			Target risk score			
Impact	Likelihood	Total	Impact	Likelihood	Total	Impact	Likelihood	Total

#### 1. 4841 (PC)

There is a risk to the capacity and morale of the clinical workforce as a result of the Local Authority serving notice of intention to withdraw delegated Social Work and Social Care functions and the Local Authority employed workforce from Sheffield Health and Social Care.

*This risk is being reviewed and reframed as the functions have transferred and the risk has lowered.*

4	5	20	4	4	16	4	2	8
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#### 2. 5051 (FPC)

There is a risk of failure to deliver the required level of CIP for 2022/23. This includes closing any b/f recurrent gap and delivering the required level of efficiency during the financial year.

4	4	16	4	4	16	2	3	6
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#### 3. 4757 (QAC)

Demand for Gender greatly outweighs the resource/capacity of the service. This resulting in lengthy waits and high numbers of people waiting

4	5	20	4	4	16	4	4	16
<b>4. 3679 (QAC)</b> There is a risk that service users could ligate using fixed ligature anchor points or by using ligature items caused by our estate not managing and removing ligature anchor points effectively resulting in service user death. To be separated into two risks (as with the BAF)								
5	4	20	5	3	15	5	2	10
<b>5. 4756 (QAC)</b> 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 <i>This risk is being considered or de-escalation as there have been improvements in waiting times reported through Board sub-committees which is not reflected in the risk and the current score</i>								
4	5	20	3	5	15	3	4	12
<b>6.4330 (QAC)</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. In the absence of an assessment, the level of need and risk presented by service users is not quantified and may escalate without timely intervention. <i>This risk is being considered or de-escalation following alignment of actions and milestones to achieving the targets score, to the Transformation work</i>								
5	4	20	5	3	15	5	2	10
<b>7. 4475 (QAC)</b> There is a risk that there are no available acute beds in Sheffield at the point of need as a result of necessary refurbishment works, including the eradication of dormitories and the removal of Ligature Anchor Points, to meet standards of quality and safety. This results in delays in accessing an acute bed and the requirement to place service users in an out of area acute bed without clinical justification. This creates a corporate risk for the organisation in fulfilling the requirements of section 140 of the Mental Health Act 1983 to provide appropriate accommodation for people requiring hospital care. <i>Further discussion take place at Directorate level to understand if this changes the score for de-escalation and monitoring at directorate level.</i>								
4	5	20	3	5	15	4	2	8
<b>8. 5089 (QAC)</b> There is a risk that service users who require a language interpreter (including BSL), will fail to receive a service or will receive an inadequate service because an interpreter cannot be provided. This includes being provided with an alternative to face to face interpreting such as telephone that is not appropriate to the needs of the service user or situation. This is caused by failure of our Interpreting and Translation service provider to provide interpreting at all, or in the format requested by the service.								
3	5	15	3	4	12	3	3	9

<b>9. 5083 (PC)</b> There is a risk that SHSC will not fully utilise the apprenticeship levy caused by a combination of factors culminating in reduced demand for apprenticeships resulting in a risk that SHSC will lose unspent levy funds at the expiry date.								
3	4	12	3	4	12	3	3	9
<b>10. 4613 (QAC)</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								
3	5	15	3	4	12	3	2	6
<b>11. 4124 (QAC)</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								
3	5	15	3	4	12	3	2	6
<b>12. 4483 (ARC)</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. Challenge required as to whether this should now be de-escalated from the Corporate Risk Register								
3	4	12	3	4	12	3	2	6
<b>13. 5028 (QAC)</b> There is a risk that clinicians will utilise global stratification of risk to predict future risk of self harm/suicide due to the current DRAM risk assessment structure available on Insight and due to be transitioned to Rio <i>The risk is being reviewed for potential de-escalation and will be brought back for discussion at ROG in June.</i>								
5	3	15	5	2	10	5	1	5
<b>14. 4407 (QAC)</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. Challenge required as to whether this should now be de-escalated from the Corporate Risk Register. <i>It is recommended that the risk be considered for de-escalation to the directorate risk register following the agreed updates.</i>								
5	4	20	5	2	10	5	1	5
<b>15. 4605 (QAC)</b> There is a risk that patients, especially inpatients, may fall from a height in their care environment, especially in courtyards or gardens, caused by the existing configuration of the environment, resulting in potentially catastrophic injuries. Challenge required as to whether this should now be de-escalated from the Corporate Risk Register. <i>There is further work to be done on the risk, therefore it will stay on the CRR to monitor traction on those updates with a view to the risk being deescalated and</i>								

