Sheffield Health and Social Care NHS Foundation Trust

Board of Directors (Open)

Date: 11 November 2020 **Item Ref:** **20**

TITLE OF PAPER	**Corporate Risk Register (CRR)**
TO BE PRESENTED BY	David Walsh, Director of Corporate Governance
ACTION REQUIRED	○ Review changes to the Corporate Risk Register ○ Consider assurance or assurance gaps arising ○ Approve the Corporate Risk Register subject to any required changes. ○
OUTCOME	To have a Corporate Risk Register in place that provides assurance that corporate risks are regularly reviewed, monitored and managed.
TIMETABLE FOR DECISION	11 November 2020
LINKS TO OTHER KEY REPORTS / DECISIONS	Internal Audit Reports covering Risk Management arrangements Directorate Risk Registers Risk Management Strategy Trust Strategy
STRATEGIC AIM: **STRATEGIC OBJECTIVE:**	All All
LINKS TO NHS CONSTITUTION & OTHER RELEVANT FRAMEWORKS, RISK, OUTCOMES ETC	Provider Licence Annual Governance Statement NHS Foundation Trust Code of Governance
IMPLICATIONS FOR SERVICE DELIVERY AND FINANCIAL IMPACT	Implications of individual risks outlined on the register.
CONSIDERATION OF LEGAL ISSUES	Breach of SHSC Constitution Standing Orders Breach of NHS Improvement's Governance regulations and Provider Licence.

Author of Report	David Walsh
Designation	Director of Corporate Governance
Date of Report	11 November 2020

Proud to care in Sheffield

SUMMARY REPORT

1. Purpose

For approval	For assurance	For collective decision	To seek input from	To report progress	For information	Other (please state)
	x			x		

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 which reach a residual score of 12 should be escalated.

Since March 2020, responsibility for recommending new risks onto the Corporate Risk Register has been the individual responsibility for each Executive Director as owner of the risk. Executive Directors recommend to committee when a risk should be removed from the CRR and to provide a rationale for this to the Committee with oversight of the risk. It is the role of Board committees to question and challenge risks presented to them in order that assurance can be provided to the Board that risks are being sufficiently managed.

While 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. They key point is that the risk needs to have executive/board level oversight until such a time that it has been sufficiently mitigated.

Since its last presentation to ARC in July 2020, risks have been reviewed monthly. The table below shows the 20 risks on the CRR and updates made since its last presentation to ARC. The full CRR is attached at the end of this document.

2.1 Closed Risks

None of the risks considered by the committee in July have closed.

2.2 Reduced and/or Escalated Risk

None of the risks on the register have been subject to escalation or de-escalation since consideration in July

2.3 New Risks

There is one new risk on the Corporate Risk Register, which is detailed in the separate paper due commercial sensitivity.

2.4 Corporate Risk Register

The table below shows the 20 risks on the CRR and updates made since its last presentation to ARC in April 2020. The full CRR is attached at the end of this document.

Risk No	Risk Description	Residual Risk Rating	Changes to Risk Rating	Risk Owner
3679	The inpatient environment cannot provide adequate assurance that risk is being managed and could result in patient safety incidents and harm.	**15 (5x3) High**	⟺	Executive Medical Director
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.	**12 (3x4) Moderate**	⟺	Interim Executive Director of Nursing & Professions
4078	Staff survey results (2018) indicate a reduction in staff engagement and motivation impacting on the quality of care	**9 (3x3) Moderate**	⟺	Executive Director of HR
4079	Failure to deliver an appropriately safe quality of waste management service	**12 (4x3) Moderate**	⟺	Executive Director of Finance
4121	Patient safety, service efficiency and effectiveness and access to patient information is being put at risk as a result of Insight instability	**16 (4x4) High**	⟺	Executive Director of Finance
4124	Risk of harm to staff following incidents of violence and aggression which could impact on morale, sickness rates, staff attrition and difficulty in recruitment	**12 (3x4) Moderate**	⟺	Chief Operating Officer

