

Board of Directors - Public

SUMMARY REPORT

Meeting Date: 26 July 2023

Agenda Item: 27

Report Title:	Corporate Risk Register	
Author(s):	Amber Wild, Head of Corporate Assurance	
Accountable Director:	Deborah Lawrenson, Director of Corporate Governance	
Other Meetings presented to or previously agreed at:	Committee/Group:	The Corporate Risk register has been received at board sub-committees and the Risk Oversight Group.
	Date:	Last received: 27 June 2023 – Risk Oversight Group 10 July 2023 - People Committee 11 July 2023 - Quality Assurance Committee 12 July 2023 – Finance and Performance Committee 18 July 2023 - Audit and Risk Committee
Key Points recommendations to or previously agreed at:	The Corporate Risk Register (CRR) is reported for consideration post discussion at Board Assurance Committees	

Summary of key points in report

There are currently 16 risks on the Corporate Risk Register. This is a reduction of 7 since the start of the current financial year and 13 since the start of the financial year 2022/23.

Risks currently on the Corporate Risk Register scoring less than 12

There are currently 5 risks remaining on the register that have scores below 12, a reduction of 3 since the register was last report to Board in May. Of these 3 have clear and imminent plans for de-escalation and the remaining 2 have a clear rationale for staying on the register, as agreed at their respective committees.

- **Risk 4407** relates to a risk that there could be a fire in one of our wards and has a score of 10. Actions have been updated to ensure that compliance rates for training of assessments for nicotine replacement therapy is being monitored and a collective decision for de-escalation will be made with the Directorate Leadership team on 21 July 2023.
- **Risk 4121** relates to key clinical documents being deleted from Insight and has a score of 9. It was agreed at Finance and Performance committee in July that this risk would be de-escalated to the Directorate register.
- **Risk 5028** relating to the current risk assessment document (DRAM) is not in keeping with current NICE

guidance has a score of 10. It was agreed at Quality Assurance committee in July that this risk tool is due to transition from INSIGHT to RIO and as it is organisation wide rather than directorate specific it will therefore remain on the corporate risk register for monitoring purposes until November 2023.

- **Risk 4078** relating to SHSC not being recommended as a place to work or to receive care in relation to the staff survey response has a score of 9. The risk will be considered for de-escalation following receipt of the results of a second People Pulse Survey at the end of July.
- **Risk 4605** relating to patients, especially inpatients falling from a height has a score of 10. All affected workplaces have been requested to review the relevant safety documentation. It has been agreed via Risk Oversight Group and Quality Assurance committee that it will stay on the corporate risk register to monitor traction on those updates with a view to the risk being de-escalated and managed at directorate level once completed.
- **Risk 4612** relates to the risk that system and data security will be compromised to IT software components and has a score of 9. It was presented to Audit and Risk Committee in July to agree with the recommendation that the risk will remain on the CRR until Insight can be retired with a target date of November 2023.

Risks over 12 not yet showing on the Corporate Risk Register

There are currently 35 risks scoring 12 or above on directorate or local risk registers which have not yet been escalated onto the Corporate Risk Register and will require confirm, challenge and explanation for why this has not happened. The importance of doing so has been stressed to directorates through the performance review process. Movement on these is expected in the coming months.

Corporate Risk Register Summary report

The Board of Directors is asked to note for assurance changes highlighted in the Corporate Risk Register summary report including movement on risks, confirm and challenge underway, updating taking place and plans for strengthening assurance arrangements around monitoring of risks below board assurance committee level.

Corporate Risks overseen at Audit and Risk Committee (ARC):

- Risk 4483: *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.*

There have been no changes to scoring which currently stands at 3 x 4 = 12. The Committee asked When it was expected there might be movement on this score. It was confirmed mandatory training has improved to 95% compliant on Information Governance. It will remain at this score until delivery of information governance recovery plans which is being monitored at Digital Assurance Group however the Executive lead has agreed to review the risk and advise if any further movement is anticipated.

