

Board of Directors - Public

SUMMARY REPORT

Meeting Date: 27 March 2024
 Agenda Item: 28

Report Title:	Corporate Risk Register Report	
Author(s):	Amber Wild, Head of Corporate Assurance, Godfrey Mugoti, Risk Management Officer	
Accountable Director:	Deborah Lawrenson, Director of Corporate Governance.	
Other meetings this paper has been presented to or previously agreed at:	Committee/Tier 2 Group/Tier 3 Group	Risk Oversight Group (RoG) Executive Management Team (EMT) People Committee Quality Assurance Committee Finance and Performance committee
	Date:	27 February 2024 (RoG) 07 March 2024 (EMT) 12 March 2024 (PC) 13 March 2024 (QAC) 14 March 2024 (FPC)
Key points/recommendations from those meetings	Summary analysis of the risks on the Corporate Risk register (CRR) with Ulysses extract appended to the report.	

Summary of key points in report

There are currently 18 risks on the corporate risk register which is a decrease of 5 risks since reporting to the Board in January 2024. The register has been reviewed at Risk Oversight Group, Executive Management Team and at the Board Assurance committees during March 2024. Risks are being reviewed within their required timescales.

This report provides a summary analysis of the risks currently on the corporate risk register assigned for oversight to specific board assurance committees. Overall monitoring and receipt of assurance around our risk management systems and processes resides with Audit and Risk Committee.

Key items are drawn to the attention of the Board below via an Alert, Advise, Assure.

The Board is asked to note for assurance changes highlighted in the corporate risk register summary report including movement on risks, confirm and challenge underway and updating taking place.

Areas to note from the Corporate Risk Register overseen at Mental Health Legislation Committee (MHLC):

There are 4 risks currently on the corporate risk register assigned for oversight to Mental Health Legislation Committee (MHLC) with key items drawn to the attention of the committee below via an Alert, Advise, Assure.

Alert

Nothing to report.

Advise

Risk 4513 *There is a risk that Associate Mental Health Act Manager (AMHAM) Hearings will not be undertaken in a timely manner, this being caused by an insufficient number of AMHAMs which the Trust currently has, resulting in possible breaches in human rights and potential statutory action against the Trust (risk score 12)*

- SHSC internet site to have dedicated page for AMHAM open recruitment – this action has a revised target date until the end of April 2024 owing to competing demands.
- The Trust has been approached by a small number of individuals with a possible interest in becoming an AMHAM and a further update will be provide against this action at the ned of March 2024.

The Board is asked to note the updates provided.**Risk 5026** *There is a risk that patients who come under the Deprivation of Liberty Safeguards (DOLS)*

framework are detained on SHSC staffed premises with no legal authority in place to authorise this. This is caused by significant delays and backlogs within the Local Authority (who are responsible for conducting such assessments and authorisations). This could result in patient's legal rights being breached by the Trust, and the Trust potentially being challenged legally by a patient or their representative (risk score 12)

- Target date for escalation process has been amended to reflect further work with Local Authority
- Incident reporting work is greater than initially anticipated – completion date for achieving this action has been revised to the end of March 2024.
- DOLS register in respect of Woodland View residents has been started.

Risk 5047 *There is a risk that practice within the Trust is not compliant with the Mental Capacity Act. This is caused by multiple factors such as MCA mandatory training not being undertaken, current MCA training needing to be improved, and some organisational culture. This risk could result in patient's legal rights being breached, care not being delivered in accordance with a patient's previously expressed wishes, and legal challenge against the Trust (risk score 12)*

- Bitesize training material regarding using Mental Capacity Act vs. Mental Health Act is on pause owing to the potential need to change content in response to some incidents and feedback of concern.
- New target date for completion of this action is April 2024.

PENDING ESCALATION:

Risk (5124) *There is a risk that the Trust is not compliant with s132/132A Mental Health Act (patient's rights). This is caused by ward staff not providing information about patient's rights in a timely manner, resulting in patient's rights not being fully protected. (Risk score 12).*

- Currently on the Mental Health Legislation Operational Group Risk register at Directorate level
- Assessments of mental capacity in respect of informal admissions have fallen and there continues to be variation in respect of providing information to patients under s132/s132A MHA.
- A Task and Finish Group has been set up to address s132 compliance.
- The committee advised that the risk descriptor needs to indicate the regulatory issues and agreed that the risk should be considered for escalation to the Corporate Risk Register
- The risk will be reviewed at Risk Oversight Group in March 2024 to review the risk description, controls and actions following which this risk will be escalated to the CRR and presented back to MHLC at its next meeting.