<i>managed at directorate level following further review at RoG in June.</i>								
5	3	15	5	2	10	5	1	5
<b>16. 3831 (PC)</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.								
4	4	16	3	3	9	3	2	6
<b>17. 4121 (FPC)</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. <i>This risk will be presented to Risk Oversight Group (RoG) at its meeting in June and therefore de-escalation may not take place until July.</i>								
4	5	20	3	3	9	2	3	6
<b>18 4078 (PC)</b> Low staff engagement which may impact on the quality of care, (note as indicated by the Staff Surveys 2018-2020) <i>A review of whether the risk will be de-escalated will take place following receipt of a further two people Pulse Surveys.</i>								
3	4	12	3	3	9	3	3	9
<b>19. 4612 (ARC)</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) Challenge required as to whether this should now be de-escalated from the Corporate Risk Register.								
4	3	12	3	3	9	4	3	12

## Risk profile

1.10 The table below shows the spread of risks on the register

### Severity

Catastrophic (5)		3	2		
Major (4)				3	
Moderate (3)			4	5	2
Minor (2)					
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.
- 3.2 A Risk Oversight Group has been set up to oversee the effective implementation of the Risk Management Strategy across the Trust and to oversee Corporate Risk registers. The Risk Oversight Group meets bi-monthly to fit into the cycle of Audit and Risk Committee for reporting.

## Section 4: Implications

### Strategic Aims and Board Assurance Framework

- 4.1 All apply

### Equalities, diversity and inclusion

- 4.2 See People Committee CRR risks

### Culture and People

- 4.3 See People Committee CRR risks

### Integration and system thinking

- 4.4 See Finance and Performance Committee CRR risks

### Financial

- 4.5 See Finance and Performance Committee CRR risks

### Compliance - Legal/Regulatory

- 4.6 See Quality Assurance Committee and Finance and Performance Committee CRR risks

### Environmental Sustainability

- 4.7 See Finance and Performance Committee CRR risks

## Section 5: List of Appendices

**Appendix 1 – Risks assigned for oversight at board sub committees**

**Appendix 2 – Full Corporate Risk Register May 2023**



## **APPENDIX 1**

Risks are assigned for oversight at specific board sub committees with highlights of discussions provided below.

### **Audit and Risk Committee (ARC):**

There are two risks on the register monitored by this committee:

**Risk 4483** (link to BAF0021B) relates to the risk that trust IT systems and data could be compromised due to phishing emails.

The risk was reviewed in May 2023. Specific action is being taken to get to the target score and these are being tracked via the Digital Assurance Group. Emails to revoke access is in progress and overall IG performance is around 86%. Information Governance Recovery plan was approved at February DIGG and the current score will remain unchanged until delivery of the information governance recovery plans. Monitoring of progress will take place via Information Governance working group.

- Current risk score –  $3 \times 4 = 12$
- Target score –  $3 \times 2 = 6$
- Risk appetite – not listed would be low with a target score of 6
  - **Based on the risk appetite for business, which is moderate, the risk appetite should be between 9-12 and therefore needs to be reviewed.**
- Risk owner – Ben Sewell, Head of Informatics
- Exec lead – Phillip Easthope, Executive Director of Finance
- Risk type – Business

**Risk 4612** (link to BAF0021A) relates to the risk that system and data security will be compromised caused by IT systems continuing to be run on software components that are no longer supported affecting the ability to achieve mandatory NHS standards.

Following discussion at ROG on 11 April, the risk owner advised the turning off of Insight is a requirement to completing the actions specified as the software is required to access Insight or to schedule clinic bookings. Turning off Insight too early after moving to Rio could have a potential clinical risk associated to it so this will need to be discussed and agreed at the EPR Programme Board. The target date for achieving this is October 2023.