- Risk 4612: *There is 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 resulting in loss of critical services, data and inability to achieve mandatory NHS standards (Data Protection Security Toolkit)*

It was agreed with the recommendation that the risk will remain on the CRR until Insight can be retired with a target date of November 2023.

Corporate Risks overseen at People Committee (PC):

- A new risk description to risk 4078 was agreed by People committee for approval at the Board in July. Risk that SHSC is not recommended as a place to work and has a score of 9. The Audit and Risk Committee have asked for confirmation of why this risk is on the CRR if it is only scoring 9 – see notes above. This risk is expected to de-escalate following receipt of the next People Pulse survey in July.
- To note new risk 5134 replacing closed risk 5083 agreed at People Committee. Risk that SHSC will

not fully utilise the apprenticeship levy and has a score of 12. The risk description, actions and controls have been updated to reflect the current risk.

To note de-escalated risks agreed at People Committee:

- 4841 which relates to a risk to the capacity and morale of the clinical workforce as a result of the Local Authority serving notice and has a score of 9 (which has changed from 16). This risk was downgraded from the corporate risk register following assessment that the risk to workforce is lower-level post disaggregation.
- 3831 which relates to the risk to the quality and safety of patient care and ward leadership due to an over-reliance on agency staffing and preceptorship nurses and has a score of 9. There has been reduced bank/agency staff use. The remaining challenge is around the number of preceptorship nurses, and this will continue to be monitored at Directorate level.

Corporate risks overseen at Quality Assurance Committee (QAC):

- To note new risk 5072 which relates to a risk that inpatient service users' communication needs are not identified due to the lack of speech and language therapy which has a score of 12. Escalated from the Directorate risk register following discussion with the Executive Director of Nursing, Professions and Quality and confirmed at Quality Assurance committee in July

To note de-escalated risks agreed at Quality Assurance Committee:

- 4613 which relates to the risk to the quality of patient of care and to the clinical leadership of services due to vacancies across the medical workforce and has a score of 9 (reduced from 12). This risk has reached its target score of 9 and will continue to be monitored at Directorate level.
- 5089 which relates to a risk that service users cannot be provided with a language interpreter (including BSL) following agreement to a recommendation from Risk Oversight Group and in light of the current score being reduced from 12 to 9.

Corporate risks overseen at Finance and Performance Committee (FPC):

- To note new risk 4602 which relates to a risk that there are a number of Ligature Anchor Points and Blind Spots within bed-based services this will sit alongside an existing risk on the risk register related to Ligature Anchor points. It has a score of 12 and was agreed at Finance and Performance committee following escalation from the estates directorate register and as agreed at the Risk Oversight Group.
- To note work underway on remaining risks for reporting through the next cycle which have previously been reviewed and will continue to be monitored at Risk Oversight Group.

Corporate risks overseen at Mental Health Legislation Committee (MHLC):

- At its meeting in May the MHLC received the Mental Health Legislation risk register, managed at MHL Oversight Group, for review as a new standing item at the request of the Committee in March. Going forward the Committee has agreed to also receive the risk register overseen by the Least Restrictive Practice Group. The Groups have been asked to undertake confirm and challenge around the risks with a view to escalating any which are scoring 12 and above and if not to provide clear rationale for why this is not required.

Background work underway to continue to refine the Corporate Risk Register

At the Risk Oversight Group meeting in June, the focus of discussion was on those high-scoring risks which had not yet been presented at the group together with updates on proposed risks for de-escalation for confirm and challenge in advance of presentation to the board assurance committees. This work resulted in de-escalation and closure of risks as outlined above.

Work is underway to confirm which Tier II groups will provide support in undertaking more detailed discussions on corporate risks in advance of the Board Sub committees. This exists for some Tier II groups but not all and therefore we are looking to improve consistency in approach.