The Board is asked to note the updates provided.

Areas to note from the Corporate Risk Register overseen at People Committee (PC):

There are currently no risks on the Corporate Risk register (CRR) monitored by People Committee. One risk has been deescalated and details of this is contained within the Assure section of this report.

Alert

Nothing to report

Advise

Nothing to report

Assure

Risks Scoring under 12 on the CRR:

Risk 4078: *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. (Risk score 9).*

- The risk was agreed for de-escalation by the Deputy Director of People and the Executive Lead following discussion at RoG in January 2023 and agreed at People Committee.
- Completion rates have improved, and the organisational target has been met.
- High level feedback on outcomes has been provided to collective Leadership group and the Board of Directors.
- Actions, and controls are being revised for monitoring this risk at Directorate level following further discussion of the staff survey results at the BoD in February 2024.

The Board is asked to note the updates provided.

Areas to note from the Corporate Risk Register risks overseen at QAC:

There are 6 risks currently on the corporate risk register assigned for oversight to Quality Assurance Committee (QAC) with key items drawn to the attention of the committee below via an Alert, Advise, Assure.

Alert

Risk 4756: *Demand for the ADHD pathway greatly outweighs the resource and capacity of the service. This is resulting in longer/lengthy wait times and high numbers of people not being screened and waiting for assessment, diagnosis and medication. (Risk score 15) and*

Risk 4757 *Demand for Gender greatly outweighs the resource/capacity of the service. This is 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 (risk score 16):*

- At the QAC meeting in February, it was noted that risk 4756 now describes the issue as opposed to the risk and an action to review all risk descriptions with the Executive Lead was taken.
- A meeting took place with the Executive Director of Operations and Transformation on the 26 February 2024 where it was recommended to create one overarching risk on the corporate risk register relating to waiting lists in Specialist services with a recommended score of 16 and to include appropriate actions from risk 4756 (relating to Sheffield Adult Autism and Neurodevelopmental Service) and risk 4757 (relating to Gender Identity Service) to be captured in this one corporate risk.
- It is recommended that the separated risks relating to the different services continues to be monitored at team or directorate level.
- This was discussed at RoG on 27 February 2024 and agreed at QAC in March 2024. Risk owners are currently working together to update this on Ulysses.

Risk 4602: *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 (risk score 12) – (held on the Estates register and overseen by Finance and Performance Committee) and*

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 (Risk score 15) (held on the acute and community register and overseen by Quality Assurance Committee):

- A meeting took place with the Executive Director of Operations on the 26 February 2024 where it was recommended that the risk descriptions for both of these risks needs to be more explicit to reflect the clinical operations and the estates elements of the risk.
- It is recommended that these 2 risks are amalgamated into 1 corporate risk that sits with the operational teams and is supported by the Therapeutics Environments Team (TEP).
- The actions and controls from both risks will be incorporated into this 1 overarching risk.
- This was discussed and agreed at RoG on 27 February 2024 and agreed at QAC in March 2024. Risk owners are currently working together to update this on Ulysses.

A meeting took place on the 26 February 2024 with the Executive Director of Operations and Transformation, to review all risks relating to people not receiving timely responsive support in an inpatient bed due to pressure and increased need across the acute and crisis pathway. This was an action from the QAC meeting in February for reporting to the committees, EMT and to the Board in March.

Risk 5001 *There is a risk that patients awaiting hospital admission are experiencing a delay in their care and treatment of acute mental illness caused by lack of beds resulting in delayed treatment and poor outcomes. (Cases Awaiting Hospital Admissions (CAHA) is the joint responsibility of home treatment, flow team and the CAT)* (risk score 12)

- It has been recommended by the Executive Lead and agreed at Risk Oversight Group in February that the risk description is amended to reflect that this risk is about 'the availability of beds due to delayed discharges' and this was agreed at Quality Assurance Committee.
- Risk 4001 relating to a risk of patients having to wait for long periods in the emergency department or on the medical wards due to lack of identified mental health bed when needed. (Risk score 12) which was pending escalation to the corporate risk register will be amalgamated into risk 5001. This was agreed at QAC in March and risk owners are working to update this on the register.