Actions were reviewed and updated where required, and it was agreed at RoG that this risk would remain on the CRR, in line with the associated BAF risk for further discussion at ARC in July.

- Current risk score –  $3 \times 3 = 9$
- Target score –  $3 \times 2 = 6$
- Risk appetite – low
- **Based on the risk appetite for safety, which is zero, the risk appetite should be between 1-4 and therefore this needs to be reviewed.**
- Risk owner – Pete Kendal, Interim CDIO
- Exec lead – Phillip Easthope, Executive Director of Finance
- Risk type – safety

### **People Committee (PC):**

There are four risks on the register received at People Committee. Two risks have been de-escalated and one new risk has been added since the register was last reported to People Committee

**Risk 4841** (linked to BAF0013): There is a risk to the capacity and morale of the clinical workforce as a result of the Local Authority serving notice of intention to withdraw delegated Social Work and Social Care functions and the Local Authority employed workforce from Sheffield Health and Social Care.

This risk was added to the CRR on 22/2/2022. The Risk Oversight Group in April recommended to the risk owner that the risk should be reviewed given the staff have now transferred. It was noted that there are 25 social workers and a social work lead still in place at SHSC. It was noted the risk had changed and should potentially focus around safe transfer of cases and any litigation around those where appropriate. Work is in hand with Capsticks to support the transfer of legal work. ROG asked that further discussion take place by the risk owners to give consideration to re-wording of the risk and potentially for de-escalation to the directorate register.

- Current risk score –  $4 \times 4 = 16$  (severity x likelihood)
- Target score –  $4 \times 2 = 8$  (severity x likelihood)
- Risk appetite – High (willing to accept risks) this requires a score of 15 or above for this level of appetite.
  - **Based on the risk appetite for workforce, which is low, the risk appetite should be between 5-8 and therefore needs to be reviewed.**
- Risk owner – Laura Wiltshire, Head of Service with Greg Hackney, Senior Head of Service and Pat Keeling, Director of Strategy as action owners
- Exec lead – Salli Midgley, Interim Executive Director of Nursing and Professions
- Risk type – workforce

**Risk 3831** (linked to BAF0014) 3831 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.

This risk was added to the CRR on 13/4/2021. This is a key quality driven CIP project – progress is being made but agency usage remains significant.

- Current risk score –  $3 \times 3 = 9$  (severity x likelihood) reduced from  $3 \times 4 = 12$  (severity x likelihood) on 3/5/23
- Target score –  $3 \times 2 = 6$  (severity x likelihood)
- Risk appetite – Low (except in very exceptional circumstances) – target score is correct for its risk appetite level.
- Risk owner – Kelly McKernan, Head of Nursing with Joanne Sims, International Recruitment Lead and Kirsty Dallison-Perry, Deputy Head of Nursing listed as action owners.
- Exec lead – Salli Midgley Interim Executive Director Nursing and Professions
- Risk type – Workforce

**Risk 5083** There is a risk that SHSC will not fully utilise the apprenticeship levy caused by a combination of factors culminating in reduced demand for apprenticeships resulting in a risk that SHSC will lose unspent levy funds at the expiry date. The factors affecting this are:

- Service and workforce plans not identifying opportunities for skill mix changes, new roles and apprenticeship training routes
- Changes/unavailability of some apprenticeship standards previously used i.e. business admin
- Applicants to some apprenticeship routes do not meet entry requirements so identified places/roles not filled i.e. visas, functional skills.
- Low staffing levels affect the ability to support the conditions required in learning environment to support apprenticeships ie mentoring and assessment and off the job learning hours

This risk was amended on 11.04.2023 following discussion at the April RoG meeting at which the risk owner noted that the risk description should be reviewed as everything that could be done to address the risk had happened. Controls and actions have been updated to reflect current work ongoing and further discussion will take place at Directorate level on whether this risk has met its target score and can be closed, with a new risk opened if required.

