

# Board of Directors - Public

## SUMMARY REPORT

Meeting Date:

25 September 2024

Agenda Item:

24

<b>Report Title:</b>	<b>Corporate Risk Register report</b>	
<b>Author(s):</b>	Amber Wild, Head of Corporate Assurance	
<b>Accountable Director:</b>	Deborah Lawrenson, Director of Corporate Governance.	
<b>Other meetings this paper has been presented to or previously agreed at:</b>	<b>Committee/Tier 2 Group/Tier 3 Group</b>	Risk Oversight Group (RoG) Mental Health Legislation Committee (MHLC) Executive Management Team (EMT) People Committee (PC) Quality Assurance Committee (QAC) Finance and Performance Committee
	<b>Date:</b>	27 August 2024 (RoG) 15 August and 5 September 2024 (EMT). 4 September 20234 (MHLC) 10 September 2024 (PC) 11 September 2024 (QAC) 12 September 2024 (FPC)
<b>Key points/recommendations from those meetings</b>	Summary analysis of the risks on the Corporate Risk register (CRR) monitored by Risk Oversight Group, the Executive Management team and the Board assurance committees with the Ulysses extract appended to the report.	

### Summary of key points in report

There are 17 risks on the corporate risk register for reporting to the Board of Directors in September 2024.

At the Board of Directors in July 2024, it was agreed a further deep dive should take place by the Executive Management Team to sense check the risks and scoring on the Corporate Risk Register alongside the Board Assurance Framework. A detailed discussion on corporate risks has taken place in August and September, at EMT and RoG, to reflect whether those risks on the register are still relevant and appropriate, and to consider whether there are additional risks for consideration for the corporate risk register.

Key items are drawn to the attention of the Board below via an Alert, Advise, Assure and details are noted in sections 1, 2 and 3 of the report.

#### Alert

**Risk 5344** There is a risk that the integrity and safety of the fire doors have been compromised caused by inadequate maintenance through a sufficient Planned Preventative Maintenance (PPM) regime resulting in reduced effectiveness in minimising the spread of fire and smoke (risk score 20) **Oversight through Finance and Performance Committee, Executive lead Director of Strategy**

- Assurance committees sought assurance around how the risk is being mitigated whilst the review is awaited and were assured that the risk actions are being monitored fortnightly via task and finish

- group meetings.
- The actions, as listed within the risk on Ulysses, are on track for completion within the current timescale.

## Advise

The Board are advised of two new risks which have been agreed at EMT and assurance committees in September 2024, and approved by the Executive leads and which are **presented to board for approval**:

**NEW Risk 5385** There is a risk that systems do not support an effective response to sexual safety, racism and violence caused by the culture of reporting resulting in low staff morale, wellbeing and quality of care. (risk score 12) **Oversight through People Committee, Executive lead Director of People**

- Board are asked to approve the risk (see section 2) noting that work is continuing to finalise the controls and actions.

**NEW Risk 5365** There is a risk that patient experience and quality of life maybe be negatively impacted due to longer than recommended waiting times to access highly specialist services, (ADHD and Gender Services), caused by demand exceeding commissioned capacity resulting in an impact on service user experience, staff wellbeing and reputational damage. (risk score 16) **Oversight through Quality Assurance Committee, Executive lead Director of Operations**

- The Executive lead, EMT and QAC agreed in September 2024 the overarching corporate risk relating to waiting times in specialist services and this is **presented to Board for approval**.

An amended risk description to the risk relating to challenges in bed use is presented **to Board for approval** following discussion at RoG to include reference to out of area beds. This has been approved by the Executive lead, the Assurance Committee and EMT in September 2024.

**NEW DESCRIPTION Risk 5001** There is a risk to the quality and safety of patient care caused by 1) delays in accessing an acute hospital bed in Sheffield 2) poor care and experience from out of area hospital providers 3) delays in facilitating discharge from hospital beds. These issues affect the operational delivery of our acute, crisis and community services. (risk score 12) **Oversight through Quality Assurance committee, Executive lead Director of Operations**

- Board is asked to approve the risk and note the updated description in addressing out of area acute inpatient use.

