

## Board of Directors - Open

Date: 12 August 2020

Item Ref: 13

<b>TITLE OF PAPER</b>	Corporate Risk Register 2020/21
<b>TO BE PRESENTED BY</b>	David Walsh, Director of Corporate Governance
<b>ACTION REQUIRED</b>	For discussion and approval

<b>OUTCOME</b>	To have a Corporate Risk Register in place that provides assurance that corporate risks are regularly reviewed, monitored and managed.
<b>TIMETABLE FOR DECISION</b>	12 August 2020
<b>LINKS TO OTHER KEY REPORTS/DECISIONS</b>	Internal Audit Reports covering Risk Management arrangements Directorate Risk Registers <a href="#">Risk Management Strategy</a> Strategic Aims
<b>STRATEGIC AIM STRATEGIC OBJECTIVE BAF RISK NUMBER BAF RISK DESCRIPTION</b>	Create a great place to work CQC: Getting back to good  There is a risk the Trust does not deliver on its Well-Led Development Plan. This would result in a failure to meet the regulatory framework, get back to good and a failure to remove additional conditions placed on the Trust's Provider Licence.
<b>LINKS TO NHS CONSTITUTION/OTHER RELEVANT FRAMEWORKS, RISK, OUTCOMES ETC</b>	<a href="#">Provider Licence</a> <a href="#">Annual Governance Statement</a> <a href="#">NHS Foundation Trust Code of Governance</a>
<b>IMPLICATIONS FOR SERVICE DELIVERY &amp; FINANCIAL IMPACT</b>	Implications of individual risks outlined on the register.
<b>CONSIDERATION OF LEGAL ISSUES</b>	Breach of SHSC Constitution Standing Orders Breach of NHS Improvement's Governance regulations and Provider Licence.

<b>Author of Report</b>	Sam Stoddart
<b>Designation</b>	Deputy Board Secretary
<b>Date of Report</b>	August 2020

# SUMMARY REPORT

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## 1. Purpose

<i>For approval</i>	<i>For a collective decision</i>	<i>To report progress</i>	<i>To seek input from</i>	<i>For information</i>	<i>Other (Please state below)</i>
		✓			

## 2. Summary

The Corporate Risk Register is a mechanism to manage high level risks facing the organisation from a strategic, clinical and business risk perspective. The high level strategic risks identified in the CRR are underpinned and informed by risk registers overseen at the local operational level within Directorates.

Risks are evaluated in terms of likelihood and impact using the 5 x 5 matrix where a score of 1 is a very low likelihood or a very low impact and 5 represents a very high likelihood or significant impact. This simple matrix is used to classify risks as very low (green), low (yellow), moderate (amber) or high (red).

1-4	Very Low Risk
5-8	Low Risk
9-12	Moderate Risk
15-25	High Risk

The aim is to draw together all high level operational risks that the Trust faces on a day-to-day basis, risks that cannot be controlled within a single directorate/care network or that affect more than one directorate/care network, and record those onto a composite risk register thus establishing the organisational risk profile. All risks escalated by Directorates i.e., risks rated 12 or above are considered and approved for inclusion on the CRR by the executive with responsibility for the risk.

The Board is asked to note that whilst risks need to have reached a residual risk rating of 12 for escalation, when being considered for inclusion on the CRR, the risk score should be reviewed to consider its score from an organisational perspective and should be reflective of the Trust's risk appetite. This may result in either a lower or higher residual risk rating than that given by the directorate/care network.

Risks are presented to the Board Committees to which they align on a quarterly basis. The Committee is required to ensure papers presented provide sufficient assurance of mitigation and management of risk.

### 2.1 Closed Risks

**Risk 2175 – Failure to deliver required levels of CIP and disinvestments recurrently and specifically in relation to 2019/20.**

This risk was closed on 24/4/20 and replaced by a new risk (4377) which is relevant to the 2020/21 financial year.

**Risk 3916 – There is a reputational and potential patient safety risk at START and SPA due to an inability to meet peaks in call volumes.**

This was closed on 24/6/20 following a review by the Chief Operating Officer. The risk now mitigated. There is now a system in place to return all missed calls and additionally no complaints are being received.

**Risk 4021: Risk of insufficient consultant cover as a result of retirements, relocation and maternity leave potentially impacting on the safety and quality of care provided in community adult psychiatry.** There is now an over-establishment of consultants in the community, therefore the Chief Operating Officer agreed to the closure of the risk on 25/3/20.

**Risk 4190: Risk to 16-18 year olds transitioning between Sheffield Children's NHS FT and SHSC and their care being inadequately planned and co-ordinated in line with the agreed Sheffield Transitions Policy. Due to the absence of commissioned age-appropriate clinical alternatives, there is further risk to young people aged 16-18 from the provision of adult home treatment provided by trained professionals as an alternative to inpatient admission.** As the Trust is no longer providing home treatment or any inpatient care, the Chief Operating Officer agreed closure of this corporate risk at the end of March 2020. The Scheduled and Planned Care Network will however maintain and continue to monitor a risk in relation to the service provided to young people by the EIP service and Eating Disorders.

**Risk 4234 – Risk to patient safety and service provision within the adult recovery teams caused by a fault on the telephone line.**

Risk closed 17/6/20 on the approval of the Executive Director of Operational Delivery. Technical issues have been resolved and the risk has been closed.

**Risk 4327 – Patient safety is being put at risk through inconsistent processes to store scanned documents relating to their care across clinical teams.**

Risk closed 22/4/20 on approval of Executive Director of Finance. Actions have been taken to mitigate the risk which will remain on the team risk register for Long Term Neurological Conditions for continued oversight.

## **2.2 Reduced, Escalated Risks and Amended Risks**

**Risk 4121: Patient safety, service efficiency and effectiveness and access to patient information is put at risk as a result of Insight instability.**

Following an incident in May, a weakness in the system was exposed which has resulted in an increase in the current risk score from 12 to 16 (high).

**Risk 4264 - Failure to meet the contractual requirements set down by NHS Sheffield CCG (NHSSCCG) for conducting and completing complaints within given timescales may result in a reduced quality of service to complainants and a reduction in NHSSCCG's business confidence in the Trust.**

The current risk score has reduced to 9 from 12 following increased performance in compliance with timescales and completion of Fastrack backlog.

**Risk 4276 – Risk of physical harm to service users due to lack of physical health checks following administration of rapid tranquillisation.**

The current risk score has reduced to 12 from 16 following a significant improvement in compliance which is reported and overseen on a daily basis.

**Risk 4325: Risk to Health & Safety of staff, service users and others due to a lack of access to a Back Care Advisor and Moving & Handling Training at all levels.** Following an unsuccessful recruitment drive to appoint a Back Care Advisor, the residual risk score has been increased from 12 (3x4) to 15 (3x5). This has also been informed by Covid-19 which will have a significant impact on timescales for the appointment. This is now a high risk.

**Risk 4362 - There is a risk that the Trust will be unable to provide safe patient care or protect the health and wellbeing of its workforce due to the pandemic Coronavirus (Covid-19) which will impact on all services, both clinical and corporate.**

This risk was added to the CRR on 24/3/20 with a current risk score of 15. However, this was reduced to 12 following effective management of the risk and implementation of actions.

## 2.3 New Risks

**Risk 4362 - There is a risk that the Trust will be unable to provide safe patient care or protect the health and wellbeing of its workforce due to the pandemic Coronavirus (Covid-19) which will impact on all services, both clinical and corporate.**

This risk was added to the CRR on 24/3/20.

**Risk 4377 - Failure to deliver the required level of CIP for 2020/21. This includes closing any bring forward recurrent gap and delivering the required level of efficiency during the financial year 2020/21.**

This is a direct replacement of risk 2175.

**Risk 4396 - The change in funding regime as a result of the COVID-19 crisis is a threat to the Trust's financial sustainability, in the short to medium term for BAU and to the Trust's current investment/transformation strategies for capital and revenue projects over the longer term. The current funding envelope is less than planned expenditure and whilst this is being met centrally in the short-term there is no certainty over funding beyond Aug '20.**

This was added to the CRR on 1/6/20. This originally sat on the COVID-19 risk register, but it was decided that it would be more appropriate to include it on the CRR. However, with a current risk score of 8 which matches the target risk score, the Board should consider whether it is significant a risk to warrant inclusion on the CRR.