Advise

Risk 4965: *There is a risk that the delivery of essential Physical Health Training Needs will not be delivered due to the limited resource (both capacity and skill) available within the team. This is further affected by the availability, suitability and condition of venues in which training can be delivered. This will result in staff staff will not be fully skilled and competent with regards to the management of Physical Health needs (risk score 12)*

- Following discussion at the RoG meeting in January and agreement at QAC in February, due to the additional mitigations in place, the scoring has been reviewed and recommended to reduce from a 12. The risk has been deescalated for monitoring on the directorate register.
- Work to consider having one risk on the CRR, as recommended at RoG in January, that relates to a broader risk related to training compliance and which will be held by the People Directorate with risk actions supported by clinical operations was agreed at the committees in March and work is underway to complete this on the register.

Assure

Risks Scoring under 12 on the CRR:

Risk 4605: *There is a risk that patients, especially inpatients, may fall from a height, where identified risk are present externally to the premises, where they are residing or visiting. In addition the falls from height can be related to inadequate window management both of these areas could cause death or serious injury to an individual which would affect the reputational and financial position of the Trust. (Risk score 10)*

- This was discussed at the Facilities Management Meeting (including senior leadership and Director of Strategy) where it was agreed to reduce the score to 5 and de-escalate from corporate level.
- This was agreed at the Health & Safety committee on the 19th of March 2024, and work is taking place to deescalate the risk on Ulysses following confirmation at Quality Assurance Committee.

The Board is asked to note the updates provided.

Areas to note from the Corporate Risk Register risks overseen at FPC

There are 6 risks currently on the corporate risk register assigned for oversight to Finance and Performance Committee with key items drawn to the attention of the committee below via an Alert, Advise, Assure.

Alert

Risk 4602: *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 (risk score 12 – held on the Estates register and overseen by Finance and Performance Committee) and*

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 (Risk score 15 -held on the acute and community register and overseen by Quality Assurance Committee as noted in the update regarding risks discussed at QAC):*

- A meeting took place with the Executive Director of Operations and Transformation on the 26 February 2024 where it was recommended that the risk descriptions for both of these risks needs to be more explicit to reflect the clinical operations and the estates elements of the risk.
- It is recommended that these 2 risks are amalgamated into 1 corporate risk that sits with the operational teams and is supported by the Therapeutics Environments Team (TEP).
- The actions and controls from both risks will be incorporated into this 1 overarching risk.
- This was discussed at RoG on 27 February 2024 and agreed at FPC in March 2024. Risk owners are currently working together to update this on Ulysses.

Advise

Risk 5266: *There is a risk that a breakdown in the relationship with the third-party implementation support team for delivery of the Electronic Patient Record system (EPR), or insufficient capacity available from them, will impact negatively on ability to deliver the project safely, effectively and to the required timeframe. (Risk score12)*

- At FPC in February, the committee agreed that risk 5266 should be removed from the CRR. It was agreed that as the next phase of EPR implementation is planned, the EPR risk and issues log will be reviewed following which new risks will be reflected into the CRR.
- Risk 5266 has been deescalated from CRR and is now closed.

Assure

Risks Scoring under 12 on the CRR:

Risk 5225: *There is a risk that we fail to train our staff in the use of our new electronic patient record system in preparation for the go live date. This will mean that clinical staff are unable to access the system. This risk must be mitigated through a considered training delivery plan, which is governed on a weekly basis with operational grip and control. (Risk score 9).*

- Development of the revised implementation model was presented to the EPR programme board on 29th February, indicating timelines for the workstreams within the EPR programme.
- The target date for closure of the action was changed to 29.02.24, during February
- The risk has been deescalated for management on the directorate risk register in light of the EPR programme Board implementation dates following agreement from the Executive Lead and agreed at Finance and Performance Committee.

The Board is asked to note the updates provided.

Areas to note from the Corporate Risk Register risks overseen at ARC

There is 1 risk currently on the corporate risk register assigned for oversight to Audit and Risk Committee with key items drawn to the attention of the committee below via an Alert, Advise, Assure. One risk has been

deescalated.

Alert

Nothing to report.

Advise

Risks Scoring under 12 on the CRR:

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). (Risk score 9).*

- The Executive lead has reviewed the risk score with the risk owner and confirms that the current risk score is correct.
- The risk has been deescalated from the corporate risk register for monitoring at Directorate level. This has taken place since the committee meeting in January and will be discussed and agreed at ARC at its next meeting.