The Board are asked **to note** the proposal following agreement at EMT, RoG and the assurance committees in September 2024, to develop **additional risks for inclusion on the corporate risk register** relating to **medical recruitment** in inpatient services and community services, and **cyber security**.

- This work is taking place during September, for reporting to committees in October and November 2024

The Board is asked **to note**, in relation to the **EPR risks**, that it has been confirmed at EMT, RoG and Finance and Performance Committee that the Executive lead is reviewing all EPR risks with a view to having an overarching EPR corporate risk on the risk register.

- This work is taking place during September, for reporting to committees in October 2024

The Board are advised that three risks have been deescalated since the register was reported to the Board in July 2024 **for Board to note**.

**Further details of the risks can be found in section 1 to 4 of this report.**

## Assure

- The Board can take assurance by the deep dive by the Executive Management team during August 2024 and note that any changes requested have been confirmed by the assurance committees in September 2024.
- 4 new risks have been entered onto team or directorate risk registers between 13 August and 13 September 2024 scoring 12 or above which have not yet been escalated to the Corporate Risk Register. These are pending review and agreement with the relevant Executive leads and will then be considered through RoG, EMT and the relevant assurance committees.
- Work is underway to support the directorates in preparing for the Internal Audit later in the year on directorate risk management arrangements.

**The Board is asked to note the updates provided**

### Appendices:

Appendix 1: Ulysses extraction report September 2024 (available in iBabs for Board members and on request).

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

Consider for Action	Approval	X	Assurance	X	Information	X
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The Board is asked to **confirm if the risks**, as outlined in the report for monitoring by the assurance committees and attached at Appendix 1 **remain the most significant and to agree any movement**; and is asked to **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:

	Yes	X	No
Effective Use of resources	Yes	X	No
Deliver Outstanding Care	Yes	X	No
Great Place to Work	Yes	X	No
Ensuring Services are inclusive	Yes	X	No

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

	Yes	X	No	X
Care Quality Commission Fundamental Standards	Yes	X	No	
Data Security and Protection Toolkit	Yes		No	X
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	

## Background

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.

Used correctly it demonstrates that an effective risk management approach is in operation within the Trust and supports identification of additional assurance reporting required.

The Risk Oversight Group meets 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

A Ulysses extraction report continues to take place monthly to monitor any new, high-scoring risks on the directorate and team registers and to ensure discussion takes place with Executive Leads to determine if these should be considered for escalation onto the CRR and reported through to RoG and EMT for agreement prior to circulation in the CRR to the assurance committees.

Training sessions continue to take place with teams and individuals, including a review of registers with a focus on scoring of risks.

### Risk profile

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 low (green), moderate (yellow), high (amber) or extreme (red).

The table below shows the spread of risks on the register as at September 2024. Scoring used is reflective of the current Risk Management Framework.

#### Severity

Catastrophic (5)					
Major (4)			6	1	1
Moderate (3)				8	1
Minor (2)					
Negligible (1)					
<b><u>Likelihood</u></b>	(1) Rare	(2) Unlikely	(3) Possible	(4) Likely	(5) Almost Certain

## Section 1: Analysis and supporting detail

- Below is a snapshot of the corporate risks, ordered from top to bottom by current risk score. The full detail of these risks can be found in the appendix which is available in iBabs for Board members and on request.
- There are currently three top overall corporate risks, one of which is overseen by the Quality Assurance Committee, and two overseen by the Finance and Performance Committee as detailed below.
- New risks and risk descriptions are indicated in blue text
- Key changes have been highlighted in the Alert, Advise, Assure section of the report.