- Current risk score –  $3 \times 4 = 12$  (severity x likelihood).
- Target score –  $3 \times 3 = 9$  (severity x likelihood) target score is correct for its risk appetite.
- Risk owner – Karen Dickinson, Head of Education, Training and Development (Stephanie Allen, apprentice Education Lead also has actions)
- Exec lead – Caroline Parry, Executive Director of People
- Risk type – workforce
- Risk appetite – moderate (willing to accept some risks in certain circumstances)

**Risk 4078** (linked to BAF 0013) - There is a risk that low staff engagement caused by a number of feedback indicators via our staff survey may impact on the quality of care. (note as indicated by the Staff Surveys 2018- 2020).

This risk was added to the register on 12/11/2021. It was discussed in Risk Oversight Group in February and

agreed that the risk description (and subsequently controls and actions) would be reviewed at a Directorate meeting to clarify whether the risk links to the monitoring of quality of care due to staff engagement; or whether the risk relates to low staff morale due to low staff engagement. The current and target scores are the same and risk owners have confirmed that a review of whether the risk will be de-escalated will take place following receipt of a further two people Pulse Surveys.

- Current risk score –  $3 \times 3 = 9$  (severity x likelihood)
- Target score –  $3 \times 3 = 9$  (severity x likelihood) • Risk type – workforce
- Risk appetite – Low (except in very exceptional circumstances)
  - **Based on the risk appetite for workforce, which is low, the risk appetite should be between 5-8 and therefore needs to be reviewed.**
- Risk owner – Sally Hockey, Leadership and OD partner
- Exec lead – Caroline Parry, Executive Director of People

### **Closed Risks:**

Two risks have been de-escalated since the register was last reported.

**Risk 4409** (linked to BAF0014) There is a risk the Trust is unable to provide sufficient nursing placement capacity to meet demand as a result of staff shortages across SHSC. This could impact on SHSC's reputation and limit our ability to train and recruit newly qualified nurses.

This risk was added to the CRR on 20/10/2022. It was agreed at February Risk Oversight Group and March People Committee that this is not perceived as a corporate risk and it is not serving a purpose being held at corporate level – because it may prevent the team from actively working on the issues.

Risk Oversight Group advised that the risk description does not reflect the work currently ongoing – given students are able to be placed and flow is managed. The risk description will be reviewed by the risk owners to reflect a SMART description of the current issues (to ensure that it captures the current risks and mitigations) and the risk has been de-escalated to the Directorate register following confirmation by the risk owner that this has been discussed and agreed at directorate level.

- Current risk score –  $4 \times 3 = 12$
- Target score –  $3 \times 1 = 3$
- Risk owner – Andrew Algar, Professional Lead for Education and Training and Christopher Wood, Clinical Support Manager
- Exec lead – Salli Midgley Interim Executive Director of Nursing and Professions
- Risk type – workforce
- Risk appetite – Low (except in very exceptional circumstances) – target score should be between 5 and 8 for a 'low' appetite and therefore needs to be reviewed.

**Risk 4749** (linked to BAF0014) 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

Discussion took place at Risk Oversight Group on 11 April 2023 on reviewing the target score in line with the risk appetite for Workforce. It was agreed that this risk should not be a corporate risk and should be reviewed for closure once actions are updated; and if required a new risk added for any current issues in this area. This was agreed by People Committee. The education group that reports to the Workforce Assurance Group and People Committee will maintain oversight.

- Current risk score –  $3 \times 3 = 9$  (severity x likelihood)
- Target score –  $2 \times 2 = 4$  (severity x likelihood)
- Risk owner – Karen Dickinson, Head of Education, Training and Development
- Exec lead – Caroline Parry, Executive Director of Workforce
- Risk type – workforce
- Risk appetite – Low (except in very exceptional circumstances)

### **Quality and Audit Committee (QAC):**

There are eleven risks on the register for monitoring by QAC:

**Risk 4757** (linked to BAF0029) Demand for Gender services greatly outweighs the resource/capacity of the

service. This resulting in lengthy waits and high numbers of people waiting. Waiting times now further compromised by significant sickness absence in the medical team and difficulties in recruitment in other professional and admin areas.

Action updates relating to recruitment, clinical process review and management of sickness absence have been clearly identified within the risk. The current score and the target score are the same and the trajectory for managing the risk down remains unclear. This risk will be presented to Risk Oversight Group (RoG) at its meeting in June.