**Risk 4407 - There is a risk of fire on the acute wards caused by service users smoking or using lighters/matches to set fires resulting in harm to service users, staff and property/facilities.**







This was approved for inclusion on the CRR by the Chief Operating Officer on 18/6/20 following a number of serious incidents on inpatient wards which require the oversight of board until such time as sufficient mitigation has taken place.




**Risk 4409 - There is a risk the Trust will have insufficient additional nursing/nursing associate placement capacity to meet demand caused by a combination of factors. This combined with vacancies, skill mix challenges, and increased service demands may result in a failure to meet long term transformation targets and recruitment shortages impacting on Trust reputation and ability to deliver existing and/or increased demand for services.** Inclusion on the CRR was approved by the Deputy Director of HR on 18/6/20.

## 2.4 Corporate Risk Register

The table below shows the 20 risks on the CRR and updates made since its last presentation to Board in March 2020. It has been received and reviewed by board committees in July. The full CRR is attached at the end of this document.

Risk No	Risk Description	Residual Risk Rating	Changes to Risk Rating	Risk Owner	Updates
3679	The inpatient environment cannot provide adequate assurance that risk is being managed and could result in patient safety incidents and harm.	<b>15 (5x3) High</b>		Executive Medical Director	3 new controls (last 3) Action 1: new 2 actions completed and closed (walk around to look at environmental improvements and business case completed).
3831	Risk that levels of Registered Nurse (band 6) vacancies may adversely affect the quality and safety of care provided on the acute wards due to over reliance on newly qualified (band 5) nurses.	<b>12 (3x4) Moderate</b>		Interim Executive Director of Nursing & Professions	2 new controls (last 2) Action 1: updated, timescale + 5 months Action 2: new 2 actions closed and incorporated into new action 1 action completed and closed – new roles now in place
4078	Staff survey results (2018) indicate a reduction in staff engagement and motivation impacting on the quality of care	<b>9 (3x3) Moderate</b>		Executive Director of HR	1 new control (last) Action 1: new Action 2: no change Action 3: updated, timescale + 6 months
4079	Failure to deliver an appropriately safe quality of waste management service	<b>12 (4x3) Moderate</b>		Executive Director of Finance	Action 1: updated, timescale + 3 months
4121	Patient safety, service efficiency and effectiveness and access to patient information is being put at risk as a result of Insight instability	<b>16 (4x4) High</b>		Executive Director of Finance	Control 5: new Action 1: updated, timescale + 1 month Action 2: updated, timescale + 5 months Action 3: updated, timescale + 5 month Actions 4-6: new Following incident, current score increased
4124	Risk of harm to staff following incidents of violence and aggression	<b>12 (3x4) Moderate</b>		Chief Operating Officer	Control 9 updated Controls 10 & 11: new Action: updated, timescale + 5 months

Risk No	Risk Description	Residual Risk Rating	Changes to Risk Rating	Risk Owner	Updates
	which could impact on morale, sickness rates, staff attrition and difficulty in recruitment				2 actions completed and closed
4140	Possibility of an issue with supply of medication after the contingency plans put in place by the UK Government for EU exit resulting in a gap in medication supply to our service users	<b>9 (3x3) Moderate</b>		Executive Medical Director	No change
4189	The Falsified Medicines Directive comes into force on 9/2/19 and the Trust will not be compliant due to concerns about the EU Exit Strategy and ready availability of the necessary software	<b>9 (3x3) Moderate</b>		Executive Medical Director	Action 1: updated, timescale + 6 months Action 2: new
4223	Risk to the health and safety of staff and service users due to a lack of Health & Safety infrastructure (Risk Assessment Training)	<b>12 (3x4) Moderate</b>		Executive Director of HR	Control 3: updated Control 5-6: new Action 1: updated, timescale + 5 months Action 2: updated, timescale + 5 months 1 action completed and closed, now control
4264	Failure to meet contractual requirements for conducting and completing complaints	<b>9 (3x3) Moderate</b>		Director of Corporate Governance	New control (last) Action 1: updated, timescale + 5 months Action 2: updated, timescale + 2 months 1 action completed and closed, now control And 1 action closed and amalgamated into another
4276	Risk of physical harm to patients due to lack of physical health checks following administration of rapid tranquilisation.	<b>12 (4x3) Moderate</b>		Chief Operating Officer	Control 8: new Action 1: updated, timescale + 5 months Action 2: updated, timescale + 7 months 1 action completed and closed (audit of physical health checks)
4284	Risk of further action being taken against the Trust if significant improvements are not made in the areas identified and outlined within feedback received from the CQC during their well-led inspections.	<b>15 (5x3) High</b>		Executive Medical Director	3 closed controls as no longer applicable Control 2: expanded Control 3: new Control 5-8: new Action 1: updated, timescale + 12 months Action 2: updated, timescale + 4 months Action 3: updated,

Risk No	Risk Description	Residual Risk Rating	Changes to Risk Rating	Risk Owner	Updates
					timescale + 3 months Action 4: reworded, timescale + 4 2 actions closed and incorporated into action 4
4325	Risk to health & safety of staff, service users and others due to lack of access to back care advisor and moving & handling training at all levels	<b>High (3x5)</b>		Executive Director of HR	Action 1: updated, timescale + 6 months Action 2: updated, timescale + 7 months
4326	Patient safety is at risk because key clinical systems that require planned maintenance (for security and licensing reasons) rely on IMST staff working out of hours when they are not contracted to do so, and are often the single point of failure when systems require downtime out of hours.	<b>Moderate (3x3)</b>		Executive Director of Finance	Control 3: new Action 1: updated, timescale + 5 months Action 2: new 1 action completed and closed and replaced by new action
4330	There is a risk at SPA that at times referral demand outstrips supply resulting in an inability to complete timely triage.	<b>Moderate (5x2)</b>		Chief Operating Officer	Controls 7-11: new Actions 1-3: new 1 action completed and closed (review of SPA) and 1 completed and closed (customer service improvement project)
4362	There is a risk that the Trust will be unable to provide safe patient care or protect the health and wellbeing of its workforce due to the pandemic Coronavirus (Covid-19) which will impact on all services, both clinical and corporate.	<b>Moderate (4x3)</b>	NEW RISK	Deputy Chief Executive	
4377	Failure to deliver the required level of CIP for 2020/21 including closing any b/f recurrent gaps and delivering the required level of efficiency during the 2020/21 financial year	<b>Moderate (4x3)</b>	NEW RISK	Executive Director of Finance	



Risk No	Risk Description	Residual Risk Rating	Changes to Risk Rating	Risk Owner	Updates
4396	The change in funding regime as a result of Covid-19 is a threat to the Trust's financial sustainability in the short/medium term for business as usual and to the Trust's transformation strategies	<b>Low (4x2)</b>	NEW RISK	Executive Director of Finance	
4407	Risk of fire on acute wards caused by service users smoking or using lighters/matchers causing harm to service users, staff and property	<b>Moderate (3x4)</b>	NEW RISK	Chief Operating Officer	
4409	Risk the Trust is unable to provide sufficient additional nursing/nursing associate placements to meet demand	<b>High (4x4)</b>	NEW RISK	Executive Director of HR	

## 2.5 Risk Profile

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

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

## 3. Next Steps

The risks will be reviewed within the given monthly timeframe. In addition, relevant risks will be reviewed by Board committees every quarter. Corporate risks will be presented to the assigned board committee in October 2020 and presented to Board again in December 2020.

In addition, the following will take place:

- Corporate risks will be discussed with risk leads to ensure accurate recording of risks, controls and actions;
- The Director of Corporate Governance (Board Secretary) will maintain the corporate risk register on the Board's behalf;



- Executive directors will be responsible for deciding whether an escalated risk should be included on the CRR or whether a de-escalated risk should be removed. This will then be presented to the relevant board committee for challenge.
- Board will receive the register every three months for review and assurance;
- Those risks relevant to each Board committee will be submitted to that committee quarterly for oversight and update whilst the Audit & Risk Committee will receive the CRR in its entirety every quarter.

