

Board of Directors - Public

SUMMARY REPORT

Meeting Date: 25 January 2023

Agenda Item: 22

Report Title:	Corporate Risk Register	
Author(s):	Amber Wild, Corporate Assurance Manager	
Accountable Director:	Deborah Lawrenson, Director of Corporate Governance	
Other Meetings presented to or previously agreed at:	Committee/Group:	The Corporate Risk register has been received at board sub-committees, the Risk Oversight Group.
	Date:	10 January 2023 – PC 11 January 2023 – QAC 12 January 2023 – FPC 17 January 2023 - ARC 6 December 2022 – Risk Oversight Group
Key Points recommendations to or previously agreed at:	The Corporate Risk Register (CRR) is presented for consideration since last reported to Board in November 2022. The full CRR is attached as an appendix to the report and stored in iBabs for Board's reference. A snapshot of the risk register is detailed in the summary report. Changes and updates to individual risks are highlighted in bold, italicised text within this report.	

Summary of key points in report

There are 21 risks on the Corporate Risk Register and this is attached as an appendix. Risks which have a residual risk rating of 12 or above, or risks that impact on several or all directorates/care networks are considered for inclusion onto the Corporate Risk Register. Automated risk review reminders are sent via Ulysses to risk owners every 7 days.

A Risk Oversight Group has been set up to oversee the effective implementation of the Risk Management Strategy across the Trust and to oversee Corporate Risk registers. The Risk Oversight Group will meet bi-monthly to review the CRR in advance of receipt at the committees.

All corporate risks are linked to BAF risks apart from risks 4756, 4757, 4823, 4456 and 5029. These link to BAF risk 0029 but there are currently technical problems with the system which means that these are not showing on the register. Ulysses have been informed and work is underway to correct this.

Audit and Risk Committee (ARC):

There are two risks on the register monitored by this committee:

Risk 4483 relates to the risk that trust IT systems and data could be compromised due to phishing emails. It has a current risk score of 12 (severity 3 x likelihood 4) and a target risk score of 6 (3 severity x 2 likelihood). **It is proposed that the current risk score moved to 9 (severity 3 x likelihood 3).** Reviewed risk scores

and feedback from DIGG. With current processes in place the risk score can be lowered from 12 to 9. Once the automated emails are in place a review and recommendation can be made to close this action.

Risk 4612 relates to the risk that system and data security will be compromised caused by IT systems continuing to be run on software components that are no longer supported affecting the ability to achieve mandatory NHS standards. It has a current risk score of 9 (severity 3 x likelihood 3) and a target risk score of 6 (3 severity x 4 likelihood). A check and challenge discussion took place at the Risk Oversight Group (RoG) in December where the following work was agreed: the risk appetite risk, risk owner and action owners would be reviewed, actions would be updated. This risk will be presented to the February RoG for further discussion on progress made in view of deescalating it to the directorate risk register.

Closed risks:

Risk 4716: relates to the risk to the Trusts network security as a result of Trust laptop devices accessing the internal network, without the required security updates. 99% of devices have been updated and therefore the target risk score has been met. IMST will continue to upgrade all devices and the risk be managed at department level.

Risk 4605 is a risk related to internal falls and potential external falls from height across the Trust services and is being overseen by the Health and Safety team. Following review at ARC in October 2022 and QAC in November, it has been agreed that this risk will be monitored by QAC, and this has been changed on the risk register.

Quality and Audit Committee (QAC):

There are eleven risks on the register for monitoring by QAC.

New risk:

Risk 5028 has been added to the register: ***There is a risk that clinicians will utilise global stratification of risk to predict future risk of self harm/suicide due to the current DRAM risk assessment structure available on Insight and due to be transitioned to Rio.***

It has a current risk score of 15 (5 severity x 3 likelihood) and a target risk score of 5 (5 severity x 1 likelihood).

Existing risks:

The details for existing risks on the QAC register is below:

Risk 4605 relates to a risk that patients, especially inpatients, may fall from a height in their care environment, especially in courtyards or gardens, caused by the existing configuration of the environment, resulting in potentially catastrophic injuries. It has a current risk score of 10 (5 severity x 2 likelihood) and a target risk score of 5 (5 severity x 1 likelihood). This is a risk across the Trust services and not just related to internal falls from height but potential external falls from height and this process has been overseen by the Health and Safety team.

This has one action outstanding, which still requires work -the Health & Safety risk advisor will work with ward managers to raise awareness of the appropriate risk assessment and it is likely that this will allow the risk to be at target score so will be a "managed risk".