Risk number	Description	Monitoring Committee Executive lead	Current score Severity x likelihood	Target score Severity x likelihood	Movement April 2024 – Sept 2024
5344 BAF0026	There is a risk that the integrity and safety of the fire doors have been compromised caused by inadequate maintenance through a sufficient Planned Preventative Maintenance (PPM) regime resulting in reduced effectiveness in minimising the spread of fire and smoke	Finance and performance Committee Director of Strategy	4 x 5 =20	1 x 4 = 4	↔
5365 BAF0029	<b>NEW</b> There is a risk that patient experience and quality of life maybe be negatively impacted due to longer than recommended waiting times to access highly specialist services, (ADHD and Gender Services), caused by demand exceeding commissioned capacity resulting in an impact on service user experience, staff wellbeing and reputational damage.	Quality Assurance Committee Director of Operations	4 x 4 =16	3 x 2 = 6	↑
5366 BAF0021A	There is a risk that responding to change requests for Insight becomes excessively time consuming, impacting on delivery performance.	Finance and performance Committee Director of Finance	3 x 5 = 15	2 x 3 = 6	↔
4513 BAF0024	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.	Mental Health legislation Committee Interim Medical Director	3 x 4 = 12	3 x 1 = 3	↔
4795 BAF0021A	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.	Finance and performance Committee Director of Finance	4 x 3 = 12	2 x 3 = 6	↔
5001 BAF0029	<b>NEW</b> There is a risk to the quality and safety of patient care caused by 1) delays in accessing an acute hospital bed in Sheffield 2) poor care and experience from out of area hospital providers 3) delays in facilitating discharge from hospital beds. These issues affect the operational delivery of our acute, crisis and community services.	Quality Assurance Committee Director of Operations	3 x 4 = 12	3 x 2 = 6	↔
5026 BAF0024	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	Mental Health legislation Committee Interim Medical Director	3 x 4 = 12	3 x 1 = 3	↔

	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.				
5047 BAF0024	There is a risk that practice within the Trust is not compliant with the Mental Capacity Act caused by multiple factors such as MCA mandatory training not being undertaken, current MCA training needing to be improved, and some organisational culture resulting 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.	Mental Health legislation Committee Interim Medical Director	3 x 4 = 12	3 x 1 = 3	↔
5051 BAF0022	There is a risk of failure to deliver the required level of savings for 2024/25. This includes reducing overspending areas through recovery plans.	Finance and performance Committee Director of Finance	4 x 3 = 12	3 x 3 = 6	↓
5124 BAF0024	There is a risk that the Trust is not compliant with s132/132A Mental Health Act (the requirement to provide information to patients). This is caused by a lack of assurance that the legally required information is being provided to patients in a timely manner. This could result in the Trust breaching patients' rights and exposes the Trust to potential regulatory action.	Mental Health legislation Committee Interim Medical Director	4 x 3 = 12	2 x 3 = 6	↔
5224 BAF0021A	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 User Acceptance Testing.	Finance and performance Committee Director of Finance	3 x 4 = 12	3 x 2 = 6	↔
5321 BAF0014	There is a risk that we are unable to meet mandatory training compliance levels caused by a variety of factors impacting on one or more training subjects including lack of suitable training space for delivery of training; access to computers for e learning, local authority places for safeguarding and difficulties in staff release resulting in targets and CQC requirements not being met.	People Committee Director of People	3 x 4 = 12	2 x 3 = 6	↔
5367 BAF0021A	There is a risk that users are unwilling to use the system as intended leading to poor clinical records and data quality.	Finance and performance Committee Director of Finance	4 x 3 = 12	3 x 2 = 6	↔
5368 BAF0021A	There is a risk that Services cannot fully-engage with the programme due to internal capacity and prioritisation issues.	Finance and performance Committee Director of Finance	3 x 4 = 12	3 x 2 = 6	↔
5369 BAF0021A	There is a risk that clinical requirements are not elicited correctly leading to the system being poorly configured to meet clinical needs.	Finance and performance Committee Director of Finance	4 x 3 = 12	2 x 2 = 4	↔
5370 BAF0021A	There is a risk that governance processes become overly bureaucratic and cease to be agile enough to meet the programme's needs.	Finance and performance Committee Director of Finance	4 x 3 = 12	3 x 2 = 6	↔
5385 BAF0013	<b>NEW</b> There is a risk that systems do not support an effective response to sexual safety, racism and violence caused by the culture of reporting resulting in low staff morale, wellbeing and quality of care.	People Committee Director of People	3 x 4 = 12	3 x 2 = 6	↔

### Section 2: Alert

**Risk 5344** There is a risk that the integrity and safety of the fire doors have been compromised caused by inadequate maintenance through a sufficient Planned Preventative Maintenance (PPM) regime resulting in reduced effectiveness in minimising the spread of fire and smoke (risk score 20)