#### **4. Required Actions**

The Board is asked to:

- Acknowledge the revision of the CRR and determine whether it considers any risks should be amended, escalated or removed;
- Receive the CRR with assurance as outlined;
- Consider any assurance (or not) provided by papers brought before the Board that risks are being managed and provide the Director of Corporate Governance (Board Secretary) with any relevant information so that risks can be updated.

#### **5. Monitoring Arrangements**

The corporate risk register will be maintained by the Interim Director of Corporate Governance (Board Secretary). Monitoring by the Board, EDG and Board Committees will be detailed as in paragraph 3 above.

#### **6. Contact Details**

For further information, please contact:

David Walsh, Director of Corporate Governance (Board Secretary)

Email: [david.walsh@shsc.nhs.uk](mailto:david.walsh@shsc.nhs.uk)

Risk No. <a href="#">3679</a> v.7	BAF Ref: BAF.0003	Risk Type: Safety / Risk Appetite: Zero	Monitoring Group: Quality Assurance Committee			
Version Date: 24/02/2020		Directorate: Crisis & Emergency Care	Last Reviewed: 16/07/2020			
First Created: 29/12/2016		Exec Lead: Executive Medical Director	Review Frequency: Monthly			
Details of Risk:		Risk Rating:		Severity	Likelihood	Score
The inpatient environment cannot provide adequate assurance that risk is being managed and could result in patient safety incidents and harm.		Initial Risk (before controls):		5	4	20
		Current Risk: (with current controls):		5	3	15
		Target Risk: (after improved controls):		2	2	4

## CONTROLS IN PLACE

- Policies and standard operating procedures are embedded, including: ligature risk reduction (which now includes blind spots), observation, risk management including DRAM and seclusion policy.
- Individual service users are risk assessed - DRAM in place and enhanced observations mobilised as required.
- Inpatient environments have weekly health and safety checks and an annual formal ligature risk assessment. Plans to mitigate key risks are in place as part of the Acute Care Modernisation in the long term.
- Routine programme of updating equipment to latest anti-ligature fixtures and fittings.
- Staff receive clinical risk training, including suicide prevention and RESPECT and all ligature incidents are reviewed.
- CQC MHA oversight (visits, report and action plans)
- Mental Health Legislation Committee with oversight of compliance in relation to seclusion facilities
- Local seclusion SOP in place at Stanage and Burbage in order to increase medical reviews when someone is in seclusion.
- Nurse alarm system in place at Forest Lodge and Maple Ward
- Review of inpatient environment completed March 2020

## ACTIONS PLANNED &amp; MOST RECENT PROGRESS WITH TARGET DATE/RESP. PERSON

- |  |   |                                 |
|--|---|---------------------------------|
| Progress with design and tender for capital works to remove dormitories. This is a long term project due to take 12 months until completion. | Burbage and Stanage require additional design which will be completed by mid-August. The design for Maple and Dovedale 1 has been completed in-house and the tender has been returned. Work to commence in approximately four weeks' time (late July 2020). Design for Dovedale 2 to be completed mid July. | 30/06/2021<br>Geoffrey Rawlings |
|--|---|---------------------------------|

- Business continuity plans in place during Covid-19 pandemic to minimise use of surge bed and maximise flow through alternative step-down routes.
- Reduced occupancy in dormitory areas.
- Business case for eradication of dormitories approved (June 2020)

Risk No. <b>3831</b> v.9	BAF Ref: BAF.0005	Risk Type: Workforce / Risk Appetite: Low	Monitoring Group: People's Committee			
Version Date: 16/07/2020		Directorate: Crisis & Emergency Care	Last Reviewed: 16/07/2020			
First Created: 04/09/2017		Exec Lead: Executive Director - Nursing & Professions	Review Frequency: Monthly			
Details of Risk:			Risk Rating:	Severity	Likelihood	Score
Risk that levels of Registered Nurse (bands 5 and 6) vacancies may adversely affect the quality and safety of care provided on the acute wards due to over reliance on newly qualified (band 5) nurses and failure to achieve agreed minimum staffing levels.			Initial Risk (before controls):	4	4	16
			Current Risk: (with current controls):	3	4	12
			Target Risk: (after improved controls):	3	2	6

## CONTROLS IN PLACE

- Creative ways of filling vacancies have been undertaken e.g. 2 band 5 OTs to Stanage Ward
- To improve retention and support a new 12 month preceptorship programme has been introduced whereby newly qualified nurses will receive appropriate mentoring & supervision, competency development and rotational opportunities.
- 4-weekly E-Roster Confirm and Challenge meeting embedded
- Deputy Director of Nursing Operations signs off each ward's Roster Performance prior to presentation at the Confirm and Challenge Meeting
- Deputy Director of Nursing led recruitment and retention programme for the inpatient wards.
- Development of new roles: Nurse Consultant, trainee Nursing Associate (TNA), trainee Advanced Clinical Practitioner (tACP) and Nurse Apprenticeships.
- Funding secured for additional trainees for new roles in 2020/21 from HEE.
- Fortnightly supervision for band 5 nurses.
- Advanced Clinical Practitioners (band 7) in place to support wards (quality and standards).
- Additional support from Senior Operational Managers in clinical areas, daily e-roster monitoring and escalation to executives, ongoing staff recruitment.

## ACTIONS PLANNED &amp; MOST RECENT PROGRESS WITH TARGET DATE/RESP. PERSON

- |   |   |                                |
|---|---|--------------------------------|
| Increased AHP and Psychology support for 24 hour environment.   | Following approval of part funding, recruitment is now ongoing for AHPs and Psychology. | 31/08/2020<br>Debra Gilderdale |
| Recruitment and retention action plan in place (developed by Rapid Cell) and in the process of being delivered. |   | 31/03/2021<br>Brenda Rhule     |

- Rapid cell in place and operational reporting to Recruitment & Retention Subgroup and People Committee

Risk No. 4078 v.9	BAF Ref: BAF.0005	Risk Type: Workforce / Risk Appetite: Low	Monitoring Group: People's Committee
Version Date: 24/04/2020	Directorate: Human Resources	Exec Lead: Director Of Human Resources	Last Reviewed: 03/07/2020
First Created: 26/10/2018			Review Frequency: Quarterly
Details of Risk:		Risk Rating:	Severity
Low staff engagement which may impact on the quality of care, as indicated by the Staff Surveys 2018 & 2019		Initial Risk (before controls):	Likelihood
		Current Risk: (with current controls):	Score
		Target Risk: (after improved controls):	

## CONTROLS IN PLACE

- Leadership Engagement Network
- Listening into Action adopted by the Trust. Clinical Lead in place supported by an established and growing group of LiA Champions. Now 50 Champions and identifying improvement workstreams.
- Key areas identified within the themes for action and presented to Quality Assurance Committee, Clinical Operations and Governance group for oversight on progress. Specific action areas have been identified against each theme.
- Director of Organisation Development in post.
- Regular communication with staff via 'Connect' demonstrating the actions taken by Trust in response to LIA feedback.
- LiA sponsor group established and meets weekly
- Staff engagement measures identified and reviewed including:
  - Increase in number of staff completing the staff survey 36%-40%
  - Trust has 50 LiA champions
  - Significant number of staff responded to LiA initiatives
  - Number of staff in BME staff network continue to increase (currently approx. 50)
  - Lived experience group has around 20 members
- Bullying and Harassment drop in sessions delivered across Trust sites. Twenty delivered as of July 2020. These sessions gather rich and qualitative information to inform action planning