Actions from the annual Internal Audit on Risk Management systems and processes are being monitored for delivery through the Risk Oversight Group for onward reporting at Audit and Risk Committee. Actions for completion in September are on track and will be discussed at the Risk Oversight Group meeting in August 2023 this includes:

- Training on oversight of risks, risk scoring, discussion about escalation of risks and effective confirm and challenge, to support them in cascading requirements down has been given to a range of senior leaders. Further training sessions are planned for September 2023 and the current systematic approach to training will be further supported by the interim Corporate Risk Officer, who will join the team in mid August.
- Dip -testing analysis (making use of tools available on Ulysses) on broader risks for review at RoG on recorded actions, assurance and gaps will take place on a quarterly basis from September 2023 and is reflected on the work plan.
- Strengthening of arrangements for ensuring that decisions about risk escalation are captured on Ulysses, for oversight at RoG is underway.
- Refinement on communication around application of risk appetite to better support understanding, is being considered as part of the review of the Risk Management Strategy review anticipated to go through approvals in September. Work is ongoing to put in additional prompts regarding risk appetite on Ulysses to support risk owners with determining scoring. There is expected to be some movement on this in the Risk Management strategy which will result in some risks being re-scored in the autumn.

Appendices:

- **Appendix 1:** Summary of risks on the Corporate Risk Register by assigned assurance committee for oversight
- **Appendix 2:** Corporate Risk Register – as at 17 July 2023 shared with Board members on IBABs and Google Drive.

Recommendation for the Board/Committee to consider:

Consider for Action	Approval	X	Assurance	X	Information
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The Board of Directors is asked to receive the corporate risk register and to note for assurance changes highlighted in the corporate risk register summary report including movement on risks, confirm and challenge underway, updating taking place and plans for strengthening assurance arrangements around monitoring of risks below board assurance committee level.

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

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

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

Is this report relevant to compliance with any key standards ?	Yes	X	No	State specific standard
Care Quality Commission Fundamental Standards	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				

Have these areas been considered ? YES/NO

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

Have these areas been considered ? YES/NO	Yes	No	X	If Yes, what are the implications or the impact? If no, please explain why
Service user/Carer Safety, Engagement and Experience	Yes	No	X	See detailed risk register for relevant references.
Financial (revenue & capital)	Yes	No	X	
Organisational Development/Workforce	Yes	No	X	
Equality, Diversity & Inclusion	Yes	No	X	

Legal	Yes		No	X	
Environmental Sustainability	Yes		No	X	

Corporate Risk Register

Section 1: Analysis and supporting detail

Background

- 1.1 The Corporate Risk Register (CRR) is a tool for managing risks and monitoring actions and plans against them for risks that are scoring 12 and above or which have a pan organisation impact.
- 1.2 Used correctly it demonstrates that an effective risk management approach is in operation within the Trust and supports identification of additional assurance reporting required.
- 1.3 The CRR is reviewed monthly by risk owners and quality assured by Executive Directors who determine whether risks should be escalated onto the CRR or de-escalated back down to directorate/care network level or closed – and this is approved at the relevant Board Assurance Committee.
- 1.4 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).
- 1.5 Confirm and Challenge takes place at directorates and they are asked through the regular Performance Review process to confirm this is taking place and are being encouraged to strengthen arrangements around this.
- 1.6 The Risk Oversight Group which meets bi-monthly currently undertakes further confirm and challenge with risk owners to support onward reporting and recommendations to the Board Assurance Committees.
- 1.7 Going forward additional rigour will be added through more formal discussion on the Corporate Risk Register at Executive Management team meetings.

Corporate Risk Register Snapshot

1.8 Below is a snapshot of the corporate risks. Further detail is available in the full Corporate Risk Register and in the attached summary at appendix 1 - new risks or changes to existing risks are identifiable in bold, italicised text. Movement since last received is indicated by the arrows in the snapshot.