- Current risk score  $4 \times 4 = 16$  (severity x likelihood)
- Target score –  $4 \times 4 = 16$  (severity x likelihood)
- Risk appetite – not listed on Ulysses but with a score of 16 it would be a risk appetite of 'high' (willing to accept risks).
- Based on the risk appetite for safety, which is zero, the risk appetite should be between 1-4 and therefore needs to be reviewed.
- Risk owner – Richard Bulmer, Head of Service (actions owned by Mark Parker, Manager Specialist Services and Laura Wiltshire, Head of Service)
- Exec lead –Neil Robertson, Interim Director of Operations and Transformation.
- Risk type – safety

**Risk 3679** (linked to BAF0025a and b) There is a risk that service users could ligate using fixed ligature anchor points or by using ligature items caused by our estate not managing and removing ligature anchor points effectively resulting in service user death.

It was agreed at the Risk Oversight group (RoG) on 28 February, that the Estates risk should be escalated to the CRR to sit alongside the clinical directorate risk. New wording has been added onto the system by the directorate - splitting the risk between clinical and estates. This was subject to challenge at ROG, and a new descriptor needs to be agreed via Estates before this, and separation can be finalised.

Any corresponding changes in due course will be reflected on the BAF. RoG agreed at the meeting on 11 April that it had previously been agreed this risk should be separated into two risks sitting alongside one another on the CRR. The risk owner confirmed this has been discussed at the Estates Performance and Risk Directorate meeting in April and it has been agreed to escalate the estates risk to the CRR following presentation to QAC at its April meeting of the need for the risk to be separated. The relevant BAF risks have been shared with risk owners to support work taking place on the descriptions.

- Current risk  $5 \times 3 = 15$  (severity x likelihood)
- Target risk  $5 \times 2 = 10$  (severity x likelihood)
- Risk Appetite – zero (avoid under any circumstances).
- Based on the risk appetite for safety, which is zero, the risk appetite should be between 1- 4 and therefore needs to be reviewed.
- Risk owner – Laura Wiltshire, Head of Service
- Executive leads – Neil Robertson Interim Director of Operations and Transformation and Pat Keeling, Director of Strategy who leads on estates.
- Risk type – Safety

**Risk 5028** (linked to BAF0024) There is a risk that the current risk assessment document (DRAM) is not in keeping with current NICE guidance to predict future risk of self harm/suicide and that the layout does not support appropriate assessment, coproduction, formulation and planning. this tool is due to transition from INSIGHT to RIO It was discussed in Risk Oversight Group (RoG) in February and agreed that the risk owners will review this risk to ensure that it reflects the work needed to put in place a clinical risk assessment tool (and should not relate to the EPR programme). Actions have been updated to ensure that there is a fit for purpose clinical risk assessment tool in place to be implemented by the end of April 2023. The risk description will be brought back for discussion at ROG in June.

- Current risk score  $5 \times 2 = 10$  (severity x likelihood)
- Target score –  $5 \times 1 = 5$  (severity x likelihood)
- Risk appetite – not listed but with a score of 5 it would be a risk appetite of ' low ' (except in very exceptional

circumstances).

- Based on the risk appetite for safety, which is zero, the risk appetite should be between 1-4 and therefore needs to be reviewed.
- Risk owners – Christopher Wood, Clinical Support Manager and Darren McCarthy, Clinical risk and Patient Safety advisor
- Exec lead – Salli Midgley Interim Executive Director of Nursing and Professions
- Risk type – safety

**Risk 4330** (linked to BAF0024) There is a risk that a service user takes their own life or harms other people caused by not having access to secondary mental health care services through our Single Point of Access within an acceptable waiting time due to an increase in demand and insufficient clinical capacity, resulting in CQC concern/scrutiny/rating, reputational damage, financial damage, a prevention of future death order from the Coroner.

This risk was discussed at Risk Oversight Group (RoG) in February where it was agreed that the risk owners will align their actions and the milestones to achieving the targets score to the Transformation work. This will be brought back for discussion at the June ROG.