Risk No	Risk Description	Residual Risk Rating	Changes to Risk Rating	Risk Owner
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	**9 (3x3) Moderate**	⟷	Executive Medical Director
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	**9 (3x3) Moderate**	⟷	Executive Medical Director
4223	Risk to the health and safety of staff and service users due to a lack of Health & Safety infrastructure (Risk Assessment Training)	**12 (3X4) Moderate**	⟷	Executive Director of HR
4264	Failure to meet contractual requirements for conducting and completing complaints	**9 (3x3) Moderate**	⟷	Director of Corporate Governance
4276	Risk of physical harm to patients due to lack of physical health checks following administration of rapid tranquilisation.	**12 (4x3) Moderate**	⟷	Chief Operating Officer
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.	**15 (5x3) High**	⟷	Executive Medical Director
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	**High (3x5)**	⟷	Executive Director of HR
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.	**Moderate (3x3)**	⟷	Executive Director of Finance
4330	There is a risk at SPA that at times referral demand outstrips supply resulting in an inability to complete timely triage.	**Moderate (5x2)**	⟷	Chief Operating Officer
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.	**Moderate (4x3)**	⟷	Deputy Chief Executive

Risk No	Risk Description	Residual Risk Rating	Changes to Risk Rating	Risk Owner
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	**Moderate (4x3)**	⟷	Executive Director of Finance
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	**Low (4x2)**	⟷	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	**Moderate (3x4)**	⟷	Chief Operating Officer
4409	Risk the Trust is unable to provide sufficient additional nursing/ nursing associate placements to meet demand	**High (4x4)**	⟷	Executive Director of HR

2.3 Risk Profile

The table below shows the spread of risks on the corporate risk register and indicates a movement towards a greater number of higher risks.

Severity					
Catastrophic (5)		**1**	**2**		
Major (4)		**1**	**4**	**2**	
Moderate (3)			**5**	**4**	**1**
Minor (2)					
Negligible (1)					
Likelihood	(1) Rare	(2) Unlikely	(3) Possible	(4) Likely	(5) Almost Certain

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, although it should be noted that some adjustments are required to that schedule to meet the changes agreed to the scheduling of Board meetings. The CRR will now be presented in November 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

Board is asked to

- Acknowledge the revision of the CRR;
- Review the risks on the register;
- Consider any assurance (or not) provided by papers brought before 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 Director of Corporate Governance (Board Secretary). Monitoring by the Board and its 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

CORPORATE RISK REGISTER

As at: November 2020

Risk No. 3679 **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:** 04/10/2020
First Created: 29/12/2016	**Exec Lead:** Executive Medical Director	**Review Frequency:** Monthly

Details of Risk:

The inpatient environment cannot provide adequate assurance that risk is being managed and could result in patient safety incidents and harm.

Risk Rating:	**Severity**	**Likelihood**	**Score**
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 & 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.	Work commenced on Dovedale and Maple August 2020	30/06/2021 Geoffrey Rawlings
Access to ceiling space to be reviewed by Estates and an options appraisal developed regarding either securing current tiles, or replacing the ceiling in Maple (en-suites) and in Stanage and Burbage en-suites and seclusion.	Estates have undertaken and completed a review of access to ceiling space and identified that: existing ceiling tiles cannot be secured in all ensuites apart from recently refurbished anti lig rooms(these have solid ceilings). Option under consideration is removal of ceiling tiles and replacement with solid ceiling. For Burbage and Stanage this would be included in planned refurbishment	31/10/2020 Mark Gamble

• 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)		work. Plan to be developed for Maple and Dovedale 1.	
	Estates to review and establish where flat-sided thumb turn locks are sited and replace with safer alternatives.	Review undertaken by Estates. Burbage - round Stanage - round Dovedale 1 - round. Maple only acute ward with flat side thumb turns - 12 identified. Replacement of thumb turns could impact on integrity of fire door hence replacement of doors preferred option. Plan under development.	31/10/2020 Mark Gamble
	Estates required to review and replace window frames which pose a ligature risk.	To be scheduled within the ward redevelopment programme. Plan under development.	30/11/2020 Mark Gamble
	Bins in inpatient areas to be replace further to risk identified in relation to metal risers (bins in service user areas already removed).	Further to trialling suitable bins replacement programme in hand.	31/10/2020 Christopher Wood