Initial risk score		Current risk score			Target risk score			
Impact	Likelihood	Total	Impact	Likelihood	Total	Impact	Likelihood	Total
1. 4757 (QAC)								
There is a risk that demand for Gender services greatly outweighs the resource/capacity of the service resulting in lengthy waits and high numbers of people waiting								
4	5	20	4	4	16	4	2	8

2. 3679 (QAC)									
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.									
5	4	20	5	3	15	5	1	5	
3. 4756 (QAC)									
There is a risk that demand for the Sheffield Adult Autism Neurodevelopment service (SAANS) greatly outweighs the resource and capacity of the service. This is resulting in longer/lengthy wait times and high numbers of people waiting									
4	5	20	3	5	15	3	2	6	
4. 4330 (QAC)									
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.									
5	4	20	5	3	15	5	2	10	
5.5072 (QAC) NEW									
There is a risk that service users dysphagia and communication needs are not identified and therefore not addressed during inpatient admissions. This is caused by there being limited/part-time speech and language therapy (SLT) provision and no SLT communication service on the older adult and adults of working age inpatient wards. This results in lack of and poor active engagement and participation in care and treatment; assessment, care planning, talking therapies, rehabilitation opportunities, accurate capacity assessments, and reviews) and delayed discharge and readmission									
3	4	12	3	4	12	3	1	3	
6.5051 (FPC)									
There is a risk of failure to deliver the required level of CIP for 2023/24. This includes closing any b/f recurrent gap and delivering the required level of efficiency during the financial year.									
4	4	12	4	3	12	2	3	6	
7. 5134 (PC) NEW									
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	2	6	
8. 4602 NEW									
There is a risk that there are a number of Ligature Anchor Points and Blind Spots within bed based services caused by lack of previous actions to remove or mitigate these environmental risks resulting in potential for inpatients to attempt ligation and cause themselves serious harm									
5	3	15	4	3	12	4	1	4	

9. 4124 (QAC)								
There is a risk that our staff 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								
3	5	15	3	4	12	3	2	6
10. 4483 (ARC)								
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
11. 4407 (QAC)								
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.								
5	4	20	5	2	10	5	1	5
12. 5028 (QAC)								
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								
5	3	15	5	2	10	5	1	5
13. 4605 (QAC)								
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.								
5	3	15	5	2	10	5	1	5
14. 4121 (FPC)								
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.								
4	5	20	3	3	9	2	3	6
15. 4078 (PC) NEW DESCRIPTION								
There is a risk that SHSC is not recommended as a place to work or to receive care if we do not respond effectively to the staff survey in a timely way. These risks may present as a) reputational damage, (b) devaluation of the staff survey purpose and impact (c) survey fatigue leading to low participation rates.								
3	4	12	3	3	9	3	2	6
16. 4612 (ARC)								
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)								

4	3	12	3	3	9	3	2	6
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Risk profile

1.9 The table below shows the spread of risks on the register as a heatmap.

Severity

Catastrophic (5)		3	1		
Major (4)			1	2	
Moderate (3)			3	4	1
Minor (2)					
Negligible (1)					
Likelihood	(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 is in place to oversee the effective implementation of the Risk Management Strategy across the Trust and to oversee the updating of the Corporate Risk registers. The Risk Oversight Group currently 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.

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: Summary of corporate risks assigned for oversight at Board Assurance Committees.

Appendix 2: Full Corporate Risk Register – July 2023 available in IBABs and on Google Drive

APPENDIX 1: Summary of risks assigned for oversight at Board subcommittees

Audit and Risk Committee:

Risk 4483 (linked to BAF risk 0021A) 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.

This was last reviewed in May 2023 where it was noted that the IG Recovery plan was approved at February DIGG and monitoring of progress is via the Information Governance working group. Emails to revoke access is in progress and overall IG performance is around 86% it was reported at Audit and Risk Committee this moved to 95% for the first time at the end of June 2023. There have been no changes since the risk was last reviewed.

- Current risk score – $3 \times 4 = 12$ (severity x likelihood)
- Target score – $3 \times 4 = 12$ (severity x likelihood) - based on the risk appetite for business, which is moderate, the risk appetite should be between 9-12 and is correct
- Risk type – business
- Risk owner – Ben Sewell, Head of Informatics
- Exec Lead – Executive Director of Finance

Risk 4612 (linked to BAF risk 0021A) There is 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 resulting in loss of critical services, data and inability to achieve mandatory NHS standards (Data Protection Security Toolkit).