- Current risk score  $5 \times 3 = 15$  (severity x likelihood)
- Target score –  $5 \times 2 = 10$  (severity x likelihood)
- Risk appetite – Low (except in very exceptional circumstances)
- Based on the risk appetite for safety, which is zero, the risk appetite should be between 1-4 and therefore needs to be reviewed.
- Risk owner – Laura Wiltshire, Head of Service
- Exec lead – Neil Robertson Interim Executive Director Operations and Transformation
- Risk type – safety

**Risk 4475** (links to BAF0025b) There is a risk that there are no available acute beds in Sheffield at the point of need as a result of necessary refurbishment works, including the eradication of dormitories and the removal of Ligature Anchor Points, to meet standards of quality and safety. This results in delays in accessing an acute bed and the requirement to place service users in an out of area acute bed without clinical justification. This creates a corporate risk for the organisation in fulfilling the requirements of section 140 of the Mental Health Act 1983 to provide appropriate accommodation for people requiring hospital care.

The Risk Oversight group (RoG) in April agreed that the risk description currently reflects the therapeutic environments programme on the use of contracted beds that affects the quality and safety of service users. There is a programme of work to manage this so that the risk can be managed at a Directorate level. RoG recommended that further discussion take place at Directorate level to understand if this changes the score or if it will be a managed as a high risk at directorate level. RoG asked that consideration be given to including a risk relating to the spot purchasing of beds which is where the risk now lies.

- Current risk score  $3 \times 5 = 15$  (severity x likelihood)
- Target score –  $4 \times 2 = 8$  (severity x likelihood)
- Risk appetite – Low
- Based on the risk appetite for statutory, which is low, the risk appetite should be between 5-8. Target score is correct for its risk appetite.
- Risk owner – Laura Wiltshire, Head of Service
- Exec lead –Neil Robertson Interim Director of Operations and Transformation
- Risk type – Statutory

**Risk 4756** (linked to BAF0029) 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.

There have been improvements in waiting times reported through Board sub-committees which is not reflected in the risk and the current score. This has been feedback to the Executive lead and risk owner. Further discussion on this risk will take place at the next Risk Oversight Group (RoG) in June.

- Current risk score  $3 \times 5 = 15$  (severity x likelihood)

- Target score –  $3 \times 4 = 12$  (severity x likelihood)
- Risk appetite – not listed but with a score of 12 it would be a risk appetite of 'moderate'.
- Based on the risk appetite for safety, which is zero, the risk appetite should be between 1-4 and therefore needs to be reviewed.
- Risk owner – Richard Bulmer, Head of Service (Actions owned by Mark Parker, Manager Specialist Services, Senior Operational Manager and Sal Foulkes)
- Exec lead – Neil Robertson Interim Director of Operations.
- Risk type – safety

**Risk 4124** (linked to BAF0024) There is a risk that our staff through may be injured caused by clinical incidents of violence or aggression within inpatient areas by our service users, resulting in impacted staff wellbeing, low staff morale, reduced recruitment and staff leaving our services.

Further discussion on this risk will take place at the next Risk Oversight Group (RoG) in June to clarify the risk description and confirm latest actions.

- Current risk score  $3 \times 4 = 12$  (severity x likelihood)
- Target score –  $3 \times 2 = 6$  (severity x likelihood)
- Risk appetite – Low (except in very exceptional circumstances) – target score should be between 5 and 8 for a 'low' appetite.
- Based on the risk appetite for safety, which is zero, the risk appetite should be the risk appetite should be between 1-4 and therefore needs to be reviewed.
- Risk owner – Laura Wiltshire, Head of Service
- Exec lead – Neil Robertson Interim Director Operations and Transformation
- Risk type – Safety

**Risk 4613** (linked to BAF0024) 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.

Further discussion on this risk will take place at the next Risk Oversight Group (RoG) in June to ensure there are actions listed with owners and target dates.

- Current risk score  $3 \times 4 = 12$  (severity x likelihood)
- Target score –  $3 \times 2 = 6$  (severity x likelihood).
- Risk appetite – Low (except in very exceptional circumstances).
- Based on the risk appetite for workforce, which is moderate, the risk appetite should be between 9-12 and therefore needs to be reviewed.
- Risk owner – Rob Verity
- Exec lead – Executive Medical Director
- Risk type – workforce

**Risk 5089** (linked to BAF0029) There is a risk that service users who require a language interpreter (including BSL), will fail to receive a service or will receive an inadequate service because an interpreter cannot be provided. This includes being provided with an alternative to face to face interpreting such as telephone that is not appropriate to the needs of the service user or situation. This is caused by failure of our Interpreting and Translation service provider to provide interpreting at all, or in the format requested by the service.