Risk 3679 relates to patient safety arising from the quality and safety of the ward environments across SHSC hospital sites, including access to ligature anchor points. It has a current risk score of 15 (severity 5 x likelihood 3). Following discussion at the Risk Oversight group in September, it was agreed that the **target risk score will change from 4 (2 severity x 2 likelihood) to 10 (severity 5 x likelihood 2)** to reflect the severity of the risk remaining the same. Work is ongoing with estates within the Therapeutic environment programme which is progressing and due for completion December 2023

Risk 4124 relates to a risk of harm to members of staff through clinical incidents of violence or aggression within inpatient areas. It has a current risk score of 12 (severity 3 x likelihood 4) and a target risk score of 4 (2 severity x 2 likelihood). This risk was discussed at the Risk Oversight Group in December and the risk owner has been asked to consider the risk description to make the consequences of the risk explicit; to review the number of actions against the current risk score and to address the overdue actions. The updates have not happened in time for this reporting, but the risk owner has confirmed that work is underway.

Risk 4330 has a new risks description: ***There is a risk that a service user takes their own life or harms other people caused by not having access to secondary mental health care services through our Single Point of Access within an acceptable waiting time due to an increase in demand and insufficient clinical capacity, resulting in CQC concern/scrutiny/rating, reputational damage, financial***

damage, a prevention of future death order from the Coroner.

A check and challenge discussion took place at the Risk Oversight Group in December where the following work was agreed: the target risk score would be reviewed, actions would be reviewed, alignment to the Transformation work once milestones become clearer. One additional action has been added and further work is ongoing. This has a current risk score of 15 (severity 5 x likelihood 3) and a **changed target** score of 10 (5 severity x 2 likelihood) from 4 (2 severity x 2 likelihood).

Risk 4407: relates to the risk of harm to service users, staff, and the environment caused by service users smoking or using lighters/ matches in SHSC Acute and Picu wards. This risk has a current risk score of 12 (severity 4 x likelihood 3) and a target risk score of 4 (2 severity x 2 likelihood). There are no changes to note.

Risk 4475 relates to a risk that there are no available acute beds in Sheffield at the point of need as a result of necessary refurbishment works. This risk has a current risk score of 15 (severity 3 x likelihood 5) and a target risk score of 6 (3 severity x 2 likelihood). There are no changes to note.

Risk 4613 relates to a risk to the quality of patient of care and to the clinical leadership of services due to vacancies across the medical workforce no changes to scoring. This risk has a current risk score of 12 (severity 3 x likelihood 4) and a target risk score of 6 (3 severity x 2 likelihood). A check and challenge discussion took place at the Risk Oversight Group in December where the following work was agreed: review risk scores in relation to risk appetite and update all actions. The updates have not happened in time for this reporting, but the risk owner has confirmed that work is underway.

Risk 4756 relates to the demand for SAANS. The current risk score is 15 (severity 3 x likelihood 5) due to the high number of people on the waiting list. The target score for this risk is 12 (3 severity x 4 likelihood). Action progress is up to date. There are no changes to note.

Risk 4757 relates to Demand for Gender service. The risk description has been amended to include ***Waiting times now further compromised by significant sickness absence in the medical team and difficulties in recruitment in other professional and admin areas.*** The current risk score is 16 (severity 4 x likelihood 4) and the target score for this risk is 16 (4 severity x 4 likelihood). There are no changes to note.

Risk 4823 relates to patients with a Learning Disability/and or with Autism will be admitted onto an acute mental health ward due to the current closure of ATS at SHSC This risk has a current risk score of 16 (severity 4 x likelihood 4) and a target risk score of 8 (4 severity x 2 likelihood). There are no changes to note.

Closed risks for QAC:

Two risks have been **closed**:

Risk 4958 relating to SHSC staff not receiving appropriate post exposure incident management (e.g.needlestick injury) due to SHSC's existing Occupational Health (OH) Provider contract has been closed. Actions taken by SHSC has resulted in the provision of Sheffield Teaching Hospitals Occupational Health Provider (ahead of their OH contract commencement in January 2023) managing all SHSC staff for post blood and body fluid exposure incident/injuries from the 7 November 2022. **Risk 4615** relates to RIDDOR has been **closed** due to the risk being controlled to an acceptable level.