## ACTIONS PLANNED &amp; MOST RECENT PROGRESS WITH TARGET DATE/RESP. PERSON

- Wellbeing priorities are being developed by LiA crowdfix and these are being actioned and include Flex working, breaks, delivering health and wellbeing roadshows, mental health first aid, mindfulness and supervision. 31/07/2020  
Caroline Parry
- Organisational diagnostic to be undertaken (evaluation of culture, engagement etc) Initial priorities identified for diagnostic continuing until July 2020, therefore timescale amended accordingly. 31/07/2020  
Rita Evans
- Organisation Development Strategy to be developed. OD Partners extended to March 2021 30/09/2020  
Rita Evans

- New Staff Survey Steering Group in place
- Unacceptable Behaviours Policy (informed by feedback from Bullying and Harassment Drop-in Sessions approved and to be rolled out across the Trust)



Risk No. <b>4079 v.3</b>	BAF Ref: BAF.0003	Risk Type: Safety / Risk Appetite: Zero	Monitoring Group: Quality Assurance Committee			
Version Date: 28/02/2019		Directorate: Facilities	Last Reviewed: 14/07/2020			
First Created: 26/10/2018		Exec Lead: Executive Director Of Finance	Review Frequency: Monthly			
Details of Risk:			Risk Rating:	Severity	Likelihood	Score
Failure to deliver an appropriately safe quality of waste management service due to the cessation of service delivery by the contracted company, following an assessment of their service by the Environment Agency, NHSi and NHSE. Clinical waste streams are particularly affected as general waste was sub-contracted to a different provider who can continue to deliver the service. This risk/incident is being managed nationally with affected Trusts expected to have contingency arrangements in place.			Initial Risk (before controls):	4	5	20
			Current Risk: (with current controls):	4	3	12
			Target Risk: (after improved controls):	2	2	4

## CONTROLS IN PLACE

- Risk under management of Trust's Emergency Planning arrangements led by Clive Clarke as Executive Lead for emergency planning
- Significant contingency plans have been drawn up under the co-ordination of Sarah Ellison, Trust Lead for Waste Management
- NHSi, NHSE and the Environment Agency are working jointly to resolve this matter which is a national incident and not confined to this Trust (Trusts within the Yorkshire & Humber Consortium for waste management affected)
- NHSi have identified an alternative waste management provider but contingency arrangements are in place and will apply for several months.
- Communications about this matter are being co-ordinated via NHSi and with the Trust's communications service
- During the C-19 pandemic specific guidance is being regularly issued to staff about correct practice for disposal of infectious (Orange bag) waste and steps are being taken to ensure as far as is possible that we have sufficient quantities of both bags and containers to manage the situation.

## ACTIONS PLANNED &amp; MOST RECENT PROGRESS WITH TARGET DATE/RESP. PERSON

PHS are continuing to provide the new clinical waste collection service. However further teething problems have emerged. The service continues to experience delivery problems and requires frequent intervention from the local waste management lead. There are significant issues with invoicing as we will not sign off on payments we believe to be incorrect. Support from the centre is being withdrawn.

Issues continue to be experienced much as before. There has been some exacerbation due to the increased amounts of offensive waste being generated from the need for all staff to wear facemasks; this is being managed by use of local contingency arrangements. Plans are progressing to tender out waste disposal for the Trust.

31/08/2020  
Helen Payne

Risk No. 4121 v.7	BAF Ref: BAF.0007	Risk Type: Safety / Risk Appetite: Zero	Monitoring Group: Finance & Performance Committee			
Version Date: 11/06/2020		Directorate: IMS&T	Last Reviewed: 23/07/2020			
First Created: 13/12/2018		Exec Lead: Executive Director Of Finance	Review Frequency: Monthly			
Details of Risk:		Risk Rating:		Severity	Likelihood	Score
Patient safety, service efficiency and effectiveness and access to patient information is put at risk as a result of insight instability.		Initial Risk (before controls):		4	4	16
		Current Risk: (with current controls):		4	4	16
		Target Risk: (after improved controls):		2	3	6

## CONTROLS IN PLACE

- Newly purchased tools allow active monitoring of the underlying infrastructure. Spikes in activity on the servers which affect the performance and stability will be addressed as soon as they are identified.
- Improved backup infrastructure in place which allow improved recovery time. Hourly snapshots of data in place meaning data older than an hour is not lost.
- View only access to emergency INSIGHT available should the live system fail.
- Ongoing programme of server patching to ensure optimum performance and security of the infrastructure on which INSIGHT sits.
- There is an increase in the frequency of file logging to identify loss of data at the earliest stage.

## ACTIONS PLANNED &amp; MOST RECENT PROGRESS WITH TARGET DATE/RESP. PERSON

- |   |   |                            |
|---|---|----------------------------|
| Upgrade of SQL database infrastructure to ensure we remain in support with MS and that vulnerabilities to the system are minimised. Scheduled to go through User Acceptance testing through Q4 2019/20. | Testing in progress with completion date expected of end of June 2020.  | 31/07/2020<br>Ben Sewell   |
| A business continuity plan to be developed and tested across the trust through required governance routes.  | The Emergency Planning Manager engaged in the SQL upgrade and is working with clinical and operational areas to carry out business continuity exercises in preparation. | 31/08/2020<br>Nick Gillott |
| Work to stabilise insight has been undertaken through 2019. A gap analysis is now underway and will develop into a business case for any additional works identified.                                   | UAT underway testing new SQL servers as part of the stabilisation programme. Currently utilising the training team and on track for June 2020 completion.               | 31/07/2020<br>Nick Gillott |

Following approval by Clinical Systems Strategy Group (CSSG) of preferred investment option, business case to be completed and progressed through BPG and appropriate governance groups.

Current phase of stabilisation work underway with migration to SQL 2012. INSIGHT development freeze requested and to be approved by the Senior CRG. Testing and upgrades anticipated before end of July in line with systems end of life.

31/07/2020  
Nick Gillott

Development freeze requested via clinical ops forums to enable work to progress to upgrade the SQL database / server as a matter of urgency.

Upgrade to the out of support SQL database infrastructure now proposed to 15th August. Whilst this wont in isolation stabilise INSIGHT, it is another key action to have the system on supported technology.

15/08/2020  
Nick Gillott

There are ongoing investigations to increasing backup frequency, and increase in security for IT service accounts for stronger fault identification.

17/08/2020  
Ben Sewell

Risk No. <a href="#">4124 v.3</a> BAF Ref: BAF.0005	Risk Type: Workforce / Risk Appetite: Low	Monitoring Group: Quality Assurance Committee			
Version Date: 23/09/2019	Directorate: Crisis & Emergency Care	Last Reviewed: 16/07/2020			
First Created: 20/12/2018	Exec Lead: Executive Director - Operational Delivery	Review Frequency: Monthly			
Details of Risk:		Risk Rating:	Severity	Likelihood	Score
Risk of harm to staff following incidents of violence and aggression causing harm which could impact on morale, sickness rates, staff attrition and difficulty in recruitment		Initial Risk (before controls):	3	5	15
		Current Risk: (with current controls):	3	4	12
		Target Risk: (after improved controls):	2	2	4

## CONTROLS IN PLACE

- Policy and governance structure in place to ensure incidents are properly reviewed and lessons learned
- Staffing levels increased to new establishment
- A minimum of 3 x Respect trained staff on each shift
- Safety & Security Task & Finish Group in place
- Security service in place for all 24/7 bedded services.
- Monthly interface with South Yorkshire Police
- 24/7 senior clinical leadership in place
- Body Cam system in place
- Alarm system upgrade agreed and work underway (completed at Forest Lodge and Maple Ward although delay to other ward areas due to Covid-19)
- Ongoing training programme in place for preceptor nurses to support effectiveness on the ward.
- Partial funding received to increase therapeutic input onto wards - recruitment underway.