Risk 5070: *There is a risk of an information governance breach caused by undefined "archiving" stored in an unsecure location at President Park that could result in data breach, litigation, financial and reputational damage to SHSC (Risk score 9)*

- An initial meeting was held on 19 02 24 with the Executive Director of Finance, Director of Corporate Governance and representatives from Digital, Estates and Corporate Assurance where it was agreed that Digital and Estates will lead on setting up the working group to look at the physical storage of documents and records management across the organisation for reporting to Audit and Risk Committee in May. An update will be brought to RoG in March 2024 which will include a review of the score and/or consideration of de-escalation.

Assure

Nothing to report.

The Board is asked to note the updates provided.

Appendices:

Ulysses extract of the corporate risk register - March 2024 – available in iBabs and on request.

Recommendation for the Board/Committee to consider:

Consider for Action		Approval		Assurance	X	Information	X
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The Board is asked to take **assurance** from the updates provided, to **note** risks which have been de-escalated and **to confirm if the risks**, as outlined in section 3 and overseen by the Board Assurance committees, **remain the most significant**; and **identify if there are additional risks** following discussion at the meeting that should be considered for review and escalation.

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

Effective Use of Resources	Yes	X	No	
Deliver Outstanding Care	Yes	X	No	
Great Place to Work	Yes	X	No	
Ensuring our services are inclusive	Yes	X	No	

Is this report relevant to compliance with any key standards ? 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 and	Yes		No	X	

Protection Toolkit					
Any other specific standard?				X	
Have these areas been considered ? YES/NO					If Yes, what are the implications or the impact? If no, please explain why
Service User and 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 report

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 an organisation-wide 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 Risks are evaluated in terms of likelihood and impact using the 5 x 5 matrix where a score of 1 is a very low likelihood or a very low impact and 5 represents a very high likelihood or significant impact. This simple matrix is used to classify risks as very low (green), low (yellow), moderate (amber) or high (red).
- 1.4 Scoring used is reflective of the current Risk Management Framework
- 1.5 The Risk Oversight Group continues to meet monthly in advance of EMT, to undertake further confirm and challenge with risk owners to support onward reporting and recommendations to EMT and the Board Assurance Committees
- 1.6 Work continues to address risks of 12 or above not yet escalated onto the Corporate Risk Register through a monthly extraction report from Ulysses and further details are in section 2.2 of this report.
- 1.7 Training sessions continue to take place with teams and individuals, including a review of registers with a focus on scoring of risks.

Top risks on the Corporate Risk Register

2. 1 There are five top overall risks two of which are overseen by Finance and

Performance Committee and three by Quality Assurance Committee as listed below:

- **Risk 5051** There is a risk of failure to deliver the required level of CIP for 2023/24 (risk score of 16) (FPC).
- **Risk 4795:** loss of knowledge and expertise within the Project and BAU Digital Team due to key staff leaving the programme leading to delays in delivery or lack of input from Trust teams. (Risk score 16) (FPC)
- **Risk 4757** Demand for gender identity services outweighing capacity/resources (risk score of 16) (QAC)
- **Risk 4756** Demand for the ADHD pathway greatly outweighs the resource and capacity of the service. This is resulting in longer/lengthy wait times and high numbers of people not being screened and waiting for assessment, diagnosis and medication (risk score of 15) (QAC)
- **Risk 3679** Risk of harm due to access to potential fixed ligature anchor points (risk score of 15) (QAC)

2.2 Risks Scoring 12 and above not yet escalated to CRR

- Good progress continues to be made on the risks not yet escalated onto the Corporate Risk Register. There are 3 remaining from the 118 reported as outstanding to the Board of Directors in September 2023. Work is continuing to review the remaining risks with risk owners and updates are reflected on an action plan which continues to be monitored at EMT and Audit and Risk Committee.
- Of these 3 remaining risks, 1 will be managed at directorate level, while the other 2 remaining have been identified for potential escalation to the CRR. These will be presented to Risk Oversight Group in March 2024.
- A Ulysess extraction report on 15th of February 2024 highlighted that 11 more risks were added in January and February 2024 scoring 12 and not escalated. Following engagement with risk owners, this has now been reduced to 5, with work ongoing at pace to address the remaining risks by the end of March 2024 to confirm if any should be escalated.
- Monthly extraction reports will continue to take place for sustained monitoring of any high-scoring risks on the team and directorate registers.
- Training sessions continue to take place with teams and individuals, including a review of registers with a focus on scoring of risks.
- A user-friendly risk management guide has been produced for staff and will be disseminated following feedback from the Risk Oversight Group and the Ulysses user group at the end of March 2024 and has been shared with Internal Audit for their views.