Further discussion on this risk will take place at the next Risk Oversight Group (RoG) in June.

- Current risk score  $3 \times 4 = 12$  (severity x likelihood)
- Target score –  $3 \times 3 = 9$  (severity x likelihood)
- Risk appetite – low (except in very exceptional circumstances) – target score should be between 5 and 8 for a 'low' appetite
- Based on the risk appetite for quality, which is low, the risk appetite should be between 5-8 and therefore needs to be reviewed
- Risk owners – Liz Johnson, head of Equality and Inclusion (and David Fox, Procurement Manager as action owner)
- Exec lead – Executive Director of Nursing and Professions and the Executive Director of People
- Risk type – quality

**Risk 4605** (linked to BAF0025) There is a risk that patients, especially inpatients, may fall from a height in their care environment, especially in courtyards or gardens, caused by the existing configuration of the environment, resulting in potentially catastrophic injuries

This risk was discussed at Risk Oversight Group (RoG) in April and it was requested that controls and actions be updated to provide further detail and reflect controls that are in place such as policies. RoG recommended that the target score is reviewed in line with the risk appetite and agreed that given that there is further work to be done on the risk, it should stay on the CRR to monitor traction on those updates with a view to the risk being deescalated and managed at directorate level following further review at RoG in June.

- Current risk score  $5 \times 2 = 10$  (severity x likelihood)
- Target score –  $5 \times 1 = 5$  (severity x likelihood)
- Risk appetite – low (except in very exceptional circumstances) – target score should be between 5 and 8 for a 'low' appetite.
- Based on the risk appetite for safety, which is zero, the risk appetite should be between 1-4 and therefore needs to be reviewed.
- Risk owner –Charlie Stephenson, Health and Safety Risk advisor
- Exec lead – Director of Strategy

**Risk 4407** (links to BAF0025) There is a risk that there could be a fire in one of our wards caused by service users smoking or using lighters/matches in SHSC Acute and PICU wards, resulting in a fire and death of service users and staff.

It was discussed at Risk Oversight Group (RoG) in April that compliance rates for training of assessments for nicotine replacement therapy will be added as an action and the target score be reviewed in line with the risk appetite. RoG recommended that the risk be considered for de-escalation to the directorate risk register following the recommended updates.

- Current risk score  $5 \times 2 = 10$  (severity x likelihood)
- Target score –  $5 \times 1 = 5$  (severity x likelihood)
- Risk appetite – Zero (avoid under any circumstances) target score should be between 1 and 4 for a 'zero' appetite.
- Based on the risk appetite for environmental, which is low, the risk appetite should be between 5-8 and therefore needs to be reviewed
- Risk owner – Kelly McKernan, Head of Nursing
- Exec lead – Neil Robertson Interim Director Operations
- Risk type – Environmental

**Closed risk:**

One risk has been de-escalated since the register was last reported.

**Risk 4823** There is a risk that patients with a Learning Disability/and or with Autism may be admitted onto an acute mental health ward due to the current closure of ATS at SHSC. This may result in patient been placed on an Acute Mental Health Ward where the busy active ward environment is not fitting for patient with high sensory needs, in addition staff on Acute Mental Health wards are not appropriately trained Learning Disability Staff.

The risk has significantly reduced due to mitigations in place. Following discussed with IPQR and confirmation with the Executive Lead the risk was de-escalated to the Directorate risk register, with the agreement of QAC, in April 2023.

- Current risk score –  $3 \times 3 = 9$  (severity x likelihood)
- Target score –  $4 \times 2 = 8$  (severity x likelihood)
- Risk owner – Melanie Larderlee, General Manager (and Richard Bulmer, Head of Service)
- Exec lead – Salli Midgley Interim Executive Director of Nursing and Professions
- Risk type –Safety

**Finance and Performance Committee (FPC):**



There are two risks on the register monitored by FPC. Two risks have been closed since the register was last reported to committee.