- The risk is being mitigated through 11 actions identified on Ulysses.
- The risk score will be reviewed following receipt of the external review expected by the end of September 2024.
- This was agreed for inclusion on the corporate risk register by the Executive lead and EMT in July 2024 and received at assurance committees and the Board.
- The rationale for a risk score of 20 is based upon the potential risk related to level of likelihood the fire doors may not perform as designed/expected in the event of a fire and is not based upon on the likelihood of a fire occurring. The level of risk will be fully understood when the external review of fire doors is received in September 2024.
- Assurance committees sought assurance around how the risk is being mitigated whilst the review is awaited and were assured that the risk and actions are being monitored fortnightly via task and finish group meetings.

### Section 3: Advise

#### **NEW RISKS**

**NEW Risk 5385** [There is a risk that systems do not support an effective response to sexual safety, racism and violence caused by the culture of reporting resulting in low staff morale, wellbeing and quality of care.](#) (risk score 12) **Oversight through People Committee, Executive lead Director of People**

- It was agreed at the People committee meeting and agreed at Board in July 2024, that a corporate risk relating to staff wellbeing and quality of care in relation to systems not responding adequately to issues around violence, sexual safety, racism would be developed for inclusion on the corporate risk register.
- The risk has been inputted onto Ulysses with agreement from the Executive Lead, EMT and People Committee in September 2024.
- **Risk presented for approval noting work is continuing to finalise the controls and actions.**

**NEW Risk 5365** [There is a risk that patient experience and quality of life maybe be negatively impacted due to longer than recommended waiting times to access highly specialist services, \(ADHD and Gender Services\), caused by demand exceeding commissioned capacity resulting in an impact on service user experience, staff wellbeing and reputational damage.](#) (risk score 16) **Oversight through Quality Assurance Committee, Executive lead Director of Operations**

- It was agreed at the committee meeting and reported to Board in July 2024, that an overarching corporate risk relating to waiting times in specialist services would be developed.
- It has been agreed by the Director of Operations and EMT that this should remain as a risk on the corporate risk register for specialist services given the impact on recovery and safety.

- It has been noted and agreed that risks relating to waiting times in core community services will be held at directorate level.
- This has been approved by the Executive lead, EMT and QAC in September 2024 and is **presented to Board for approval**

## **NEW RISK DESCRIPTIONS**

**NEW DESCRIPTION Risk 5001** There is a risk to the quality and safety of patient care caused by 1) delays in accessing an acute hospital bed in Sheffield 2) poor care and experience from out of area hospital providers 3) delays in facilitating discharge from hospital beds. These issues affect the operational delivery of our acute, crisis and community services. (risk score 12) **Oversight through Quality Assurance committee, Executive lead Director of Operations**

*Previous risk description -There is a risk to the quality and safety of patient care caused by delays in accessing an acute mental health hospital bed resulting in an impact on all services, but particularly our Community, Crisis, Liaison Psychiatry, Decisions Unit and HBPOS services.*

- The risk description has been updated following discussion at RoG to include reference to the risk of being placed in Out of Area beds as a result of delays in accessing an acute bed.
- This was agreed by the Executive lead, EMT and QAC in September 2024.

## **OTHER CORPORATE RISK UPDATES**

These are presented to the Board for noting following discussion at committees in September 2024.

**Risk 5051:** There is a risk of failure to deliver the required level of savings for 2024/25. This includes reducing overspending areas through recovery plans. (risk score 12) **Oversight through Finance and Performance Committee, Executive lead Director of Finance**

- One action has been closed and moved to ongoing process control.
- A new action on review of additional controls has been added.
- The current scoring has been agreed as correct by the Executive lead and EMT, given the underspend which is offsetting out of area beds and was agreed by FPC.
- However the monthly review of the risk will continue, and the scoring will be adjusted accordingly alongside the latest update of the financial performance report if required.