2.3 Information Governance Risks

- The Audit and Risk Committee had requested in January that further work takes place at the Risk Oversight Group to ascertain all risks currently on the registers that relate to storage of information and potential for breach.
- An initial meeting was held on 19 02 24 with the Executive Director of Finance, Director of Corporate Governance, Information Governance Manager, Head of Facilities and Health and Safety, and Head of Corporate Assurance where it was agreed that Digital and Estates will lead on setting up the working group to look at the physical storage of documents and records management across the organisation for reporting to Audit and Risk Committee in May.
- An update will be brought to RoG in March 2024

2.4 Violence and Aggression risks

Following the request by EMT to review Violence and Aggression risks so that confirm and challenge can be provided on risks which may have had their scores reduced, the Risk

Oversight Group (RoG) discussed these risks on 27th of February 2024 and noted the following key points:

- There are currently no risks relating to Violence and Aggression on the corporate risk register.
- There is 1 risk on the directorate register and 6 on the team registers (3 from Endcliffe Ward, 1 from CERT, 1 from Forest Close and 1 from Birch Ave)
- Violence and Aggression risks from Team and Directorate risk registers were discussed at Risk Oversight Group on 27 February. Confirm and Challenge was given on the scoring and RoG has requested that the Violence Reduction Group receive these risks for further review with an update to be provided to RoG at the end of March.
- The Violence Reduction Group will now be chaired by the Deputy Director of Nursing and Quality together with the Deputy Director of People and discussion on risks will take place at these meetings.

Section 3: Risks

3.1 Corporate Risk Register snapshot, ordered from highest to lowest current risk score within committee groupings and as March 2024.

Risk number	Description	Score (severity x likelihood)	Risk Owner	Executive Lead and Monitoring Committee	Progress update
Audit and Risk Committee Movement on the Corporate Risk Register for risks overseen at Audit and Risk Committee: 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). (Scoring 9) has been deescalated from the corporate risk register.					
Risk 5070	There is a risk of an information governance breach caused by undefined "archiving" stored in an unsecure location at President Park that could result in data breach, litigation, financial and reputational damage to SHSC.	9 (3x3)	Samantha Crosby	Audit and Risk Committee	Last reviewed on 21/02/2024. Gates pending installation. There is a delay due to financial resources.
Finance and Performance Committee Movement on the Corporate Risk Register for risks overseen at Finance and Performance Committee <ul style="list-style-type: none"> Risk 5226 relating to a risk that a breakdown in the relationship with the third-party implementation support team for delivery of the Electronic Patient Record system has been de-escalated from CRR and is now closed. Risk 5225 relating to a risk that we fail to train our staff in the use of our new electronic patient record system in preparation for the go live date has been de-escalated from CRR to be managed at Directorate level, pending Executive lead confirmation. 					

Risk number	Description	Score (severity x likelihood)	Risk Owner	Executive Lead and Monitoring Committee	Progress update
5051 BAF0022	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.	16 (4x4) ↔	James Sabin (risk owner) Phillip Easthope (actions owner)	Executive Director of Finance (Phillip Easthope)	Top risk on the Corporate Risk Register. Reviewed on 05/03/24 - closed action and review progressed, no other changes required.
4795 BAF 0026	There is a risk that there could be a loss of knowledge and expertise within the Project and BAU Digital Team due to key staff leaving the programme leading to delays in delivery or lack of input from Trust teams	16 (4x4) ↔	Pete Kendal	Executive Director of Finance (Phillip Easthope) Finance and Performance Committee	Top risk on the Corporate Risk Register. Risk reviewed and updated on 28/02/2024. Change of ownership to interim CDIO, with extension of date for development of the Target operating Module (TOM) in light of this.
5267 BAF 0026	There is a risk staff will lose confidence in the system if they do not receive sufficiently timely response to issues they have raised and support as required	12 (3x4) ↔	Pete Kendal (risk owner)	Executive Director of Finance (Phillip Easthope)	Reviewed on 28/02/2024. New CDIO and Programme Manager in place. Meeting with Trust Comms Lead took place on 4/3/24 to discuss options and agree a way forward to mobilise resources to support the implementation.
5272 BAF 0026	There is a risk technical issues in the build which have surfaced post implementation of the launch of the first phase of the Electronic Patient Record (Rio) are not adequately managed resulting in lack of stabilisation of the first stage prior to launch of the second phase with the result there are delays in development and security of the reporting build infrastructure putting in jeopardy ability to move forward	12 (4x3) ↔	Pete Kendal (risk owner)	Executive Director of Finance (Phillip Easthope)	The risk was reviewed on 28/02/2024 and actions have been updated. Risk score remains unchanged
5224 BAF0026	There is a risk that our new electronic patient record system will fail to meet the recording and reporting requirements of our clinical services. This risk must be mitigated through rigorous	12(3x4) ↔	Pete Kendal (risk owner)	Executive Director of Finance (Phillip Easthope)	Reviewed on 28/02/2024 Actions updated. Work to address T1 Memory Service