This was last reviewed in July and there are no further updates. Scores are currently unchanged. Rio go live has been delayed which therefore means this will push back the date for cessation of the Insight system. It has been noted that this is on the CRR in line with the BAF risk and it was agreed it should remain on the CRR, despite having a current score of 9 until Insight can be retired with a target date of November 2023.

- Current risk score – $3 \times 3 = 9$ (severity x likelihood)
- Target score – $3 \times 2 = 6$ (severity x likelihood)
- Risk type – safety
- Risk appetite – **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 – Adam Handley
- Exec lead – Executive Director of Finance

People Committee:

There are two risks on the register for receipt by People Committee. Three risks have been de-escalated/closed and one new risk has been added since the register was last reported to the Board of Directors in May.

Risk 4078 (linked to BAF risk 0013) – NEW DESCRIPTION There is a risk that SHSC is not recommended as a place to work or to receive care if we do not respond effectively to the staff survey in a timely way. These risks may present as a) reputational damage, (b) devaluation of the staff survey purpose and impact (c) survey fatigue leading to low participation rates.

Work took place to review the risk description (and subsequently controls and actions) at a Directorate meeting to clarify whether the risk links to the monitoring of quality of care due to staff engagement; and/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 consideration for de-escalation will take place after receipt of two further staff Pulse Surveys (i.e. post July 2023)

- Current risk score – $3 \times 3 = 9$ (severity x likelihood)
- Target score – $3 \times 2 = 6$ (severity x likelihood)
- Risk type – workforce
- Risk appetite – based on the risk appetite for workforce, which is low, the risk appetite should be between 5-8

and is correct.

- Risk owner – Sally Hockey, Leadership and Organisational Development Partner
- Exec lead – Caroline Parry, Executive Director of People
- This was last reviewed July 2023

Risk 5134 (linked to BAF risk 0014): NEW 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.

This risk replaces Risk 5083 which has been closed and also related to apprenticeship levy, the description has been updated to meet current needs, and controls/actions and risk scores have been reviewed and agreed at People Committee in July.

- Current risk score – $3 \times 4 = 12$ (severity x likelihood)
- Target score – $3 \times 2 = 6$ (severity x likelihood)
- Risk type – workforce
- Risk appetite – based on the risk appetite for workforce, which is low, the risk appetite should be between 5-8 and is correct.
- Risk owner – Stephanie Allen, Karen Dickinson
- Exec lead – Caroline Parry, Executive Director of People
- This was last reviewed June 2023

Closed/ de-escalated risks:

Risk 3831 (linked to BAF risk 0014) 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 has reduced in score to 9. This is covered as part of a quality driven CIP project. Further work has taken place to update actions to reflect the progress made on recruitment. A number of controls are in place, and actions are progressing. There has been reduced bank/agency staff use. The remaining challenge is around the number of preceptorship nurses, however the SNP role will support with this and this will continue to be monitored at Directorate level.

- Current risk score – $3 \times 3 = 9$ (severity x likelihood) – this has been reduced from $3 \times 4 = 12$ (severity x likelihood)
- Target score – $3 \times 2 = 6$ (severity x likelihood)
- Risk owner – Kelly McKernan with Joanne Sims and Kirsty Dallison-Perry listed as action owners
- Exec lead – Salli Midgley, Executive Director Nursing, Professions and Quality
- Risk type – Workforce
- Last reviewed July 2023

Risk 4841 (linked to BAF risk 0013): 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 downgraded from the corporate risk register after review with the Lead Social Worker in June where it was assessed that the risk to workforce is lower-level post disaggregation of our services with the Local Authority.

- Current risk score – $3 \times 3 = 9$ (severity x likelihood) changed from $4 \times 4 = 16$ (severity x likelihood)
- Target score – $4 \times 2 = 8$ (severity x likelihood) .
- Risk owner – Laura Wiltshire with Greg Hackney and Pat Keeling as action owners
- Exec lead – Salli Midgley, Executive Director of Nursing, Professions and Quality
- Risk type – workforce
- Last reviewed June 2023

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 – See comments above re its replacement risk.

