

Board of Directors - Public

SUMMARY REPORT

Meeting Date:

27 September 2023

Agenda Item:

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Report Title:	Corporate Risk report	
Author(s):	Amber Wild, Head of Corporate Assurance	
Accountable Director:	Deborah Lawrenson, Director of Corporate Governance.	
Other meetings this paper has been presented to or previously agreed at:	Committee/Tier 2 Group/Tier 3 Group	Risk Oversight Group, Executive Management Team; People Committee, Quality Assurance Committee and Finance and Performance Committee
	Date:	29 August 2023 (ROG); 7 September (EMT); 12 September (People Committee); 13 September (QAC) and 14 September (FPC)
Key points/ recommendations from those meetings	Discussions took place on summary analysis of the risks, highest risks currently on the Corporate Risk Register, specific risks overseen at the assurance committees and significant matters received at Risk Oversight Group and work in train to address these.	

Summary of key points in report

This report provides a summary analysis of the risks currently on the Corporate Risk register (CRR) following discussion at Risk Oversight Group (ROG) and an update on other matters discussed at ROG and at the assurance committees.

Open risks on the Corporate Risk Register (CRR)

There are currently 15 corporate risks on the corporate risk register, each is assigned to board subcommittee assurance groups for monitoring. Detail on these is provided as a snapshot in section 2.1 of the report and in more detail in **Appendix 1** the full Corporate Risk Register.

This is a reduction of 9 since the start of the current financial year. 6 risks were taken off the Corporate Risk Register in 2022/23.

Of the 15 risks currently on the CRR, 4 have overdue reviews, 6 have overdue actions, 1 has no actions identified and in some cases it is evident risks have been reviewed without the actions having been updated with progress. There is also a need to update Executive leads with correct job titles. The Head of Corporate Assurance and the Interim Corporate Risk Officer are working with risk owners and Executive leads to ensure these are updated before receipt of the CRR at the Audit and Risk Committee in October.

There remain a small number of risks on the CRR which are scoring below 12. All have been discussed at assurance committees with the rationale for their inclusion identified – a number of these will de-escalate or close post launch of RIO.

Movement on risks since last reported to Board of Directors

Since last received at the Board of Directors risk 4121 related to potential deletion of clinical documents on Insight (overseen at FPC) has been de-escalated.

Risk 5205 related to EPR (overseen at FPC) has been added as a NEW risk as agreed. Risk Oversight Group noted that there are three distinct elements to this and have suggested it may be appropriate to separate these out which was recommended in the report to EMT and has been agreed at the September Finance and Performance Committee. These key elements relate to:

- The new system failing to meet recording and reporting requirements for clinical services.
- Failing to train staff in preparation affecting access at go-live.
- Failing to migrate data in a safe and timely way.

The Executive Lead will take this forward with the operational lead with support provided from the Head of Corporate Assurance and Interim Corporate Risk Officer as required.

Current top risks by score on the Corporate Risk Register (CRR)

The top four risks on the CRR currently relate to:

- Demand for gender identity services outweighing capacity/resources (16) –since reporting to committee in September, all actions have been updated, controls have been reviewed and risk owners have provided further narrative in the risk to identify the pressures and support the rationale for the high score.
- Demand for SAANs services outweighing capacity/resources (15) - controls, actions have been updated following presentation to committee. Work has taken place to separate this risk into one for the Autism pathway (which has been de-escalated to directorate management) and one for the ADHD pathway.
- Waiting times for Single Point of Access and risk of harm as a result (15) – this has 1 overdue action.
- Risk of harm due to access to potential fixed ligature anchor points (15) – this has 3 overdue actions.

Risks of 12 and above not yet escalated onto the Corporate Risk Register

There are currently over 100 risks sitting on team, directorate or programme board risk registers which are scoring 12 or above and have not been escalated onto the Corporate Risk Register. The Director of Corporate Governance requested a report be received at the August Risk Oversight Group specifically on the risks scoring 15 and above (18 risks) as a starting point to look at urgently reviewing these and understanding the rationale for non-escalation; and this has been reported to Executive Management Team and the assurance committees.

Urgent work is taking place by the Head of Corporate Assurance and the Interim Corporate Risk Officer to go through these risks with Risk owners and Executive leads to understand whether or not they should a) be escalated or b) re-scored and updated. The aim is to complete this work in advance of the Audit and Risk Committee in October, however this is dependent upon capacity of owners to engage.