## ACTIONS PLANNED &amp; MOST RECENT PROGRESS WITH TARGET DATE/RESP. PERSON

Business case to be completed for CCTV on ward and external areas.      Awaiting feedback      31/08/2020  
Stephen Price

Risk No. <a href="#">4140</a> v.1	BAF Ref: BAF.0003	Risk Type: Safety / Risk Appetite: Zero	Monitoring Group: Quality Assurance Committee			
Version Date: 21/01/2019		Directorate: Medical	Last Reviewed: 26/05/2020			
First Created: 21/01/2019		Exec Lead: Executive Medical Director	Review Frequency: Quarterly			
Details of Risk:		Risk Rating:		Severity	Likelihood	Score
There is the possibility of an issue with supply of medication after the contingency plans put in place by the UK Government for EU exit resulting in a gap in medication supply to our service users. This is due to the uncertainty regarding the UK plans for leaving the EU.		Initial Risk (before controls):		3	4	12
		Current Risk: (with current controls):		3	3	9
		Target Risk: (after improved controls):		2	2	4

## CONTROLS IN PLACE

## ACTIONS PLANNED &amp; MOST RECENT PROGRESS WITH TARGET DATE/RESP. PERSON

- UK Government six-week medicines stockpiling activity remains a critical part of the Department's UK-wide contingency plan, medicines and medical products will be prioritised on alternative routes to ensure the flow of all these products will continue unimpeded after 29 March 2019.
- In the event of delays caused by increased checks at EU ports, the Department will continue to develop the UK-wide contingency plan for medicines
- Agreement with other Chief pharmacists across the Sheffield footprint to support medication supply in an emergency situation
  - Alternate medication choice and advice in the event of availability issues
  - Stockholding in pharmacy of certain medications revised in line with usage figures

Risk No. <a href="#">4189 v.2</a> BAF Ref: BAF.0007	Risk Type: Statutory                    / Risk Appetite: Zero	Monitoring Group: Quality Assurance Committee			
Version Date: 22/11/2019	Directorate: Medical	Last Reviewed: 24/05/2020			
First Created: 01/04/2019	Exec Lead: Executive Medical Director	Review Frequency: Quarterly			
Details of Risk:		Risk Rating:	Severity	Likelihood	Score
The Falsified Medicines Directive (FMD) comes into force on 09/02/2019. SHSC NHS Foundation will not be compliant with the legislation as at this date due to concerns about the EU Exit strategy and ready availability of the necessary software with the upgrade to the JAC system		Initial Risk (before controls):	3	5	15
		Current Risk: (with current controls):	3	3	9
		Target Risk: (after improved controls):	2	2	4

## CONTROLS IN PLACE

- The Trust has approved the purchase of the upgraded JAC system which has FMD compliance.
- There is a concern that if the UK leaves without a deal, the FMD will no longer be applicable in the UK
- Embedded practice to check on a fortnightly basis the validity of suppliers in the chain for medicines (Whole Dealers Licence).

## ACTIONS PLANNED &amp; MOST RECENT PROGRESS WITH TARGET DATE/RESP. PERSON

- |  |  |                               |
|--|--|-------------------------------|
| An order for the upgraded JAC system compliant with the FMD has been placed/ When available it will be fully tested following which the JAC system will be upgraded. | V2019 will be considered in the Autumn 2020. This will need to be factored in with IMST and dependent on the EU exit agreement term with respect to access to the database | 30/11/2020<br>Abiola Allinson |
| Continued access to the database is one of the critical aspects to this risk. This is dependent on the agreed terms of exiting the EU                                |  | 31/12/2020<br>Abiola Allinson |

Risk No. <a href="#">4223</a> v. <a href="#">12</a> BAF Ref: BAF.0005	Risk Type: Safety / Risk Appetite: Zero	Monitoring Group: People's Committee			
Version Date: 21/04/2020	Directorate: Human Resources	Last Reviewed: 27/07/2020			
First Created: 11/06/2019	Exec Lead: Deputy Chief Executive	Review Frequency: Monthly			
Details of Risk:		Risk Rating:	Severity	Likelihood	Score
Risk to the health and safety of staff and service users due to a lack of Health & Safety infrastructure (Risk Assessment Training)		Initial Risk (before controls):	4	4	16
		Current Risk: (with current controls):	3	4	12
		Target Risk: (after improved controls):	2	2	4

## CONTROLS IN PLACE

- Programme of training for staff in H&S in place which will clarify roles and responsibilities of all staff
- Baseline/core group of risk assessments for all 24hr care service areas and community teams have been completed and copies are held centrally on datastore
- Health & Safety Group receive regular reports regarding compliance with the local workplace risk assessment programme from the Trust Health and Safety Adviser.
- An in house Risk Assessment training programme for managers and supervisors has been put in place.
- The Trust Health and Safety Adviser to oversee and support the completion, review, storage and monitoring of the local Work Place risk assessments.
- Health and Safety Policy revised and in place

## ACTIONS PLANNED &amp; MOST RECENT PROGRESS WITH TARGET DATE/RESP. PERSON

- |   |   |                            |
|---|---|----------------------------|
| Further development of a Trust wide H&S training programme linked to the Trust Training Matrix that gives a clear training requirement dependant on role. | The original Trust Wide H&S training matrix has been redeveloped. The new Document the SHSC General Health and Safety Training - Structure and Content. Has been reviewed by the Trust H&S group and the development of H&S Training within the Trust is being progressed inline with this document. Monitoring is via the Trust Health and Safety and Fire Safety Committee. | 28/08/2020<br>David Emblen |
| Develop a Business Case to support funding and delivery of a wider/ Higher level programme of Health & Safety Training.                                   | Business case for the commissioning and procurement of the higher-level H&S training is on hold due to the current  | 28/08/2020<br>David Emblen |



emergency. This does not affect the in house training courses already in place - Basic Risk assessment - or the development of the Foundation H&S course which again is in house.

Risk No. 4264 v.2	BAF Ref: BAF.0002	Risk Type: Business / Risk Appetite: Moderate	Monitoring Group: Quality Assurance Committee			
Version Date: 04/06/2020		Directorate: Corporate Governance	Last Reviewed: 30/06/2020			
First Created: 05/09/2019		Exec Lead: Director Of Corporate Governance	Review Frequency: Quarterly			
Details of Risk:		Risk Rating:		Severity	Likelihood	Score
Failure to meet the contractual requirements set down by NHS Sheffield CCG (NHSSCCG) for conducting and completing complaints within given timescales may result in a reduced quality of service to complainants and a reduction in NHSSCCG's business confidence in the Trust.		Initial Risk (before controls):		4	4	16
		Current Risk: (with current controls):		3	3	9
		Target Risk: (after improved controls):		3	3	9

## CONTROLS IN PLACE

- Internal governance processes in place to ensure effective oversight of performance and compliance, including quarterly report to QAC, reports to Board via significant issues report.
- Quarterly Quality Review Group provides external scrutiny and oversight of performance via agreed action plan which includes a trajectory for incremental improvement in achievement of targets for complaints and fastracks.
- All 'backlog' complaints completed and system now working in 'real time'. Q3 outturn performance 83% of complaints processed within agreed timeframes. Q4 outturn performance 93% of complaints processed within agreed timeframes.
- Internal Audit Advisory Report completed Oct 2019 highlighting good practice and identifying further actions which have been incorporated into the action plan.
- Lean processes in place for complaints, FOIs and compliments which will improve internal systems of control.
- Backlog Fastracks cleared

## ACTIONS PLANNED &amp; MOST RECENT PROGRESS WITH TARGET DATE/RESP. PERSON

- |   |  |                             |
|---|--|-----------------------------|
| Improve internal systems of control through implementation of standard operating protocols for complaints, compliments and fastracks. | Fastrack workshop took place 29/6/20. Positive outcomes which may result in actions being taken forward. | 31/08/2020<br>Joanne Slater |
| Skill mix review confirmed<br>Complaints Manager at band 7 to be recruited substantively  | Process delayed following priorities arising from CQC inspection.  | 31/08/2020<br>David Walsh   |

Risk No. <a href="#">4276 v.3</a> BAF Ref: BAF.0003	Risk Type: Safety / Risk Appetite: Zero	Monitoring Group: Quality Assurance Committee			
Version Date: 27/05/2020	Directorate: Crisis & Emergency Care	Last Reviewed: 16/07/2020			
First Created: 04/10/2019	Exec Lead: Executive Director - Operational Delivery	Review Frequency: Monthly			
Details of Risk:		Risk Rating:	Severity	Likelihood	Score
Risk of physical harm to service users due to lack of physical health checks following administration of rapid tranquilisation		Initial Risk (before controls):	4	5	20
		Current Risk: (with current controls):	4	3	12
		Target Risk: (after improved controls):	2	2	4