Details of all risks can be found within the risk register attached at **Appendix 1.**

People Committee (PC):

There are five risks on the register received at this committee in September:

Existing risks:

The details for existing risks on the PC register is below

Risk 3831 relates to the quality and safety of patient care and ward leadership due to an over-reliance on agency staffing and preceptorship nurses. This risk has a current risk score of 12 (severity 3 x likelihood 4) and a target score of 6 (3 severity x 2 likelihood). Risk reviews and actions have been updated - approval given for 10 WTE agency Nurses to be sourced to support ongoing critical nurse vacancies. Currently sourced is around 5.0 WTE. Problems sourcing day shifts as required. Additional support and challenge meetings in place to ensure substantive staff are spread across the 24-hour period. Approximately 20 Preceptee nurses are starting before Dec 22 and another 20 start Jan/Feb.

Risk 4078 relates to low staff engagement. This risk has a current risk score of 9 (severity 3 x likelihood 3) and a target risk score of 6 (2 severity x 3 likelihood). There are no changes to note.

Risk 4409 relates to the provision of sufficient additional nursing/nursing associate placement capacity. This risk has a current risk score of 12 (severity 4 x likelihood 3) and a target risk score of 3 (3 severity x 1 likelihood). There are no changes to note.

Risk 4749 relates to the Trust being unable to meet the identified training needs for the existing workforce has a current risk score of 9 (severity 3 x likelihood 3) and a target risk score is 4 (2 severity x 2 likelihood). Action progress and reviews are up to date. There are no changes to note.

Risk 4841 relates to the capacity and morale of the clinical workforce as a result of the Local Authority serving notice of intention to withdraw delegated Social Work and Social Care functions no changes. This risk has a current risk score of 16 (severity 4 x likelihood 4) and a target risk score of 10 (severity 2 x 5 likelihood). There are no changes to note.

Closed risk for PC:

Risk 4896 relating to individuals giving false information during the recruitment process has been closed on the risk register.

It has a current risk score of 12 (3 severity x 4 likelihood) and a target risk score of 9 (3 severity x 3 likelihood). This risk was discussed at the Risk Oversight Group in December, and it was agreed that best practice has been considered but there is not enough assurance regarding what has been put in place to make a change. Additional information provided reports that 360 advice has been received regarding actions required to minimise impact and likelihood of risk. It has also been confirmed with Deputy Director of Finance that the risk level should be reduced, and the risk removed from the CRR.

Details of all risks can be found within the risk register attached at [Appendix 1](#).

Finance and Performance Committee (FPC):

There are three risks on the register monitored by FPC.

New risk:

Risk 5029 relates to Assertive Outreach Team (AOT) remaining on the Fulwood site, there is no arrangement for a permanent base. There have been several plans in place but each of these have fallen through. The team do not have base to see service users, or store appropriate medication for service users. Fulwood come March 2023 will no longer be property of SHSC, at this point AOT will need a permanent and suitable base.

This has been added as a separate risk to Risk 4456, as the AOT will be moving to a different location. It has a current risk score of 12 (3 severity x 4 likelihood) and a target score of 6 (3 severity x 2 likelihood).

Existing risks:

Risk 4121: relates to patient safety, caused by key clinical documents being deleted from Insight. It has a current risk score of 9 (3 severity x 3 likelihood) and a target score of 6 (2 severity x 3 likelihood). There are no changes to note.

Risk 4456 relates to a risk that the Specialist Community Forensic team (SCFT) will be unable to perform their business as usual, caused by a lack of clinical base. It has a current risk score of 12 (3 severity x 4 likelihood) and a target risk score of 6 (3 severity x 2 likelihood). SCFT remain at Tudor building at Fulwood. There are ongoing meetings with PMO to acquire a base for SCFT and AOT.

Closed risks for FPC:

Risk 2177 relates to staff, service users or other persons suffering injury or harm from the effects of a fire within a premise for which the Trust holds a duty of care has been deescalated to the Directorate risk register.

Details of all risks can be found within the risk register attached at [Appendix 1](#)

Mental Health Legislation Committee (MHLC):

No current risks on the CRR

Recommendation for the Board/Committee to consider:

Consider for Action		Approval	X	Assurance	X	Information	
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To receive the Corporate Risk Register and note changes highlighted in the summary report:

ARC:

- To note the closed risks 4416 and the movement of 4605 to QAC.
- To note updates to Risk 4483 and the proposal to the changes to the current score
- To not updates to Risk 4612

QAC:

- To note the closed risks 4958 and 4615.
- To note new risk 5028
- To note the amended risk description to Risk 4757
- To note the changed target score to Risk 4330 and Risk 3679

PC:

- To note the closed risk 4896 and consider the assurance provided at committee.
- To note closed risk 4896

FPC:

- To note the new risk 5029.
- To note the updates to Risk 4121 and Risk 4456.
- To note closed risk 2177

MHLC:

- No risks on the CRR currently.