CORPORATE RISK REGISTER

As at: November 2020

Risk No. 3831 **v.**14 **BAF Ref:** BAF.0005	**Risk Type:** Workforce **/ Risk Appetite:** Low	**Monitoring Group:** People's Committee
Version Date: 02/11/2020	**Directorate:** Crisis & Emergency Care	**Last Reviewed:** 02/10/2020
First Created: 04/09/2017	**Exec Lead:** Executive Director - Nursing & Professions	**Review Frequency:** Monthly

Details of Risk:

There is a risk that a lack of band 5 and band 6 nurses will impact on the Trust's ability to deliver the required quality of care for its patients and an over-reliance on bank and agency staff and pre-ceptorship nurses will affects the level of skills and experience on the ward and leadership.

Risk Rating:	Severity	Likelihood	Score
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 & MOST RECENT PROGRESS WITH TARGET DATE/RESP. PERSON

Increased AHP and Psychology support for 24 hour environment.	Recruitments remains ongoing	30/10/2020 Brenda Rhule
Recruitment and retention action plan in place (developed by Rapid Cell) and in the process of being delivered.		31/03/2021 Brenda Rhule

- Rapid cell in place and operational reporting to Recruitment & Retention Subgroup and People Committee
- Weekly recruitment tracker in place which enables oversight of all vacancies and gaps.
- Rolling recruitment in place with identified timescales for recruitment
- SOP for Recruitment of Registered Nurses produced and embedded
- Support and Challenge meetings commence 5th November 2020 to provide e-rostering scrutiny

CORPORATE RISK REGISTER

As at: November 2020

Risk No. 4078 **v.**10 **BAF Ref:** BAF.0005	**Risk Type:** Workforce **/ Risk Appetite:** Low	**Monitoring Group:** People's Committee
Version Date: 24/09/2020	**Directorate:** Organisational Development	**Last Reviewed:** 24/09/2020
First Created: 26/10/2018	**Exec Lead:** Director Of Human Resources	**Review Frequency:** Quarterly

Details of Risk:

Low staff engagement which may impact on the quality of care, as indicated by the Staff Surveys 2018&2019

Risk Rating:	Severity	Likelihood	Score
Initial Risk (before controls):	3	4	12
Current Risk: (with current controls):	3	3	9
Target Risk: (after improved controls):	2	3	6

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 Harrasment 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 & MOST RECENT PROGRESS WITH TARGET DATE/RESP. PERSON

Organisation Development Strategy to be developed.	Organisational diagnostic completed. Business case currently being developed to make the posts substantive. OD Strategy now being co-created with plan to sign off at November board along with the Trust value refresh (therefore target date extended from September to November).	30/11/2020 Rita Evans
Health and Wellbeing month planned for November		30/11/2020 Sarah Bawden
Interim role being developed to support teams around the staff survey findings (using NHSI Back to Good monies)		30/11/2020 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

CORPORATE RISK REGISTER

As at: November 2020

Risk No. 4079 **v.**3 **BAF Ref:** BAF.0003	**Risk Type:** Safety / **Risk Appetite:** Zero	**Monitoring Group:** Quality Assurance Committee
Version Date: 28/02/2019	**Directorate:** Facilities	**Last Reviewed:** 13/10/2020
First Created: 26/10/2018	**Exec Lead:** Executive Director Of Finance	**Review Frequency:** Monthly

Details of Risk:

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.

Risk Rating:	Severity	Likelihood	Score
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 & 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.	The local issues continue and are expected to continue until the tendering process has been completed and a new contactor appointed.	30/11/2020 Helen Payne

Risk No. 4121 **v.**8 **BAF Ref:** BAF.0007	**Risk Type:** Safety / **Risk Appetite:** Zero	**Monitoring Group:** Finance & Performance Committee
Version Date: 09/10/2020	**Directorate:** IMS&T	**Last Reviewed:** 30/10/2020
First Created: 13/12/2018	**Exec Lead:** Executive Director Of Finance	**Review Frequency:** Monthly

Details of Risk:

Patient safety, service efficiency and effectiveness and access to patient information is put at risk as a result of insight instability.

Update 09/10/20. Three instances of missing documents, 27/05/20, 22/09/20 and 07/10/20 reported, documentation lost and reported to ICO. Risk fully mitigated with Insight replacement system.