## CONTROLS IN PLACE

- Physical Health Policy in place
- Use of rapid tranquilisation is monitored through reducing restrictive practice group
- Physical health checks following rapid tranquilisation are recorded and monitored on the weekly data for reducing restrictive practice.
- Governance officers undertake monthly audit of physical health checks following rapid tranquilisation
- Local seclusion tracker in place. Ward Managers lead on reviewing compliance with physical health checks following rapid tranquilisation leading to seclusion.
- Physical Health Group established and led by the Associate Clinical Director (SPC Network). The group provides oversight and monitoring of the effective application of Physical Health Policy and all associated requirements as well as setting overarching Trust priorities in relation to physical health.
- Executive-led Physical Health Oversight Group in response to Section 29a notice led by Executive Director of Nursing and Professions
- Daily situational reporting to clinical huddle and Gold Command. Significant improvement in compliance with the exception of 1 area which has been asked to produce a recovery plan which is now complete.

## ACTIONS PLANNED &amp; MOST RECENT PROGRESS WITH TARGET DATE/RESP. PERSON

- |   |   |                                |
|---|---|--------------------------------|
| Finalise IT tool (NEWS2), initiate training and roll out and update of local Standard Operating Procedures to reflect the change.                 | Testing has now taken place and the tool will be launched by the end of September 2020. | 30/09/2020<br>Christopher Wood |
| Development of an IT based system to support accurate recording and data gathering of all physical health checks following rapid tranquilisation. | Due to the Insight development free, this action has been put on hold.                  | 30/10/2020<br>Christopher Wood |

Risk No. 4284 v.6	BAF Ref: BAF.0002	Risk Type: Statutory / Risk Appetite: Zero	Monitoring Group: Quality Assurance Committee			
Version Date: 01/07/2020		Directorate: Medical	Last Reviewed: 04/08/2020			
First Created: 12/11/2019		Exec Lead: Executive Medical Director	Review Frequency: Monthly			
Details of Risk:		Risk Rating:		Severity	Likelihood	Score
Risk of further action being taken against the Trust if significant improvements are not made in the areas identified and outlined from the CQC during their well-led inspections.		Initial Risk (before controls):		5	4	20
		Current Risk: (with current controls):		5	3	15
		Target Risk: (after improved controls):		2	2	4

## CONTROLS IN PLACE

- Physical Health Improvement Group reconstituted with Executive Director leadership and direction, enabling a focused remit on physical health monitoring, including post restrictive intervention and enabling changes in clinical practice.
- Business case approved regarding Forest Close (bungalow 3). However work has been suspended due to the bungalow being used as an isolation unit during Covid 19.
- Monitoring of progress on required actions through Back to Good Board with monthly reporting and exception reporting to Board in place.
- Daily monitoring of physical health checks and staffing undertaken and reported into lead executive.
- PMO approach to improvement workstreams established with leadership agreed for each workstream.
- Nurse call and staff attack system in place and operational at Forest Lodge.
- Supervision rates at reaching target level (80%)
- Mandatory training meeting compliance rates

## ACTIONS PLANNED &amp; MOST RECENT PROGRESS WITH TARGET DATE/RESP. PERSON

- |   |  |                             |
|---|--|-----------------------------|
| Implement improvement action plan once developed.               | Action plan submitted to the CQC 290520, in line with required timescales. Target date now amended to reflect actions set out within submitted plan. | 31/03/2021<br>Andrea Wilson |
| Nurse call system to be installed in remaining inpatient areas. | Rollout of installation delayed due to staffing capacity as a result of Covid-19. Timescales to be reviewed.   | 31/10/2020<br>Helen Payne   |
| Refurbishment of Bungalow 3 to be completed                     | Work halted due to need to use Bungalow 3 as a isolation unit during Covid-19 pandemic. Timescale extended   | 31/10/2020<br>Helen Payne   |

Actions being undertaken in line with action plan and progress reported through Back to Good Board.

31/07/2021  
Andrea Wilson

Risk No. 4325 v.3	BAF Ref: BAF.0003	Risk Type: Safety / Risk Appetite: Zero	Monitoring Group: People's Committee
Version Date: 24/03/2020		Directorate: Crisis & Emergency Care	Last Reviewed: 30/07/2020
First Created: 09/01/2020		Exec Lead: Deputy Chief Executive	Review Frequency: Monthly
Details of Risk:		Risk Rating:	Severity
Risk to Health & Safety of staff, service users and others due to a lack of access to a Back Care Advisor and Moving & Handling Training at all levels.		Initial Risk (before controls):	4
		Current Risk: (with current controls):	3
		Target Risk: (after improved controls):	2
		Likelihood	Score
			4
			5
			4

## CONTROLS IN PLACE

- People Handling & Risk Assessment Key Trainer's Certificate (RoSPA Quals Level 4) training has been delivered in December 2018 and May 2019.
- Moving & Handling trainer identified to work two days a week for six months to support the delivery of training in key areas.
- Moving and Handling Task & Finish Group established which oversees the development and delivery of Moving & Handling Training; and establishment of Back Care Advisor Role.
- Each Key Trainer/service area is supported by a lead clinician (Kate Scott, Physiotherapy Clinical Lead and Gargi Srivastava, Physiotherapy Mental Health Team). The lead clinicians are available to offer support around any service user issue related to moving and handling and also to advise Key Trainers around training delivery.
- 'Air and Share' support sessions for Key Trainers in place
- List of Key Trainers by service area agreed and shared across the Trust to raise awareness.
- From January 2020 trust induction incorporates level 1 and level 2 M&H training

## ACTIONS PLANNED &amp; MOST RECENT PROGRESS WITH TARGET DATE/RESP. PERSON

- Implement recruitment processes for Back Care Advisor
  - Back Care Advisor post is delayed due to bereavement 30/09/2020
  - now scheduled to be advertised at band 8a w/c August 2020 Anita Winter
- All Key Trainers to develop an action plan detailing how they will achieve 85% compliance for their staff team
  - Training compliance figures as at 27 July 2020: 92.26% level 1; 30/09/2020 Anita Winter
  - 61.35% Level 2
  - Of the 296 staff who are non-compliant in Moving and Handling Level 2, 249 (84.12%) of those who have not done the training have the knowledge/achieved level 1.

Risk No. <a href="#">4326 v.3</a> BAF Ref: BAF.0004	Risk Type: Quality                      / Risk Appetite: Low	Monitoring Group: People's Committee			
Version Date: 13/01/2020	Directorate: IMS&T	Last Reviewed: 23/07/2020			
First Created: 09/01/2020	Exec Lead: Executive Director Of Finance	Review Frequency: Quarterly			
Details of Risk:		Risk Rating:	Severity	Likelihood	Score
Patient safety is at risk because key clinical systems that require planned maintenance (for security and licensing reasons) rely on IMST staff working out of hours when they are not contracted to do so, and are often the single point of failure when systems require downtime out of hours.		Initial Risk (before controls):	4	3	12
		Current Risk: (with current controls):	3	3	9
		Target Risk: (after improved controls):	2	2	4

## CONTROLS IN PLACE

- TMG and Trust Operations confirm that unplanned maintenance on key systems is not always feasible outside core hours. Agreement that business continuity plans and alternate working practices can be effected by clinical areas as required.
- Operational and clinical areas have access to read only systems in emergency and business continuity plans are in place.
- ERostering is now live and unsociable hours and overtime payments are standardised in line with Trust policy.

