

Board of Directors - Public

SUMMARY REPORT

Meeting Date: 22 March 2023

Agenda Item: 29

Report Title:	Corporate Risk Register	
Author(s):	Amber Wild, Head of Corporate Assurance	
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Other Meetings presented to or previously agreed at:	Committee/Group:	The Corporate Risk register has been received at board sub-committees and the Risk Oversight Group.
	Date:	Last received: 7 March 2023 – People Committee 8 March 2023 – Quality Assurance Committee 9 March 2023 – Finance and Performance Committee 28 February 2023 – 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 January 2023. The full CRR is provided to board members in the shared folder on iBabs for reference and is available on request. 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 the report.	

Summary of key points in report

There are currently 23 risks on the Corporate Risk Register.

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.

The Risk Oversight Group met on the 28 February to oversee Corporate Risk registers with a particular focus on those risks on the register with high current scores and risks which should be considered for de-escalation. Updates on discussions are provided against the risks discussed at the meeting. The remaining risks will receive confirm and challenge at the next meeting.

Colleagues are being reminded through the Performance Review meetings currently taking place of the importance of ensuring risks are kept up to date and of the expectation that strong confirm and challenge is taking place at directorate level to ensure risks are appropriately scored and that there is improved grip on escalation and de-escalation.

Risks are assigned for oversight at specific board sub committees with highlights of discussions provided below:

Audit and Risk Committee (ARC):

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

Risk 4483 (link to BAF0021) 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). Controls and assurances have been reviewed in March 2023, and the current score will remain unchanged until delivery of information governance recovery plans. Specific action is being taken to get to the target score and these are being tracked via the Digital Assurance Group.

Risk 4612 (link to BAF0021) 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). The issues relating to this risk are well understood and it will remain on the register until Insight is decommissioned and the legacy software can be removed.

Quality and Audit Committee (QAC):

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

Risk 5028 (link to BAF0024) relates to the 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). Check and challenge took place at the Risk Oversight Group where it was agreed that further work is required on the risk description to clarify the clinical aspect of the risk and that additional work is required on the actions to ensure that there is a fit for purpose clinical risk assessment tool in place. These will be put in place prior to the risks next being reported to committee.

Risk 4605 (link to BAF0025) 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). There remains one action outstanding, which the Health & Safety team are progressing. The risk will continue to be monitored at directorate level and via incident reporting, following completion of this action.

Risk 3679 (link to BAF0025) relates to patient safety risk 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) and a target risk score of 10 (5 severity x 2 likelihood). At the Risk Oversight group, it was agreed that this risk will be separated into 2 risks (as has taken place with the corresponding BAF risk). The risk element related to safety of the ward environment will be reviewed by the Directorate Leadership team to ensure that the description and action plans focus on the mitigation of harm relating to the risk of patient safety because of the management of the environments. The risk aspect relating to estates and the removal of ligature anchor points will be reviewed within existing risks on the register to ensure that it is reflected on the corporate risk register and these changes will be made for reporting to committee at its next meeting. Any corresponding changes will then be reflected on the BAF.

Risk 4124 (link to BAF0024) 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 **changed target risk** score from 4 (2 severity x 2 likelihood) to 6 (3 severity x 2 likelihood). Controls and assurances have been updated and further work is underway to identify milestones to achieving the target score.

Risk 4330 (links to BAF0024) relates to the 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. This has a current risk score of 15 (severity 5 x likelihood 3) and a target score of 10 (5 severity x 2 likelihood). One additional action has been added and further work is ongoing. This risk was deferred for discussion to the following Risk Oversight Group as the risk owner had to leave the meeting. There are no changes and milestones to achieving the target score will be aligned to the Transformation work for presentation at committee in April.

Risk 4407 (links to BAF0025) 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. The current risk score of 12 (severity 4 x likelihood 3) **has been reduced to** 10 (severity 5 x likelihood 2) and **a changed target risk** score from 4 (2 severity x 2 likelihood) to 5 (severity 5 x likelihood 1) following a review of the risk. It has been noted that this risk will be reviewed at IPQR for de-escalation to the directorate risk register following effective work by the QUIT team.

Risk 4475 (links to BAF0025) 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 **changed target risk** score from 6 (3 severity x 2 likelihood) to 8 (severity 4 x likelihood 2) following a review. It was noted at the Risk Oversight group that the risk description currently reflects the therapeutic environments programme on the use of contracted beds that affects the quality and safety of service users. There is a programme of work to manage this so that the risk can be managed at a Directorate level. Work is underway with this and had not been completed in time for this reporting.