Risk Rating:	Severity	Likelihood	Score
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.
- Hide Insight documents in scanned documents folder to reduce change of further missing files.
- Business continuity complete in preparation for the weekend upgrade. Offline folders with supporting templates created led by the CCIO. Link added to Emergency Insight to direct staff to the folder for appropriate clinical noting while INSIGHT is down.

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

Insight SQL and Windows server upgrade planned 31/10 overseen by CCIO.	Upgrade on track scheduled to complete by 01/11/2020.	01/11/2020 Ben Sewell

CORPORATE RISK REGISTER

As at: November 2020

Risk No. 4124 **v.**3 **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:** 29/09/2020
First Created: 20/12/2018	**Exec Lead:** Executive Director - Operational Delivery	**Review Frequency:** Monthly

Details of Risk:

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

Risk Rating:	Severity	Likelihood	Score
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 & MOST RECENT PROGRESS WITH TARGET DATE/RESP. PERSON

Business case to be completed for CCTV on ward and external areas.	Awaiting feedback	31/12/2020 Stephen Price

CORPORATE RISK REGISTER

As at: November 2020

Risk No. 4140 **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:** 24/09/2020
First Created: 21/01/2019	**Exec Lead:** Executive Medical Director	**Review Frequency:** Quarterly

Details of Risk:

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.

Risk Rating:	Severity	Likelihood	Score
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

- 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

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

CORPORATE RISK REGISTER

As at: November 2020

Risk No. 4189 **v.**2 **BAF Ref:** BAF.0007	**Risk Type:** Statutory / **Risk Appetite:** Zero	**Monitoring Group:** Quality Assurance Committee
Version Date: 22/11/2019	**Directorate:** Medical	**Last Reviewed:** 24/09/2020
First Created: 01/04/2019	**Exec Lead:** Executive Medical Director	**Review Frequency:** Quarterly

Details of Risk:

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

Risk Rating:	Severity	Likelihood	Score
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 & 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 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 Abiola Allinson

CORPORATE RISK REGISTER

As at: November 2020

Risk No. 4223 **v.**13 **BAF Ref:** BAF.0005	**Risk Type:** Safety **/ Risk Appetite:** Zero	**Monitoring Group:** People's Committee
Version Date: 28/09/2020	**Directorate:**	**Last Reviewed:** 14/10/2020
First Created: 11/06/2019	**Exec Lead:** Executive Director Of Finance	**Review Frequency:** Monthly

Details of Risk:

Risk to the health and safety of staff and service users due to a lack of Health & Safety infrastructure (Risk Assessment Training)

Risk Rating:	Severity	Likelihood	Score
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 & 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.	2 presentations have been developed. One of which has been recorded and is ready to be placed as a learning resource on Trust intranet. The recording of the second presentation is to begin shortly.	30/09/2020 Charlie Stephenson
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 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.	30/09/2020 Charlie Stephenson

CORPORATE RISK REGISTER

As at: November 2020

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:** 14/10/2020
First Created: 05/09/2019	**Exec Lead:** Director Of Corporate Governance	**Review Frequency:** Quarterly

Details of Risk:

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.

Risk Rating:	Severity	Likelihood	Score
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'. Compliant by end of Q1 as required under CCG action plan.
- Internal Audit Advisory Report completed Oct 2019 highlighting good practice and identifying further actions which have been incorporated into the action plan. Due for completion by end of October 2020
- Lean processes in place for complaints, FOIs and compliments which will improve internal systems of control. Further changes agreed with effect from 1 October 2020.
- Backlog Fastracks cleared and Fastrack process ceased from 1 October 2020

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

Skill mix review confirmed Complaints Manager at band 7 to be recruited substantively	Interviews scheduled for 23 October 2020	31/10/2020 David Walsh
New processes to be formalised into Complaint Policy - to be presented to PGG by end of October 2020		31/10/2020 David Walsh

Risk No. 4276 **v.**3 **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:** 29/09/2020
First Created: 04/10/2019	**Exec Lead:** Executive Director - Operational Delivery	**Review Frequency:** Monthly

Details of Risk:

Risk of physical harm to service users due to lack of physical health checks following administration of rapid tranquilisation

Risk Rating:	Severity	Likelihood	Score
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 & 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.	Server upgrade delayed. Plan now in hand to implement NEWS2 on existing server. Timeframe to be confirmed.	31/10/2020 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 Christopher Wood

CORPORATE RISK REGISTER

As at: November 2020

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:** 14/10/2020
First Created: 12/11/2019	**Exec Lead:** Executive Director - Operational Delivery	**Review Frequency:** Monthly

Details of Risk:

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.