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

Covid-19 Recovering effectively	Yes	X	No	
CQC Getting Back to Good – Continuous improvement	Yes	X	No	
Transformation – Changing things that will make a difference	Yes	X	No	
Partnerships – working together to make a bigger impact	Yes	X	No	

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

Care Quality Commission	Yes	X	No		"Systems and processes must be established to ensure compliance with the fundamental standards"
Data Security Protection Toolkit	Yes		No	X	
Any Other Standards					

Have these areas been considered ? YES/NOIf Yes, what are the implications or the impact?
If no, please explain why

Service user/Carer Safety and Experience	Yes		No	X	Not directly in relation to this report – specific detail within the BAF for each area
Financial (revenue & capital)	Yes		No	X	
Organisational Development/Workforce	Yes		No	X	
Equality, Diversity & Inclusion	Yes		No	X	
Legal	Yes		No	X	
Environmental Sustainability	Yes		No	X	

Section 1: Analysis and supporting detail

Background

1.1 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).

1.2 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.

Corporate Risk Register Snapshot

1.3 Below is a snapshot of the risks, ordered from top to bottom by current risk score, followed by initial risk score. The full detail of these risks can be found in the appendix. New risks are identifiable in bold, italicised text, in the snapshot below.

1.4 Changes to existing risks are identified by bold, italicised text within the risk register, attached in the appendix to this report.

1.5

Initial risk score			Current risk score			Target risk score		
Impact	Likelihood	Total	Impact	Likelihood	Total	Impact	Likelihood	Total
1. 4823 (QAC)								
There is a risk that patients with a Learning Disability/and or with Autism will be admitted onto an acute mental health ward due to the current closure of ATS at SHSC. This has and will result in patient been inappropriately placed on an Acute Mental Health Ward, this environment is not fitting to patient with Learning Disability or their sensory needs, in addition staff on Acute Mental Health wards are not appropriately trained Learning Disability Staff. It poses a risk to Adult Mental Health patients and makes them vulnerable - increases the possibility of risk of negatively impacting the mental health needs of those patient and could cause a deterioration in the behaviour that cause concern of the LD patient admitted. Green Light Working does not mitigate risk for patient with Moderate to Severe LD, it is important to continue to use Green Light Working when appropriate								
5	4	20	4	4	16	4	2	8

2. 4841 (PC)								
There is a risk to the capacity and morale of the clinical workforce as a result of the Local Authority serving notice of intention to withdraw delegated Social Work and Social Care functions and the Local Authority employed workforce from Sheffield Health and Social Care.								
4	5	20	4	4	16	2	5	10
3. 4757 (QAC)								
Demand for Gender greatly outweighs the resource/capacity of the service. This resulting in lengthy waits and high numbers of people waiting								
4	5	20	4	4	16	4	4	16
4. 3679 (QAC)								
There is a risk to patient safety arising from the quality and safety of the ward environments across SHSC hospital sites, including access to ligature anchor points.								
5	4	20	5	3	15	2	2	4
5. 4756 (QAC)								
Demand for the SAANS greatly outweighs the resource and capacity of the service. This is resulting in longer/lengthy wait times and high numbers of people waiting								
4	5	20	3	5	15	3	4	12
6.4330 (QAC)								
There is a risk that service users cannot access secondary mental health services through the Single Point of Access within an acceptable waiting time due to an increase in demand and insufficient clinical capacity. In the absence of an assessment, the level of need and risk presented by service users is not quantified and may escalate without timely intervention.								
5	4	20	5	3	15	5	2	10
7. 4475 (QAC)								
There is a risk that there are insufficient beds to meet service demand; caused by bed closures linked to the eradication of dormitories and ward refurbishment; resulting in a need to place service users out of city.								
4	5	20	3	5	15	3	2	6
8. 5028 (QAC)								
<i>There is a risk that clinicians will utilise global stratification of risk to predict future risk of self harm/suicide due to the current DRAM risk assessment structure available on Insight and due to be transitioned to Rio</i>								
5	3	15	5	3	15	5	1	5
9. 5029 (FPC)								
<i>Assertive Out Reach Team (AOT) remain on the Fulwood site, there is no arrangement for a permanent base. There have been several plans in place but each of these have fallen through. The team do not have base to see service users, or store appropriate medication for service users. Fulwood come March 2023 will no longer be property of SHSC, at this point AOT will need a permanent and suitable base.</i>								
4	4	16	3	4	12	3	2	6