Quality Assurance Committee

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

Risk 4757 (linked to BAF risk 0029) *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.*

This risk was be presented to Risk Oversight Group (RoG) at its meeting in June, as one of the high risks on the register which have not yet been discussed. It was agreed that the controls will be updated to reflect progress of work that has taken place. It was noted that the current score has remained 16 for some time and risk owners agreed to provide further narrative in the risk to identify the pressures and support the rationale for the high score. Work is underway to complete this and should be reflected in the next round of reporting.

- Current risk score $4 \times 4 = 16$ (severity x likelihood)
- Target score – $4 \times 2 = 8$ (severity x likelihood)
- Risk appetite – based on the risk appetite for quality, which is zero, the risk appetite should be between 1-4 and therefore is correct.
- 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, Director of Operations and Transformation.
- Risk type – safety
- Last reviewed June 2023.

Risk 4756 (linked to BAF risk 0029) *Demand for the Sheffield Adult Autism and Neurodevelopmental service (SAANS) greatly outweighs the resource and capacity of the service. This is resulting in longer/lengthy wait times and high numbers of people waiting.*

This risk was discussed at the Risk Oversight Group (RoG) meeting in June. It was recognised that this risk has changed since it was first inputted on to Ulysses. There are now two pathways with varying risk levels. The Autism pathway has seen significant changes in recruitment and retention, improved skill mix waiting times and development of resources and as a result, the risk score will be reviewed, and the risk considered for de-escalation.

The ADHD pathway is still undergoing significant changes and until further work has been completed this remains a high scoring risk. It was agreed to separate the risks into two with a view to de-escalating risk 4756 to be managed at Directorate level. Work is ongoing to undertake separation and this will be seen in the next cycle of reporting.

- Current risk score $3 \times 5 = 15$ (severity x likelihood)
- Target score – $3 \times 2 = 6$ (severity x likelihood)
- Risk appetite – based on the risk appetite for quality, which is zero, the risk appetite should be between 1-4 and therefore is correct.
- 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 Director of Operations and Transformation.
- Risk type – safety
- Last reviewed June 2023.

Risk 4330 (linked to BAF risk 0024) *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.*

Risk owners have been prompted to amend the target score based on the risk appetite and this work remains outstanding. Ownership of this risk has transferred to the General Manager, Crisis service following discussion with Operational Leads.

- 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 – Paul Harding, General Manager, Crisis Service.
- Exec lead – Neil Robertson Director Operations and Transformation
- Risk type – safety
- Last reviewed June 2023

Risk 3679 (linked to BAF risks 0025a 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.*

The Risk Oversight Group agreed that the Estates risk should be escalated to the CRR to sit alongside the clinical directorate risk on this issue. Work is outstanding on amending the risk description and risk owners have been asked to update their actions and controls so that the 2 risks work alongside each other. At last review in June, the target risk score was reviewed to align with the risk appetite.

- Current risk $5 \times 3 = 15$ (severity x likelihood)
- Target risk $5 \times 1 = 5$ (severity x likelihood) - based on the risk appetite for safety, which is zero, the risk appetite should be between 1- 4.
- Risk owner – Khatija Motara, General Manager
- Executive leads – Neil Robertson Director of Operations and Transformation (who has taken over leadership of Estates following the retirement of the previous director in July)
- Risk type – Safety
- Last reviewed June 2023.

Risk 5072 NEW (linked to BAF risk 0024) *There is a risk that service users dysphagia and communication needs are not identified and therefore not addressed during inpatient admissions. This is caused by there being limited/part-time speech and language therapy (SLT) provision and no SLT communication service on the older adult and adults of working age inpatient wards. This results in lack of and poor active engagement and participation in care and treatment; assessment, care planning, talking therapies, rehabilitation opportunities, accurate capacity assessments, and reviews) and delayed discharge and readmission.*

This risk has been escalated from the Directorate risk register due to ongoing clinical risk related to dysphagia following discussions with the Executive Director of Nursing, Professions and Quality. It was added to the corporate risk register in June 2023 and approved for escalation by Quality Assurance Committee in July.