Risk Rating:	**Severity**	**Likelihood**	**Score**
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 & 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 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 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 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:** Central Clinical Operations	**Last Reviewed:** 03/11/2020
First Created: 09/01/2020	**Exec Lead:** Executive Director Of Finance	**Review Frequency:** Monthly

Details of Risk:

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.

Risk Rating:	Severity	Likelihood	Score
Initial Risk (before controls):	4	4	16
Current Risk: (with current controls):	3	5	15
Target Risk: (after improved controls):	2	2	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 & MOST RECENT PROGRESS WITH TARGET DATE/RESP. PERSON

Implement recruitment processes for Back Care Advisor	Shortlisting taking place 4 November 2020. Interviews scheduled to take place 19 November 2020.	31/12/2020 Anita Winter
All Key Trainers to develop an action plan detailing how they will achieve 85% compliance for their staff team	Moving and handling Training compliance for the Trust as at 19 October 2020 is as follows: 93.97% for Level 1 72.85% up 2.82% on last week for Level 2	31/12/2020 Anita Winter

CORPORATE RISK REGISTER

As at: November 2020

Risk No. 4326 **v.**3 **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:** 30/10/2020
First Created: 09/01/2020	**Exec Lead:** Executive Director Of Finance	**Review Frequency:** Quarterly

Details of Risk:

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.

Risk Rating:	Severity	Likelihood	Score
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 & 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 progress due to resource workloads. Post upgrade (31/10/2020) we will review systems and agreed maintenance windows as agreed with clinical services. BCP planning for the Insight Upgrade has facilitated improved relations with clinical services and enabled support for the upgrade over the weekend day time hours.	31/12/2020 Nick Gillott

CORPORATE RISK REGISTER

As at: November 2020

Risk No. 4330 **v.**3 **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:** 20/08/2020
First Created: 09/01/2020	**Exec Lead:** Executive Director - Operational Delivery	**Review Frequency:** Quarterly

Details of Risk:

There is a risk at SPA that at times referral demand outstrips supply resulting in an inability to complete timely triage.

Risk Rating:	**Severity**	**Likelihood**	**Score**
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 & 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 Michelle Fearon
Action plan to respond to 'Getting back to Good'	Recruitment of additional clinical associate psychologists posts underway.	31/10/2020 Kim Tissington
Following review of SPA internal actions for the service and executive actions identified in order to unblock challenges.	Safeguarding recruiting and plan in place to transfer ADHD patients.	30/09/2020 Michelle Fearon

CORPORATE RISK REGISTER

As at: November 2020

Risk No. 4362 **v.**4 **BAF Ref:** BAF.0001	**Risk Type:** Safety / **Risk Appetite:** Zero	**Monitoring Group:** Board Of Directors
Version Date: 06/10/2020	**Directorate:** Trust Board	**Last Reviewed:** 06/10/2020
First Created: 24/03/2020	**Exec Lead:** Executive Director - Operational Delivery	**Review Frequency:** Monthly

Details of Risk:

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.

Risk Rating:	**Severity**	**Likelihood**	**Score**
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). Integrated into the wider system Health & Social Care Gold Command Structures
- 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, access to swabbing and antibody testing
- Procedures in place to test and isolate symptomatic patients
- Systematic review of all National and Local Guidance through command structures. Use of Clinical Reference Group and Working Safely Groups to develop local guidance. Use of COVID Information Hub to cascade all guidance to teams
- As part of the Integrated Care System, there is a multiagency group of health partners co-ordinating the city-wide response.
- Daily situational review of PPE in place and appropriate processes to replenish stock through mutual aid.
- Incident control centre in place together with a single point of contact operating 24/7.
- Voluntary peer support arrangements enacted at staff and team level