## ACTIONS PLANNED &amp; MOST RECENT PROGRESS WITH TARGET DATE/RESP. PERSON

- |  |   |                            |
|--|---|----------------------------|
| The development of SLAs for out of hours application support and additional costs that could be incurred by the Trust / clinical systems owner | No further update on progress due to impact of COVID. | 31/08/2020<br>Nick Gillott |
| The IMST team to develop an Incident Response Team approach in response to system outages / incidents.   |   | 24/08/2020<br>Nick Gillott |



Risk No. <a href="#">4330 v.3</a> BAF Ref: BAF.0004	Risk Type: Quality / Risk Appetite: Low	Monitoring Group: Quality Assurance Committee			
Version Date: 24/04/2020	Directorate: Crisis & Emergency Care	Last Reviewed: 16/07/2020			
First Created: 09/01/2020	Exec Lead: Executive Director - Operational Delivery	Review Frequency: Quarterly			
Details of Risk:		Risk Rating:	Severity	Likelihood	Score
There is a risk at SPA that at times referral demand outstrips supply resulting in an inability to complete timely triage.		Initial Risk (before controls):	5	3	15
		Current Risk: (with current controls):	5	2	10
		Target Risk: (after improved controls):	2	2	4

## CONTROLS IN PLACE

- Triage of all referrals establishing risk, urgency and priority
- Nurse Consultant supports the team
- Alternative assessment provision available i.e. Decisions Unit, Liaison
- Call Centre Manager appointed
- Customer Service Improvement Programme Manager in post
- New leadership team in place.
- Standardised service offer (customer service improvement programme)
- New consultant in post (Apr 20).
- To manage increased demand, staff have been diverted from other functions to support SPA
- Mobilised 24/7 increased capacity to support staff and service users during Covid-19 pandemic.
- Weekly review of SPA demand and staff activity

## ACTIONS PLANNED &amp; MOST RECENT PROGRESS WITH TARGET DATE/RESP. PERSON

- |  |  |                               |
|--|--|-------------------------------|
| Reviewing demands linked to recovery/surge capacity requirements during Covid-19 which will inform workforce requirements post Covid-19. | Demand reviewed through daily situation report to ensure mutual aid is available to respond to demand. Capacity and demand review/reflection session took place on 5/6/20 to inform future planning. | 30/09/2020<br>Michelle Fearon |
| Action plan to respond to 'Getting back to Good'   |  | 31/10/2020<br>Kim Tissington  |
| Following review of SPA internal actions for the service and executive actions identified in order to unblock challenges.                | Plan agreed for Safe Guarding and ADHD   | 31/08/2020<br>Michelle Fearon |

Risk No. <a href="#">4362 v.4</a> BAF Ref: BAF.0001	Risk Type: Safety / Risk Appetite: Zero	Monitoring Group: Board Of Directors			
Version Date: 17/06/2020	Directorate: Trust Board	Last Reviewed: 03/08/2020			
First Created: 24/03/2020	Exec Lead: Chief Executive	Review Frequency: Monthly			
Details of Risk:		Risk Rating:	Severity	Likelihood	Score
There is a risk that the Trust will be unable to provide safe patient care or protect the health and wellbeing of its workforce due to the pandemic Coronavirus (Covid-19) which will impact on all services, both clinical and corporate.		Initial Risk (before controls):	5	5	25
		Current Risk: (with current controls):	4	3	12
		Target Risk: (after improved controls):	2	2	4

## CONTROLS IN PLACE

- Major incident and pandemic flu plans enacted (gold, silver and bronze command structure in place).
- Business continuity plans in place for all teams and services
- Minimum staffing levels in place for all teams and services
- Process in place for recording staff absence
- Procedures in place to isolate symptomatic patients
- Adhering to Public Health England national guidance
- As part of the Integrated Care System, there is a multiagency group of health partners co-ordinating the city-wide response.
- PPE in place and appropriate processes to replenish stock.
- Incident control centre in place together with a single point of contact operating 24/7.
- Redeployment of staff now in place and operational. Quality impact assessment completed in relation to redeployment.
- Critical business identified as inpatient and crisis care.
- Maintaining a log of strategic decisions that are made
- Additional indemnity cover provided to staff under the new Coronavirus Act 2020 for clinical negligence liabilities that arise when healthcare professionals and others are working as part of the Coronavirus response, or undertaking

## ACTIONS PLANNED &amp; MOST RECENT PROGRESS WITH TARGET DATE/RESP. PERSON

- Psychological Board considering needs of staff and service users/carers. 31/08/2020  
Linda Wilkinson
- Recruitment of support staff in Infection, Prevention and Control team to ensure its sustainability 31/12/2020  
Katie Grayson

NHS work to backfill others as a consequence, and existing do not cover a particular activity.

- Additional physical health training for staff to manage symptomatic patient in place and being delivered from 8/4/20.
- Staff testing in place - facility provided by STH and SCH plus additional capacity via Doncaster Airport (drive through facility).
- Processes in place to ensure that all mandatory training is delivered in relation to safe patient care.
- Staff communication and engagement in place and being regularly reviewed to ensure key information and messages are both given and received via a variety of mechanism including daily Covid-19 brief, facebook page, line management etc
- Recovery Co-ordinating Group meeting weekly to which commissioners are invited
- Resilience arrangements in place for role of Emergency Planning Manager and Lead Nurse for Infection Prevention and Control.
- Covid-19 specific risk register in place and reviewed weekly by Silver Command for oversight by Gold Command.
- Individual workplace risk assessments for BAME staff
- To support wellbeing, staff are be actively encouraged to take annual leave, bank holidays and time owing.
- HR Helpline in place to support staff
- All oxygen requirements being met.
- Trust has received RCOP suggestions for use of vitamin D for BAME staff and provided supplementary information to support staff.
- Environmental risk assessments carried out to ensure staff who will be returning to work do so in a safe way.

Risk No. <a href="#">4377</a> v.1	BAF Ref: BAF.0006	Risk Type: Financial / Risk Appetite: Moderate	Monitoring Group: Finance & Performance Committee			
Version Date: 24/04/2020		Directorate: Finance	Last Reviewed: 04/08/2020			
First Created: 24/04/2020		Exec Lead: Executive Director Of Finance	Review Frequency: Monthly			
Details of Risk:			Risk Rating:	Severity	Likelihood	Score
Failure to deliver the required level of CIP for 2020/21. This includes closing any b/f recurrent gap and delivering the required level of efficiency during the financial year 2020/21.			Initial Risk (before controls):	3	4	12
			Current Risk: (with current controls):	4	3	12
			Target Risk: (after improved controls):	3	3	9

## CONTROLS IN PLACE

- Trust Business Planning Systems and Processes, including CIP monitoring, QIA and Executive oversight.
- Forms part of routine finance reporting to FPC, Board and NHSE/I
- Performance Management Framework
- Additional transformation and cost reduction objectives. Procurement led savings, agency reduction and control.

## ACTIONS PLANNED &amp; MOST RECENT PROGRESS WITH TARGET DATE/RESP. PERSON

The financial planning process for 2020/21 was put on hold by NHSE/NHSI as part of the NHS response to Covid.	We continue to operate under the Covid-19 financial regime that applies for the period April - July. We are awaiting national guidance on the process beyond July. No further update is available other than the briefing update that was shared and discussed at FPC in June.	30/09/2020 James Sabin
As a result, we have been issued with revised planning rules. A revised fixed block approach for M1 - M4. This includes no national efficiency requirement.		
Re-assess financial impact as a result of revised rules		
Continue to close b/f CIP gaps from 2019/20 which were only met non recurrently within the directorates or not met at all at the Directorate level but offset from wider Trust overperformance	Month 3 reporting complete. Modest progress expected to continue across corporate areas through till September, whilst we await further clarity on future financial regime. Main risk areas remains HR linked to	30/09/2020 James Sabin

	lack of developed CIP plans. Work ongoing in this area to evaluate opportunities.	
Continue to plan for the efficiency requirement for August to March. Utilise the time to develop plans and achieve sign off for the appropriate QIA.	The temporary financial regime has been extended from AP01 - AP04 to AP01 - AP06. This will have an impact of a slight reduction in CIP requirements for 20/21. We continue to await guidance and clarity on the process beyond September.	30/09/2020 James Sabin
Review benchmarking and productivity data to help inform further areas to focus on re driving efficiency and VFM.	Revised BPG membership and ToR under development along with a review of the wider purpose and use of TOG. The above will form part of the revised formal remit. Separation of the transformation and change aspect into a transformation Board, will allow more time for BPG to expand into this needed area. In order to help corporate functions understand their cost base better and opportunities for efficiency, although the Covid pandemic has delayed	30/09/2020 James Sabin

		national benchmarking for 19/20, finance are working with corporate functions to prioritise an update for IMST, HR & Finance which will be linked into CIP opportunities.	
	Review contracting mechanism and activity data to ensure we are appropriately reimbursed for activity and additional costs. Acknowledge this is more of a M5 - m12 need.	The contract regime remains formally suspended. This is now not expected to be reinstated until October and some national contract performance reporting will not reconvene until December. However, improved reporting of activity is ongoing an required and will be routed through BPG and FPC internally during September. The post pandemic impact will need to be carefully modelled and monitored to ensure we are appropriately funded and reimbursed for the increased demand and surge anticipated nationally. Unfortunately, the delay in national guidance has delayed the funding flow and will impact recruitment	30/09/2020 James Sabin

and expansion speed when  
it comes to MHIS and  
delivering the LTP.