- Current risk score $3 \times 4 = 12$ (severity x likelihood)
- Target score – $3 \times 1 = 3$ (severity x likelihood)
- Risk appetite – based on the risk appetite for safety, which is zero, the risk appetite should be between 1-4 and therefore is the correct score.
- Risk owner – Caroline Greenough, Amanda Jones
- Exec lead – Salli Midgley, Executive Director of Nursing, Professions and Quality
- Risk type – Safety
- Last reviewed June 2023.

Risk 4124 (linked to BAF risk 0024) *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.*

Discussion is ongoing to move/ change the action relating to body scanners to the Head of Health and Safety as this relates to the development of the violence and aggression standards, developing a policy/strategy and an organisational action plan. The work related to least restrictive practice and RESPECT training will be linked into these actions.

- Current risk score $3 \times 4 = 12$ (severity x likelihood)
- Target score – $3 \times 2 = 8$ (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 Director Operations and Transformation
- Risk type – Safety
- Last reviewed: June 2023

Risk 5028 (linked to BAF risk 0024) *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*

Risk actions have been updated and work is in progress to ensure that training for staff seeks to address use of the using the stratification in the free text narrative of the DRAM form. It has been noted that this risk is organisation wide rather than directorate specific and therefore will remain on the corporate risk register for monitoring purposes.

- Current risk score $5 \times 2 = 10$ (severity x likelihood)
- Target score – $5 \times 1 = 5$ (severity x likelihood)- based on the risk appetite for safety, which is zero, the risk appetite should be between 1-4. Risk owners have confirmed that this is the lowest they can get this target score.
- Risk owners – Simon Barnitt, Head of Nursing and Darren McCarthy, Clinical risk and Patient Safety advisor
- Exec lead – Salli Midgley Executive Director of Nursing, Professions and Quality
- Risk type – safety
- Last reviewed June 2023.

Risk 4605 (linked to BAF risk 0025) *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*

Work is ongoing to update the controls and actions to provide further detail and reflect controls that are in place, such as reference to policies. All affected workplaces have been requested to review the relevant safety documentation and until this has been done the risk levels remain as designated at the time of risk recognition. The target score has been reviewed in line with the risk appetite and agreed that given that there is further work to be done on the risk (all affected workplaces have been requested to review the relevant safety documentation and until this has been done the risk levels remain as designated at the time of risk recognition). It was agreed at Risk Oversight Group that it will stay on the CRR to monitor traction on those updates with a view to the risk being deescalated and managed at directorate level once completed.

- Current risk score $5 \times 2 = 10$ (severity x likelihood)
- Target score – $5 \times 1 = 5$ (severity x likelihood) – based on the risk appetite for safety, the target score should be between 1-4 and risk owners have confirmed that this has been amended to its lowest possible score.
- Risk owner –Charlie Stephenson, Health and Safety Risk advisor
- Exec lead – Neil Robertson, Director of Operations and Transformation (Estates lead following retirement of previous Director lead)
- Last reviewed July 2023.

Risk 4407 (links to BAF risk 0025) *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.*

Actions have been updated to ensure that compliance rates for training of assessments for nicotine replacement therapy is being monitored and the target score has been reviewed in line with the risk appetite. The risk is being considered for de-escalation to the directorate risk register and will be completed at the next review and following collective agreement with the Directorate leadership team on 21 July.

- Current risk score $5 \times 2 = 10$ (severity x likelihood)
- Target score – $5 \times 1 = 5$ (severity x likelihood) - based on the risk appetite for safety, the target score should be between 1-4 and risk owners have confirmed that this has been amended to its lowest possible score.
- Risk owner – Kelly McKernan, Head of Nursing
- Exec lead – Neil Robertson Director Operations and Transformation
- Risk type – Environmental
- Last reviewed July 2023

Closed/deescalated risk:

Risk 4613 (linked to BAF risk 0024) *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.*

The risk was reviewed in June and the risk score reduced as recruitment has been successful in some areas and safe locum cover is present for other gaps in medical workforce. The target score has been reached and the risk has been deescalated to be managed/overseen at Directorate level.