Risk 4613 (links to BAF0024) 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). There are no changes.

Risk 4756 (links to BAF0029) 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 wasn't opportunity to have this risk presented at the Risk Oversight Group meeting due to unavailability of the risk owner, however actions and controls have been updated and milestones with target dates have been clearly articulated within the risk updates.

Risk 4757 (links to BAF0029) relates to the demand for Gender service outweighing resource and capacity for the service. 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 wasn't opportunity to have this risk presented at the Risk Oversight Group meeting due to unavailability of the risk owner. Action updates relating to recruitment, clinical process review and management of sickness absence have been clearly identified within the risk. The risk owner will be asked to attend the next meeting of the Risk Oversight Group to discuss the risk in detail and to understand why the current score and the target score are the same and to understand the trajectory for managing the risk down.

Risk 4823 (links to BAF0029) 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 **changed current risk** score from 16 (severity 4 x likelihood 4) to 9 (severity 3 x likelihood 3) and a target risk score of 8 (4 severity x 2 likelihood). Risk reviewed and reworded, mitigation in place and working, risk score therefore changed.

People Committee (PC):

There are six risks on the register received at People Committee:

Risk 3831 (linked to BAF0014) 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). There are no changes to the scoring. This is a key quality driven CIP project – progress is being made but agency usage remains significant. Controls and assurances are up to date. Specific action is being taken and milestones are understood to get to target scores.

Risk 4078 (linked to BAF0013) 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). This risk was discussed at the Risk Oversight Group meeting, and it was agreed that the risk description, and subsequent controls and actions will be reviewed to reflect the staff survey results in relation to workforce morale and achieving the strategic aim of making it a great place to work. Review of whether the risk will be deescalated will take place following receipt of a further two people Pulse Surveys. The risk will come back to Risk Oversight Group and People Committee in May 2023.

Risk 4409 (linked to BAF0014) 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). Active planning by teams is in place to mitigate this risk and it was agreed at

the Risk Oversight Group meeting that this risk should be considered for de-escalation. It was suggested that in doing this, the risk description be reviewed to ensure that it fully captures the current risks and mitigations. Work is underway to update these changes.

Risk 4749 (linked to BAF0014) 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 and risk owners will be supported by the Risk Oversight Group to consider this for de-escalation.

Risk 4841 (linked to BAF0013) 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 changed target risk score of 8 (severity 4 x 2 likelihood) from 10 (severity 2 x 5 likelihood) to reflect amendments to the actions. The milestones to achieving the target score were noted and it was agreed that these are articulated clearly in the work programme. The Risk Oversight Group requested that the risk owner undertake further review of the ratings with the Directorate team to consider whether this risk should be managed at Directorate level, and this work is underway.

One **new risk** has been added to the risk register since it was reported to People Committee. **Risk 5083** (link to BAF0014) relates to the risk that SHSC will not fully utilise the apprenticeship levy due to service and workforce plans not identifying opportunities for skill mix changes, new roles and apprenticeship training routes. It has a current score of 10 (severity 2 x likelihood 5) and a target risk score of 6 (severity 2 x likelihood 3). Further discussion will take place at people Committee and Risk Oversight group in May 2023 to establish the rationale for this being on the Corporate risk register and not managed at Directorate level.

Finance and Performance Committee (FPC):

There are four risks on the register monitored by FPC.

Risk 4121 (link to BAF0021) relates to patient safety, caused by key clinical documents being deleted from Insight. It has a current risk score of 9 (3 severity x3 likelihood) and a target score of 6 (2 severity x 3 likelihood). Recent instances of this were low impacting and the current processes and resolution steps restored full service swiftly. No changes to the score – issues are still present as Insight has not yet been decommissioned and this will be reviewed further with risk owners with a view to de-escalating it to the directorate register, prior to presentation to committee at its next meeting.

Risk 4456 (link to BAF0026) 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). An alternative site has been identified and weekly meetings are in place to discuss progress. Work is ongoing to move some controls into actions and to ensure that milestones to achieving the target score are understood and clearly identified.

Risk 5029 (link to BAF0026) relates to the Assertive Outreach Team (AOT) remaining on the Fulwood site. It has a current risk score of 12 (3 severity x 4 likelihood) and a target score of 6 (3 severity x 2 likelihood). An alternative site has been identified and weekly meetings are in place to discuss progress. Work is ongoing to move some controls into actions and to ensure that milestones to achieving the target score are understood and clearly identified.