**Risk 5124** There is a risk that the Trust is not compliant with s132/132A Mental Health Act (the requirement to provide information to patients). This is caused by a lack of assurance that the legally required information is being provided to patients in a timely manner. This could result in the Trust breaching patients' rights and exposes the Trust to potential regulatory action. (risk score 12) **Oversight through Mental Health Legislation Committee, Executive lead Interim Medical Director**

- Incident reports continue to be submitted where there is a lack of assurance of being able to demonstrate compliance.
- The Task and Finish Group relating to s132/132A continues and an updated plan was received for discussion at Mental Health Legislation Committee in September 2024.
- It has been agreed by EMT and MHLC in September 2024, that this risk remains current and should remain on the corporate risk register.

**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) **Oversight through Mental Health Legislation Committee, Executive lead Interim Medical Director**

- Recruitment for new AMHAMs has been completed and 2 have been appointed since last reported.
- 1 current AMHAM has tendered their resignation due to personal circumstances.
- The Interim Medical Director has confirmed that HR checks have not yet been completed and this therefore remains a risk currently
- Following discussion at EMT and MHLC in September 2024, it was agreed that this risk should remain on the risk register at its current scoring.

**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) **Oversight through Mental Health Legislation Committee, Executive lead Interim Medical Director**

- Barriers to compliance remain with the Local Authority and this continues to reflect the national picture.
- EMT and MHLC agreed in September 2024 that this risk is still of concern, there has been no change and have confirmed that this should remain on the corporate risk register.
- The Interim Medical Director has asked for benchmarking to be completed in relation to this risk

### **DE-ESCALATED RISKS**

#### **Four risks have been deescalated since the register was reported to the Board in July:**

There was a cross-committee discussion from Quality Assurance Committee to Finance and Performance Committee in September 2024 in respect of the risk relating to Patient Reported Outcome Measures (PROMS) **risk 5169**.

- This followed agreement at EMT that this should be incorporated into the EPR risks due to its dependency on that programme and is not a stand-alone corporate risk. This was agreed at FPC and QAC.
- The risk has been de-escalated to the directorate register and work is taking place to incorporate this into the EPR risks, as part of the overall review of the EPR risks (as noted above).

**DE-ESCALATED Risk 3679** There is a risk that service users admitted to bed-based services could ligate using fixed ligature anchor points or by using ligature items caused by not managing and removing ligature anchor points effectively resulting in service user harm. **Oversight through Quality Assurance Committee, Executive lead Director of Operations.**

- The risk score was reduced from 15 to 12, following approval by the Executive lead due to the decant of Maple ward in July 2024 and agreed through EMT, QAC and Board
- The risk has been de-escalated to the directorate risk register on 4 September, following a further reduction in score and following agreement at EMT, RoG, and QAC.

**DE-ESCALATED Risk 4697** There is a risk that patient's 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. **Oversight through Quality Assurance Committee, Executive lead Director of Nursing, Quality and Professions**

- This has been deescalated and will be monitored at Directorate level as agreed by the Executive lead; EMT and QAC in September 2024.
- This will be monitored through medical devices group reporting into physical health committee which reports six monthly through QAC.

DE-ESCALATED **Risk 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. The 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. **Oversight through Mental Health Legislation Committee, Executive lead Director of Nursing, Quality and Professions**

- This risk has been escalated to the directorate register, pending confirmation from the Executive lead, as actions have been met and monitoring is in place via robust governance
- Action related to restrictive practice mandatory training will be incorporated into the overarching corporate risk register.

**The Board is asked to note the updates provided.**

## **NEW PROPOSED CORPORATE RISKS**

### **Medical Recruitment**

It was agreed at EMT and supported at RoG to develop an additional risk for inclusion on the corporate risk register relating to medical recruitment in inpatient services. **Oversight through People Committee, Executive leads Director of People and Interim Medical Director**

- It was noted at EMT that medical recruitment in inpatient services has consistent and widespread challenges.
- Following discussion at People Committee in September 2024 in relation to medical recruitment in the crisis service it was recommended that the risk is wider than just inpatient services and it was agreed that further discussion between the Executive Director of People and the Interim Medical Director will take place prior to finalising the risk.
- Work will take place to develop the risk for reporting through to committees in October and November 2024.