Risk number	Description	Score (severity x likelihood)	Risk Owner	Executive Lead and Monitoring Committee	Progress update
	User Acceptance Testing.			Easthope) Finance and Performance Committee.	fixes and build revision is to initiate once key staff members have returned from annual leave in February.
4602 BAF.0025A	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.	12 (4x3) ↔	Andy Probert (risk owner)	Director of Operations and Transformation (Neil Robertson)	Reviewed on 05/02/24. It has been recommended by the Executive Lead and agreed at RoG to amalgamate this with risk 3679 relating to LAP in the clinical operations team.

Quality Assurance Committee

Movement on the Corporate Risk Register for risks overseen at Quality Assurance Committee:

- Risk 5043 relating to a risk that unsafe application of moving and handling practices caused by a lack of understanding and training may result in harm or injury to both staff and service user. There may also be a wider statutory or financial organisational impact if injury occurs. (Score 9) has been de-escalated from the CRR following agreement at the Quality Assurance Committee in February 2024.
- Risk 4965 relating to a risk that the delivery of essential Physical Health Training Needs will not be delivered due to the limited resource (both capacity and skill) available within the team. This is further affected by the availability, suitability and condition of venues in which training can be delivered. This will result in staff will not be fully skilled and competent with regards to the management of Physical Health needs has been de-escalated from the CRR following agreement at the Quality Assurance Committee in February 2024

Risk number	Description	Score (severity x likelihood)	Risk Owner	Executive Lead and Monitoring Committee	Progress update
4757 BAF0029	Demand for Gender 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.	16 (4x4) ↔	Richard Bulmer (risk owner) Mark Parker (action owner)	Director of Operations and Transformation (Neil Robertson)	Reviewed on 02/02/2024. It is being recommended to create one overarching risk on the corporate risk register relating to waiting lists in Specialist services with a recommended score

Risk number	Description	Score (severity x likelihood)	Risk Owner	Executive Lead and Monitoring Committee	Progress update
					of 16 and to include appropriate actions from risk 4756 and risk 4757.
4756 BAF0029	Demand for the ADHD pathway greatly outweighs the resource and capacity of the service. This is resulting in longer/lengthy wait times and high numbers of people not being screened and waiting for assessment, diagnosis and medication	15 (3x5) ↔	Richard Bulmer (risk owner) Mark Parker, Sal Foulkes (action owners)	Director of Operations and Transformation (Neil Robertson) Quality Assurance Committee.	Reviewed on 01/03/24. It is being recommended to create one overarching risk on the corporate risk register relating to waiting lists in Specialist services with a recommended score of 16 and to include appropriate actions from risk 4756 and risk 4757.
3679 BAF0025A	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	15 (5x3) ↔	Laura Wiltshire (risk owner) Gemma Robinson (assessor)	Director of Operations and Transformation (Neil Robertson) Quality Assurance Committee.	Reviewed on 05/03/2024. The risk has been reviewed and all actions and controls remain the same.
4697 BAF0025B	There is a risk that patients safety will be impacted out of hours as a result of not having access to spare medical devices (emergency equipment and consumables) and equipment (bariatric, moving and handling or bespoke equipment), resulting in poor patient care and possible harm.	12 (3x4) ↔	Sharlene Rowan (Risk Owner and Assesor)	Executive Director of Nursing, Professions and Quality	Reviewed on 05/03/2024 and the risk description and actions updated.
5001 BAF0025B	There is a risk that patients awaiting hospital admission are experiencing a delay in their care and treatment of acute mental illness caused by lack of beds resulting in delayed treatment and poor outcomes. (Cases Awaiting Hospital Admissions (CAHA) is the joint responsibility of home treatment, flow team and the CAT)	12 (3x4)	Hayley Taylor (Risk Owner and Assesor)	Director of Operations and Transformation (Neil Robertson) Quality Assurance	Reviewed on 05/03/2024. Risk remains relevant and appropriate. To remain at current level due to ongoing concerns