New Risk:

Risk 5051 (link to BAF0022) relates to risk of failure to deliver the required level of CIP for 2022/23. It has a current score of 16 (severity 4 x likelihood 4) and a target risk score of 9 (severity 3x likelihood 3). No changes

Mental Health Legislation Committee (MHLIC):

There are currently no risks on the CRR under the auspices of this committee however at the MHLIC in March it was agreed discussion should take place on some risk issues raised through the reporting and Discussion and the committee has asked that the Mental Health Legislation risk register be provided as a standing item. An update on this will be provided in the next report.

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 updates to Risk 4483 and Risk 4612

QAC:

- To note the update to risk 5028. Risk 4605, Risk 4756 and Risk 4757.
- To note the proposal to separate risk 3679 into two risks.
- To note changed target score to 4124.
- To note the changes in current and target scores to risk 4407.
- To note the changed target score to risk 4475.
- To note the changed current risk score to risk 4823

PC:

- To note the updates to Risk 3831, Risk 4078, Risk4409, Risk4749, Risk 4841
- To note new risk 5083.

FPC:

- To note the updates to Risk 4121, Risk 4456, Risk 5029
- To note new Risk 5051.

MHLC:

- To note update provided.

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

	Yes	X	No	
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

	Yes	X	No		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/NO

If Yes, what are the implications or the impact?
If no, please explain why

	Yes		No	X	
Service user/Carer Safety and Experience	Yes		No	X	See detailed risk register for relevant references.
Financial (revenue & capital)	Yes		No	X	
Organisational Development/Workforce	Yes		No	X	
Equality, Diversity & Inclusion	Yes		No	X	
Legal	Yes		No	X	
Environmental Sustainability	Yes		No	X	

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. 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
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2. 5051 (FPC) – NEW

There is a risk of failure to deliver the required level of CIP for 2022/23. This includes closing any b/f recurrent gap and delivering the required level of efficiency during the financial year.

4	4	16	4	4	16	3	3	9
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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
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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
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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
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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
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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	4	2	8
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8. 5028 (QAC)

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

5	3	15	5	3	15	5	1	5
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9. 5029 (FPC)								
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.								
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. 5083 (PC) NEW								
<i>There is a risk that SHSC will not fully utilise the apprenticeship levy caused by a combination of factors culminating in reduced demand for apprenticeships resulting in a risk that SHSC will lose unspent levy funds at the expiry date. The factors affecting this are:</i>								
<ul style="list-style-type: none"> • <i>Service and workforce plans not identifying opportunities for skill mix changes, new roles and apprenticeship training routes</i> • <i>Changes/unavailability of some apprenticeship standards previously used i.e. business admin.</i> • <i>Applicants to some apprenticeship routes do not meet entry requirements so identified places/roles not filled i.e. visas, functional skills.</i> • <i>Low staffing levels affect the ability to support the conditions required in learning environment to support apprenticeships ie mentoring and assessment and off the job learning hours</i> 								
Further challenge required given the scoring as to whether this should be managed on the directorate risk register and not escalated at this stage to the Corporate Risk Register.								
2	5	10	2	5	10	2	3	6
13. 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

14. 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 may result in patients being placed on an Acute Mental Health Ward where the busy active ward environment is not fitting for patients with high sensory needs, in addition staff on Acute Mental health wards are not appropriately trained Learning Disability staff. Challenge required as to whether this should now be de-escalated from the Corporate Risk Register.								
5	4	20	3	3	9↓	4	2	8
15. 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↑
16. 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↔	3	2	6
17. 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
18. 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. Challenge required as to whether this should now be de-escalated from the Corporate Risk Register.								
3	4	12	3	3	9↔	3	2	6
19. 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. Challenge required as to whether this should now be de-escalated from the Corporate Risk Register.								
5	4	20	5	2	10↓	5	1	5
20. 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. Challenge required as to whether this should now be de-escalated from the Corporate Risk Register.								

5	3	15	5	2	10	5	1	5
21. 4078 (PC) Low staff engagement which may impact on the quality of care, as indicated by the Staff Surveys 2018-2020 Challenge required as to whether this should now be de-escalated from the Corporate Risk Register.								
3	4	12	3	3	9	3	3	9
22. 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 Challenge required as to whether this should now be de-escalated from the Corporate Risk Register.								
3	4	12	3	3	9	2	2	4
23. 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) Challenge required as to whether this should now be de-escalated from the Corporate Risk Register.								
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)		2	3		
Major (4)			1	3	
Moderate (3)			6	5	2
Minor (2)					1
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

Appendix 1 : Corporate Risk Register – March 2023 stored on iBabs for Board review, and available on request.