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

Recruitment of support staff in Infection, Prevention and Control team to ensure its sustainability	The Lead Nurse was successfully recruited to the Band 6 Infection Control Nurse Post on the 13th August. Subject to HR processes and notice period to their existing employer, it is envisaged that the post holder will commence employment late November.	01/12/2020 Katie Grayson
Review of Trust Estate and Digital means to support staff to comply with social distancing in the workplace	Review conducted at Longley Centre and options identified to support Northlands and East Glade community sites. Specifications and costings being finalised. Digital scoping undertaken across 24 hour and high footfall	30/10/2020 Anita Winter

• Review of business critical services in event of future restrictions / lockdown • Escalation and Decision Making Logs maintained in line with EPRR requirements • 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. • Mutual aid (training, advice and support) for physical health care associated with positive COVID tested patients. • Staff COVID testing arrangements in place with Sheffield Children's Hospital. Antibody testing in place via SHSC • Processes in place to ensure that essential face to face mandatory training is delivered in line with PPE requirements. All non essential face to face training diverted to virtual platforms • 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 and line management routes. • 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. • Weekly reassessment of known risks and mitigating actions via Command Structure. Agreed processes for escalation of new risks. • Individual workplace risk assessments available for all 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 • Daily monitoring and access to Oxygen and defibrillator stock • Trust has received RCOP suggestions for use of vitamin D for BAME staff and		community buildings. Specifications and costings being finalised.	
	Additional temporary Incident Control Centre capacity in place.		31/12/2020 Beverley Murphy
	Completion of COVID Risk Assessments for all staff	Electronic recording and tracker in place via ESR. Progress reporting weekly to Command Structures. Guidance and support i.n place for managers	31/12/2020 Caroline Parry
	Ensure audit and compliance with Inpatient Testing Guidance following gaps in assurances identified in September 2020 audit.	Built into daily Physical Health Huddle tracker. Latest compliance reporting audit to be returned to Silver 9th October 2020	31/10/2020 Michelle Fearon

provided supplementary information to support staff.

• Environmental risk assessments carried out on all buildings. Risk Assessments accessible for all staff. Maximum numbers of staff per room signage present and guidance to staff on flow through communal areas.

• Staff facilitated to work from home through digital solutions and work on rotation to access buildings to comply with COVID Secure.

• 7 day clinical, operational and business support arrangements in place to support business continuity and provide national reporting returns.

• COVID Staff Helpline in place 24/7. Health & Wellbeing widget on the intranet. Structured staff support to return to work from COVID absences.

CORPORATE RISK REGISTER

As at: November 2020

Risk No. 4377 **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:** 02/10/2020
First Created: 24/04/2020	**Exec Lead:** Executive Director Of Finance	**Review Frequency:** Monthly

Details of Risk:

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.

Risk Rating:	Severity	Likelihood	Score
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 & MOST RECENT PROGRESS WITH TARGET DATE/RESP. PERSON

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	Little progress to report.	31/10/2020 James Sabin
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.	ICS led planning round for remainder of year required a reduced CIP of 1%. Corporate functions have in the main achieved this but clinical operations will need to review plans and opportunities.	31/10/2020 James Sabin
Review benchmarking and productivity data to help inform further areas to focus on re driving efficiency and VFM.	Work ongoing in this area. BPG ToRs refined and focus moving to sub groups and TOG under PMO management	30/10/2020 James Sabin

Review contracting mechanism and activity data to ensure we are appropriately reimbursed for activity and additional costs. Acknowledge this is more of a M7 - m12 need.	Revised guidance for M7 - M12 issued. Simplified contracting process remains in place for remainder of 20/21.	30/10/2020 James Sabin

CORPORATE RISK REGISTER

As at: November 2020

Risk No. 4396 **v.**2 **BAF Ref:** BAF.0007	**Risk Type:** Financial **/ Risk Appetite:** Moderate	**Monitoring Group:** Finance & Performance Committee
Version Date: 30/06/2020	**Directorate:** Finance	**Last Reviewed:** 02/10/2020
First Created: 01/06/2020	**Exec Lead:** Executive Director Of Finance	**Review Frequency:** Quarterly

Details of Risk:

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.