Risk No. <a href="#">4396 v.2</a> BAF Ref: BAF.0007	Risk Type: Financial                    / Risk Appetite: Moderate	Monitoring Group: Finance & Performance Committee			
Version Date: 30/06/2020	Directorate: Finance	Last Reviewed: 30/06/2020			
First Created: 01/06/2020	Exec Lead: Executive Director Of Finance	Review Frequency: Quarterly			
Details of Risk:		Risk Rating:	Severity	Likelihood	Score
The change in funding regime as a result of the COVID-19 crisis is a threat to the Trust's financial sustainability, in the short to medium term for BAU and to the Trust's current investment/transformation strategies for capital and revenue projects over the longer term. The current funding envelope is less than planned expenditure and whilst this is being met centrally in the short-term there is no certainty over funding beyond Aug '20.		Initial Risk (before controls):	3	4	12
		Current Risk: (with current controls):	4	2	8
		Target Risk: (after improved controls):	2	4	8

## CONTROLS IN PLACE

- Financial reporting of; the underlying financial position, funding gaps against revised regime and monitoring of COVID-19 expenditure is taking place through the routine Finance report.
- Communications with Commissioners around LTP & MHIS investment and developing the new normal continue despite the temporary regime
- Finance staff are linked into the appropriate intelligence cells, intel shared through Silver and Gold command where appropriate.
- Direct Costs of COVID-19 response are being managed through a separate cost centre to maintain transparency and financial probity; significant finance decisions are being made via Silver and Gold command, and necessary QEIA are completed where appropriate.
- Direction of expenditure to be monitored in line with the anticipated trend highlighted by NHSE/I.
- The Capital Programme is being managed within the reduced financial remit mandated by the STP in response the COVID-19 crisis; this is being routinely reported via Capital Board and the monthly Financial Report.

## ACTIONS PLANNED &amp; MOST RECENT PROGRESS WITH TARGET DATE/RESP. PERSON

Continue to monitor the updates from NHSE/I on future planning guidance; this is expected in the next few weeks as per update from NHSE/I on 25.06.20.

Still awaiting national guidance. Nationally delayed.

31/07/2020  
Lisa Collett

Risk No. 4407 v.1	BAF Ref: BAF.0003	Risk Type: Safety / Risk Appetite: Zero	Monitoring Group: Quality Assurance Committee			
Version Date: 18/06/2020		Directorate: Crisis & Emergency Care	Last Reviewed: 16/07/2020			
First Created: 18/06/2020		Exec Lead: Executive Director - Operational Delivery	Review Frequency: Monthly			
Details of Risk:		Risk Rating:		Severity	Likelihood	Score
There is a risk of fire on the acute wards caused by service users smoking or using lighters/matches to set fires resulting in harm to service users, staff and property/facilities.		Initial Risk (before controls):		5	4	20
		Current Risk: (with current controls):		3	4	12
		Target Risk: (after improved controls):		2	2	4

## CONTROLS IN PLACE

## ACTIONS PLANNED &amp; MOST RECENT PROGRESS WITH TARGET DATE/RESP. PERSON

<ul style="list-style-type: none"> <li>The Trust Has a smoke Free policy in place and all staff have been issued with smoke free policy and related documents</li> <li>The Trust has a vaping policy and vaping project ongoing</li> <li>The Trust has training programme to support staff to offer assessments of Nicotine replacement therapy</li> <li>The Trust has Blanket restriction registers regarding prohibited items, ie lighters and fire setting materials are not allowed on the ward</li> <li>Fire risk on local team risk registers</li> <li>Annual fire risk assessment undertaken by SYFire and Trust fire safety officers</li> <li>All staff complete fire safety training</li> <li>Incident reporting system in place re any incidents related to fire</li> <li>Weekly Smoke-Free Task and Finish group in place, which includes representatives from each ward and senior staff.</li> <li>Operational plan to support robust implementation of smoke free policy, with relevant key milestones in place and reviewed weekly by Task and Finish Group</li> </ul>	<p>Reschedule urgent training to ward based staff re level 2 assessors to support tobacco and nicotine dependency assessments from week commencing 29th June 2020</p> <p>Commence daily safety huddles on ward areas to raise fire safety risks</p> <p>Draft letters to all service users and carers for dissemination upon admission re smoke free policy and support available on the wards</p> <p>Explore positioning of scanners with estates for MCC and Maple areas</p> <p>Review smoke free policy re storage element and actions to be consistent</p>	<p>Training ongoing with prioritisation of Maple ward</p> <p>Commenced on Maple, others due to take place</p> <p>Letters drafted and available for use. Currently being used on Maple.</p> <p>Scanners have been received - installation options being explored with Estates.</p>	<p>31/08/2020 Maxine Statham</p> <p>31/08/2020 Maxine Statham</p> <p>31/08/2020 Maxine Statham</p> <p>31/08/2020 Maxine Statham</p> <p>31/08/2020 Moira Leahy</p>
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re ward staff responsibility

Risk No. 4409 v.5	BAF Ref: BAF.0005	Risk Type: Workforce / Risk Appetite: Low	Monitoring Group: People's Committee			
Version Date: 04/08/2020		Directorate: Human Resources	Last Reviewed: 22/07/2020			
First Created: 19/06/2020		Exec Lead: Director Of Human Resources	Review Frequency: Monthly			
Details of Risk:		Risk Rating:		Severity	Likelihood	Score
There is a risk the Trust is unable to provide sufficient additional nursing/nursing associate placement capacity to meet demand caused by a combination of factors (commitment to increase placements in 19/20; Project 5000 targets; and extension of current student placements due to Covid-19 impact). This combined with vacancies, skill mix challenges, and increased service demands could result in a failure to meet long term transformation targets and a shortage of nurses to meet identified recruitment shortages. This could impact on the Trust's reputation and ability to deliver existing and/or increased demand for services.		Initial Risk (before controls):		4	4	16
		Current Risk: (with current controls):		4	4	16
		Target Risk: (after improved controls):		2	3	6

## CONTROLS IN PLACE

- Prepare registered staff Band 5 and above to act in the role of practice supervisor to support placements
- Additional resource in practice placement team (ETD) to provide peripatetic assessment
- All registered nurses now have responsibility for supporting student learning.

## ACTIONS PLANNED &amp; MOST RECENT PROGRESS WITH TARGET DATE/RESP. PERSON

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|--|--------------------|----------------------------|
| Agree new training programme to replace mentorship with SHU and ensure the 35 identified staff are released to attend this to prepare them to support students.  |                    | 15/09/2020<br>Andrew Algar |
| consider the use of community staff to support in patient practice placements  |                    | 31/08/2020<br>Andrew Algar |
| SHSC Learning disabilities training hub - recruit project leads for ICS Enabling Effective Learning Environments project to support LD nurse placement expansion | no further updates | 31/10/2020<br>Andrew Algar |

**Total: 20**