Risk number	Description	Score (severity x likelihood)	Risk Owner	Executive Lead and Monitoring Committee	Progress update
				Committee.	
4605 BAF0025A	There is a risk that patients, especially inpatients, may fall from a height, where identified risks are present externally to the premises, where they are residing or visiting. In addition the falls from height can be related to inadequate window management both of these areas could cause death or serious injury to an individual which would affect the reputational and financial position of the Trust.	10(5x2) ↔	Samantha Crosby (risk owner)	Director of Strategy (currently held by the Director of Operations and Transformation Neil Robertson)	Reviewed on 05/03/2024. Discussed at Facilities Management Meeting (including senior leadership and Director of strategy) agreement to reduce to score of 5 and de-escalate from corporate level, this needs to be agreed at the H&S committee on the 19th March 2024, before can formally change on the risk entry

People Committee

Movement on the Risk Register for risks overseen by People Committee:

- Risk 4078 relating to 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 has been de-escalated from the CRR following receipt of the staff survey results, and with agreement by the Deputy Director of People and Executive Director Lead

There no corporate risk currently on the risk register.

Mental Health Legislation Committee

Movement on the Risk Register for risks overseen by MHLC:

There has been no movement of note of the corporate risks overseen by Mental Health Legislation Committee

Risk number	Description	Score (severity x likelihood)	Risk Owner	Executive Lead and Monitoring Committee	Update
4513	There is a risk that Associate Mental Health Act Manager (AMHAM) Hearings will not be undertaken in a timely manner, this being caused by an insufficient number of AMHAMs which	12 (3x4) ↔	Jamie Middleton	Mental Health Legislation Committee	The risk was reviewed on 22/02/24. Risk remains. Continuing to see some

Risk number	Description	Score (severity x likelihood)	Risk Owner	Executive Lead and Monitoring Committee	Progress update
	the Trust currently has, resulting in possible breaches in human rights and potential statutory action against the Trust.				difficulties setting up AMHAM panels for cases to be reviewed in a timely manner
5026	There is a risk that patients who come under the Deprivation of Liberty Safeguards (DOLS) framework are detained on SHSC staffed premises with no legal authority in place to authorise this. This is caused by significant delays and backlogs within the Local Authority (who are responsible for conducting such assessments and authorisations). This could result in patient's legal rights being breached by the Trust, and the Trust potentially being challenged legally by a patient or their representative.	12 (3x4) ↔	Jamie Middleton	Mental Health Legislation Committee	The risk was reviewed on 22/12/2024. Risk remains. New DOLS register underway identifying issues continue.
5047	There is a risk that practice within the Trust is not compliant with the Mental Capacity Act. This is caused by multiple factors such as MCA mandatory training not being undertaken, current MCA training needing to be improved, and some organisational culture. This risk could result in patient's legal rights being breached, care not being delivered in accordance with a patient's previously expressed wishes, and legal challenge against the Trust.	12 (3x4) ↔	Jamie Middleton	Mental Health Legislation Committee	Risk reviewed on 22/02/2024. Risk remains. Practice continues to be observed which is not in keeping with the MCA
5220	There is a risk that inpatient care is not delivered in the least restrictive way, in line with national guidance and regulatory standards due to a lack of skilled trained staff on duty 24/7, 7 days a week. This is due to a combination of capacity with trainers, capacity related to release of staffing and effective rota management. The risk is that this then leads to more restrictive practice, poor patient and staff experience and progress of the strategy.	12 (3x4) ↔	Lorena Cain	Mental Health Legislation Committee/ Quality Assurance Committee	The risk was reviewed on 24/02/2024. Further mitigations added. Action plan due for review 15/3/24. Presented to LRPOG February 2024