### **Cyber Security**

Consideration of inclusion of a corporate risk relating to the potential for malicious cyber security incident, impacting Trust hosted IT services and/ or business critical systems. **Oversight through Finance and Performance Committee, Executive Lead Director of Finance)**

- This was agreed as an approach following Board in July, at EMT and RoG in August and at FPC in September 2024.
- Note there is a risk already Board oversight on this matter as there is risk on the Board Assurance Framework related to Cyber Security (BAF risk 0021B) '*There is a risk of cyber security breach caused by inadequate arrangements for mitigating increasingly sophisticated cyber security threat and attacks and increased data protection incidents resulting in loss of access to business critical systems and potential clinical risk*'
- The Executive lead is taking this forward to reflect a corresponding risk on the CRR, with his team during September for reporting to committees in October 2024.

## **EPR risks – planned updating Oversight through Finance and Performance Committee, Executive lead Director of Finance**

- There are currently 7 EPR risks on the CRR.
- The Executive lead is reviewing all EPR risks with a view to having an overarching EPR corporate risk on the CRR which was agreed as an approach at EMT and RoG in August, and at FPC in September 2024.
- This work is taking place during September, for reporting to committees in October 2024

## **Mandatory Training related Risks Oversight through People Committee, Executive Lead Director of People**

- It has been recommended by the Executive Management Team (EMT) and agreed at RoG and at the respective committees that there should be one overarching corporate risk related to mandatory training that incorporates elements and actions from other corporate risks relating to training such as respect training, and mental capacity training. A cross referral was also made on this from MHLC and QAC to PC.
- This work is taking place during September, for reporting to committees in October/November 2024

**The risk relating to mandatory training is Risk 5321** There is a risk that we are unable to meet mandatory training compliance levels caused by a variety of factors impacting on one or more training subjects including lack of suitable training space for delivery of training; access to computers for e learning, local authority places for safeguarding and difficulties in staff release resulting in targets and CQC requirements not being met. (risk score 12)

### **Oversight through People Committee, Executive lead Director of People**

This risk will remain on the register and the following risks will be incorporated into it:

- **Risk 5047** relating to compliance with *Mental Capacity Act training (MHLC, Interim medical Director) and*
- **Risk 5220** relating to restrictive practice training (**MHLC, Executive Director of Nursing, Quality and Professions**). **These changes have been agreed by the Executive leads.** This risk has been escalated to the directorate register, pending confirmation from the Executive lead, as actions have been met and monitoring is in place via robust governance.

## **Section 4: Assure**

### **Directorate and team registers**

- The extraction report dated 13 September 2024, highlighted 4 new risks entered on the team and/or directorate risk registers between 13 July 2024 and 13 September 2024 with a score of 12 or above but not yet escalated to CRR.
- The Executive leads have been informed of these new risks and with support from the Risk Management officer, these are being reviewed to determine whether they have been scored correctly and should be escalated.
- The Corporate Assurance Team are working with risk owners to support them with updating their risks following the updating of our risk appetite scoring to ensure all risks are scored in line with the updated Risk Management Framework.
- In addition, work is taking place with directorates to support them with their risk review processes ahead of the Internal Audit planned for this financial year which will focus on directorate processes for oversight of risks.

## **Section 5: Risks**

Failure to properly review the corporate risk register could result in the Board or its committees not being fully sighted on key risks facing the organisation.

## Section 6: Assurance

The information provided within the corporate risk register is owned by Executive Directors and reviewed/ revised by colleagues within their directorates under their leadership.

### Strategic Priorities and Board Assurance Framework

1. Effective Use of Resources
2. Deliver Outstanding Care
3. Great Place to Work
4. Ensuring our services

## Section 7: Implications

### Strategic Aims and Board Assurance Framework

All.

#### **Equalities, diversity and inclusion**

None directly arising from this report.

#### **Culture and People**

None directly arising from this report.

#### **Integration and system thinking**

None directly arising from this report.

#### **Financial**

None directly arising from this report.

#### **Compliance - Legal/Regulatory**

None directly arising from this report.

## Section 8: Appendices

**Appendix 1:** Ulysses extraction report – September 2024 (available in iBabs for Board members and on request).