**Risk 5051** (linked to BAF0022) There is a risk of failure to deliver the required level of CIP for 2022/23. This includes closing any b/f recurrent gap and delivering the required level of efficiency during the financial year.

It was discussed at the April Risk Oversight Committee (RoG) meeting that a CIP plan would be delivered to Finance and Performance Committee in April 2023 and it was agreed that the risk would be updated to reflect any changes following a discussion at FPC, including a review of risk owners. FPC agreed that although there is a CIP plan in place, the current score should remain at 16 until CIP plan delivery is evidenced. The risk appetite will be reviewed in line with the CIP risk on the BAF.

- Current risk score –  $4 \times 4 = 16$  (severity x likelihood)
- Target score –  $2 \times 3 = 6$  (severity x likelihood)
- Risk appetite – Agreed at FPC in April that the risk appetite will be reviewed in line with the CIP risk on the BAF.
- Based on the risk appetite for Finance which is low, the target score is correct for its risk appetite.
- Risk owner – James Sabin, Deputy Director of Finance
- Exec lead – Phillip Easthope Executive Director of Finance
- Risk type – Financial

**Risk 4121** (linked to BAF0021) There is a risk to patient safety, caused by key clinical documents being deleted from Insight (EPR), resulting in clinical decisions being made with incomplete or limited information and potential delays to patient treatment e.g. missed appointments

There have been no changes to the score – issues are still present as Insight has not yet been decommissioned and this will be reviewed further with risk owners with a view to de-escalating it to the directorate register, prior to presentation to committee at its next meeting. This risk will be presented to Risk Oversight Group (RoG) at its meeting in June and therefore de-escalation may not take place until July.

- Current risk score –  $3 \times 3 = 9$  (severity x likelihood)
- Target score –  $3 \times 2 = 6$  (severity x likelihood)
- Risk appetite – zero – (seeks to avoid risks under any circumstances)
- Based on the risk appetite for safety which is zero, the risk appetite should be between 1-4 and therefore this needs to be reviewed
- Risk owner – Pete Kendal, Interim CDIO
- Exec lead – Phillip Easthope Executive Director of Finance
- Risk type – safety

#### **Closed risks:**

Two risks have been de-escalated since the register was last reported to Finance and Performance Committee

**Risk 4456** (link to BAF0026) 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.

This risk was closed on 2/5/2023. Teams are now based at Distington temporarily with plans in place to move to Michael Carlisle Centre.

- Current risk score –  $3 \times 4 = 12$  (severity x likelihood)
- Target score –  $3 \times 2 = 6$  (severity x likelihood)
- Risk appetite – low (seeks to avoid risks except in very exceptional circumstances) score is correctly assigned as it should be between 5 and 8
- Risk owner – Gemma Robinson, General manager
- Exec lead – Pat Keeling Director of Strategy
- Risk type – Financial

**Risk 5029** (link to BAF0026) Assertive Out Reach Team (AOT) remain on the Fulwood site, there is no arrangement for a permanent base. There have been several plans in place but each of these have fallen through. The team do not have base to see service users, or store appropriate medication for service users. Fulwood come March 2023 will no longer be property of SHSC, at this point AOT will need a permanent and suitable base.

- Current risk score –  $3 \times 4 = 12$  (severity x likelihood)
- Target score –  $3 \times 2 = 6$  (severity x likelihood)
- Risk appetite – Low (seeks to avoid risks except in very exceptional circumstances) score is correctly assigned as it should be between 5 and 8
- Risk owner – Gemma Robinson, General Manager and Daniel Gerard, Team Manager = action owner
- Exec lead – Pat Keeling Director of Strategy
- Risk type – Financial

#### **Mental Health Legislation Committee (MHLC):**

There are currently no risks on the CRR under the auspices of this committee however at the MHLC in March it was agreed discussion should take place on some risk issues raised through the reporting and discussion including compliance with Mental Capacity Act training and the committee has asked that the Mental Health Legislation risk register be provided as a standing item. An update on this will be provided in the next report. This risk will be presented to RoG at its meeting in June.

**Appendix 2:** Corporate Risk Register – May 2023 available in Board shared folder and on request.