Risk Rating:	Severity	Likelihood	Score
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 & 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/Ion 25.06.20.	This will be updated further following submission of our operational plan in response to the guidance. The risk is likely to increase as the breakeven regime is coming to an end and the current assessment suggests we will be in deficit.	31/10/2020 Lisa Collett

CORPORATE RISK REGISTER

As at: November 2020

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:** 23/10/2020
First Created: 18/06/2020	**Exec Lead:** Executive Director - Operational Delivery	**Review Frequency:** Monthly

Details of Risk:

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.

Risk Rating:	Severity	Likelihood	Score
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

- The Trust Has a smoke Free policy in place and all staff have been issued with smoke free policy and related documents
- The Trust has a vaping policy and vaping project ongoing
- The Trust has training programme to support staff to offer assessments of Nicotine replacement therapy
- The Trust has Blanket restriction registers regarding prohibited items, ie lighters and fire setting materials are not allowed on the ward
- Fire risk on local team risk regeisters
- Annual fire risk assessment undertaken by SYFire and Trust fire safety officers
- All staff complete fire safety training
- Incident reporting system in place re any incidents related to fire
- Weekly Smoke-Free Task and Finish group in place, which includes representatives from each ward and senior staff.
- Operational plan to support robust implementation of smoke free policy, with relevant key milestones in place and reviewed weekly by Task and Finish Group

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

Reschedule urgent training to ward based staff re level 2 assessors to support tobacco and nicotine dependency assessments from week commencing 29th June 2020	Training continues to be challenge for staff release, however small bitesize training continues. To review at each weekly meeting	30/10/2020 Maxine Statham
Commence daily safety huddles on ward areas to raise fire safety risks	Safety huddles commenced on all acute wards as of Monday 14th Sept, to monitor compliance	30/10/2020 Maxine Statham
Draft letters to all service users and carers for dissemination upon admission re smoke free policy and support available on the wards	Letters used for all acute wards for go live 21st sept. To formally agree storage options in Trust policy	30/10/2020 Maxine Statham
Explore positioning of scanners with estates for MCC and Maple areas	Scanners in place at Stanage and Burbage, but not currently being used,	30/10/2020 Maxine Statham

		awaiting arrival of privacy screens. Building lobby work still to be commenced on Maple est 8 weeks to completion.	
	Review smoke free policy re storage element and actions to be consistent re ward staff responsibility	Interim plan agreed for acute wards for go live date 21st Sep 20 to store tobacco and give back on discharge, further consultation with teams over the next 4 weeks.	30/10/2020 Moira Leahy

CORPORATE RISK REGISTER

As at: November 2020

Risk No. 4409 **v.**7 **BAF Ref:** BAF.0005	**Risk Type:** Workforce / **Risk Appetite:** Low	**Monitoring Group:** People's Committee
Version Date: 20/10/2020	**Directorate:** Human Resources	**Last Reviewed:** 20/10/2020
First Created: 19/06/2020	**Exec Lead:** Director Of Human Resources	**Review Frequency:** Monthly

Details of Risk:

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.

Risk Rating:	Severity	Likelihood	Score
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 .

update 180820 - online training sessions in place. staff without mentorship qualification to join SHU course in September 20

• Additional resource in practice placement team (ETD) to provide peripatetic assessment.

update 180820 - complete: 3 days a week resource now back in place in PQF team following Covid absence and 3hours per week practice support at endcliffe ward.

• All registered nurses now have responsibility for supporting student learning.

update - decision made by DNO

• 15 staff registered for mentor preparation training at SHU

• Project leads in place to implement placement expansion in Learning Disabilities

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

consider the use of community staff to support in patient practice placements	Update from EIS manager - pressure on community teams continues to be high, increase in referrals, and high vacancies for care co-ordinators. Commitment from EIs to support preceptors in community teams - revisit options from January 2021 onwards	31/01/2021 Andrew Algar
Development of online resources (MYePAD) by Sheffield Hallam University and Midlands and Yorkshire placement Partnership to support in house training. in house training needs development using CPD resources.		31/03/2021 Andrew Algar

	SHSC is an active member of the new South Yorkshire and Bassetlaw's Learning Environment and Placement (LEAP) Consortia. The aims are to meet practice placement requirements and to identify and remove barriers.	31/03/2021 Andrew Algar