10. 4456 (FPC)								
There is a risk that the Specialist Community Forensic team will be unable to perform their business as usual, specifically the provision of outstanding holistic community care for forensic service users. This is caused by a lack of clinical base for the team due to the temporary base at Fulwood House being no longer available (Leaving Fulwood Project) from approximately April 2022. Resulting in a reduction in quality of care, an inability to work cohesively as a team and systems and structures within the service being impacted.								
4	4	16	3	4	12	3	2	6
11. 3831 (PC)								
There is a risk to the quality and safety of patient care and ward leadership due to an over-reliance on agency staffing and preceptorship nurses and an insufficient number of qualified, substantive, nursing staff.								
4	4	16	3	4	12	3	2	6
12. 4121 (FPC)								
There is a risk to patient safety, caused by key clinical documents being deleted, resulting in clinical decisions being made with incomplete or limited information and potential delays to patient treatment, e.g. Missed appointments.								
4	5	20	3	3	9	2	3	6
13. 4409 (PC)								
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, 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								
4	4	16	4	3	12	3	1	3
14. 4124 (QAC)								
There is a risk of harm to members of staff through clinical incidents of violence or aggression within inpatient areas. This may adversely affect staff wellbeing, staff morale, recruitment and attrition if not appropriately mitigated.								
3	5	15	3	4	12	2	2	4
15. 4613 (QAC)								
There is a risk to the quality of patient of care and to the clinical leadership of services within the Acute and Community Directorate arising due to vacancies across the medical workforce and an over-reliance upon locum medical staff.								
3	5	15	3	4	12	3	2	6
16. 4483 (ARC)								
There is a risk that trust IT systems and data could be compromised as a result of members of staff providing personal credentials and information upon receipt of phishing emails received.								
3	4	12	3	4	12	3	2	6
17. 4407 (QAC)								
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.								

5	4	20	4	3	12	2	2	4
18. 4605 (QAC) There is a risk that patients, especially inpatients, may fall from a height in their care environment, especially in courtyards or gardens, caused by the existing configuration of the environment, resulting in potentially catastrophic injuries.								
5	3	15	5	2	10	5	1	5
19. 4078 (PC) Low staff engagement which may impact on the quality of care, as indicated by the Staff Surveys 2018-2020								
3	4	12	3	3	9	2	3	6
20. 4749 (PC) There is a risk that the Trust is unable to meet the identified training needs for the existing workforce because of a lack of budget resulting in failing to meet workforce transformation priorities								
3	4	12	3	3	9	2	2	4
21. 4612 (ARC) There is a risk that system and data security will be compromised caused by IT systems continuing to run on software components that are no longer supported resulting in loss of critical services, data and inability to achieve mandatory NHS standards (Data Security Protection Toolkit)								
4	3	12	3	3	9	3	2	6

Risk profile

1.10 The table below shows the spread of risks on the register

Severity

Catastrophic (5)		1	3		
Major (4)			2	3	
Moderate (3)			4	6	2
Minor (2)					
Negligible (1)					
Likelihood	(1) Rare	(2) Unlikely	(3) Possible	(4) Likely	(5) Almost Certain

Section 2: Risks

- 2.1 Failure to properly review the CRR could result in Board or its committees not being fully sighted on key risks facing the organisation
- 2.2 There are no specific corporate risks around usage of the CRR.

Section 3: Assurance

- 3.1 The information provided within the CRR is 'owned' by Executive Directors and reviewed/ revised by colleagues within their directorates under their leadership.
- 3.2 A Risk Oversight Group has been set up to oversee the effective implementation of the Risk Management Strategy across the Trust and to oversee Corporate Risk registers. The Risk Oversight Group will meet bi-monthly to fit into the cycle of Audit and Risk Committee for reporting.

Section 4: Implications

Strategic Aims and Board Assurance Framework

4.1 All.

Equalities, diversity and inclusion

4.2 None directly arising from this report.

Culture and People

4.3 None directly arising from this report.

Integration and system thinking

4.4 None directly arising from this report.

Financial

4.5 None directly arising from this report.

Compliance - Legal/Regulatory

4.6 None directly arising from this report.

Section 5: List of Appendices

Corporate Risk Register – January 2023 included as an appendix and stored on iBabs for Board review, and also available on request