- Current risk score $3 \times 3 = 9$ (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 – Dr Rob Verity, Clinical Director
- Exec lead – Dr Mike Hunter Executive Medical Director
- Risk type – workforce

Risk 5089 (linked to BAF risk 0029) *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.*

Discussion on this risk took place at the Risk Oversight Group in June regarding whether the risk should be de-escalated in light of the current score being reduced. It was agreed that the risk description would be reviewed to reflect the impact on service users; controls will be moved into actions and the risk has been de-escalated to the directorate register to be monitored via the Tier 2 assurance groups (Lived Experience group).

- Current risk score $3 \times 3 = 9$ (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 quality, which is low, the risk appetite should be between 5-8 and this is now correct.
- Risk owners – Liz Johnson, head of Equality and Inclusion (and David Fox, Procurement Manager as action owner)
- Exec lead – Salli Midgley, Executive Director of Nursing, Professions and Quality and Caroline Parry, Executive Director of People

- Risk type – quality
- Last reviewed June 2023.

Finance and Performance Committee

There are three risks on the register for monitoring by FPC:

Risk 5051 (linked to BAF risk 0022) *There is a risk of failure to deliver the required level of CIP for 2023/24. This includes closing any b/f recurrent gap and delivering the required level of efficiency during the financial year.*

The score has been reduced to 12 from 16 following approval at Finance and Performance committee in light of significant assurance received on the cost- improvement programme.

- **Current risk score – 4 x 3 = 12 (severity x likelihood) from 4x 4 = 16 (severity x likelihood)**
- Target score – 2 x 3 = 6 (severity x likelihood)
- Risk appetite – 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

NEW Risk 4602 (linked to BAF risk 0021A) *There is a risk that there are a number of Ligature Anchor Points and Blind Spots within bed-based services caused by lack of previous actions to remove or mitigate these environmental risks resulting in potential for inpatients to attempt ligation and cause themselves serious harm.*

This risk was discussed at the Risk Oversight Group with an action agreed to escalate the estates risk to work alongside the risk held by the Operational Team. (Risk 3679 - *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*)

Challenge was given on the scoring at committee in July and it was agreed to review the current risk to amend it from 12 (4 x 3 severity x likelihood) to 15 (5 x 3 severity x likelihood) in light of the CQC requirements with work still to be completed. Work is ongoing to finalise the scoring and risk owners have agreed to review their actions and controls in line with the operational risk which is monitored by Quality Assurance Committee.

- Current risk score – 4 x 3 = 12 (severity x likelihood)
- Target score – **to be confirmed** (severity x likelihood)
- Risk appetite – based on the risk appetite for safety which is zero, the risk appetite should be between 1-4
- Risk owner – Chris Bruton, Head of Estates
- Exec lead – Pat Keeling, Director of Strategy
- Risk type – safety

Risk 4121 (linked to BAF risk 0021A) *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*

Targets dates for achieving actions are currently November 2023, in line with the extended implementation timeframe for the new EPR. It was agreed at Finance and Performance committee that this risk could be deescalated and managed at Directorate level.

- Current risk score – 3 x 3 = 9 (severity x likelihood)
- Target score – 3 x 2 = 6 (severity x likelihood)
- Risk appetite – 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

Mental Health Legislation Committee (MHLC):

There are currently no risks on the CRR under the auspices of this committee.

The Mental Health Legislation risk register is now being received as a standing item at the Committee and it has been agreed a review of the risk register would take place at the Tier 2 assurance groups to consider which risks require escalation to the corporate risk register and to review the scoring of those risks not required for escalation in order for the rationale to be reported to MHLC and clearly understood. The risk register for the Least Restrictive Practice Group will also be received as a standing item.