Following this a further deep dive will take place on the remaining risks scoring 12 which have not yet escalated.

For assurance risks monitored at Programme Boards do have rigour around them as risk registers are reviewed at those meetings, however consideration should still take place on whether or not risks should be escalated for increased line of sight and this should be recorded in discussions. None of the 15 and above not yet on the CRR are from Programme Board risk registers.

Other matters discussed at Risk Oversight Group

The updated **Risk Management Strategy** was received at Risk Oversight Group (ROG) in August and then at Executive Management Team in September where on the recommendation of ROG it was agreed finalisation should be held back to ensure the scoring in the document dovetails with that in the PSIRF which

includes categorisation on quality and safety. Again, it is hoped this work will be available to support final updating of the Risk Management Framework for receipt at Audit and Risk Committee in October and then the Board of Directors in November. If necessary, the Chair of Audit and Risk Committee has agreed ARC engagement can take place via e-governance.

The updated **ROG terms of reference** were received at ROG in August and received for approval at Executive Management Team in September prior to final approval at the Audit and Risk Committee in October. Membership is being extended to include representatives from People, Medical and Finance directorates and Executive Leads are asked to confirm their attendees.

Internal Audit risk review actions

Actions from the annual Internal Audit on Risk Management systems and processes are being monitored for delivery through the Risk Oversight Group for onward reporting at Audit and Risk Committee in October. Actions for completion in September are on track with evidence submitted and currently being reviewed.

Appendices attached:

Appendix 1 Corporate Risk register extract from Ulysses

Recommendation for the Board/Committee to consider:

Consider for Action	Approval	Assurance	X	Information
The Board of Directors is asked to receive for assurance, review and comment, the Corporate Risk register report following receipt at the assurance committees.				

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

Recover services and improve efficiency	Yes	X	No
Continuous quality 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 Fundamental Standards	Yes	X	No	Systems and processes must be established to ensure compliance with the fundamental standards
Data Security and Protection Toolkit	Yes		No	X
Any other specific standard?				X

Have these areas been considered ? YES/NO

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

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

Section 1: Analysis and supporting detail

Background

- 1.1 The Corporate Risk Register (CRR) is a tool for managing risks and monitoring actions and plans against them for risks that are scoring 12 and above or which have an organisation-wide impact.
- 1.2 Used correctly it demonstrates that an effective risk management approach is in operation within the Trust and supports identification of additional assurance reporting required.
- 1.3 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 Scoring used is reflective of the current Risk Management Strategy (framework) – this is currently going through a review process which will result in some movement on risk scoring once approved.
- 1.5 A significant piece of work is taking place to review all risks at team, directorate or programme board level currently scoring 12 and above which have not been escalated to the Corporate Risk Register to understand the rationale for this. They will be supported to re-look at the risks to ensure they are fully updated and discussions are taking place, and recorded, at directorates to ascertain if these risks should be escalated and if not the rationale for not doing so.]

At the time of writing this totalled 113 (18 scored at 15 or above). Initial deep dive work is focussed on risks of 15 and above not yet reflected. The Risk Oversight Group is asking for urgent intervention around these by the Executive leads and the risk owners with support from the Head of Corporate Assurance and Interim Corporate Risk Officer.

Training has taken place in September with the leadership teams of the two clinical directorates which should support this work and understanding around the principles of scoring.

- 1.5 The Risk Oversight Group meets bi-monthly to undertake further confirm and challenge with risk owners to support onward reporting and recommendations to the Board Assurance Committees. An additional meeting has been scheduled for September to further progress the risk register work given the volume of work the group has to work through.
- 1.6 Additional rigour has been added to our processes with an additional formal reporting route added for the Risk Oversight Group into Executive Management as well as Audit and Risk Committee. EMT has received an update on the issues covered in this report and the full Corporate Risk Register.

Movement on Risks

- 1.7 New risks included on the Corporate Risk Register

Risk 5205 New risk	It was agreed at the Board of Directors in July, that quantification of the wider impact of the EPR delay would take place and that the Corporate Risk entry should be re-visited. This new risk was added to the register on 28 August 2023 with a score of 12.
	<p>RoG noted that there are three core risks in relation to EPR that should be noted in the narrative of this risk and have suggested that these should be 3 separate risks relating to the new EPR/ Rio transition:</p> <ul style="list-style-type: none"> • There is a risk that our new electronic patient record system will fail to meet the recording and reporting requirements of our clinical services. This risk must be mitigated through rigorous User Acceptance Testing. • There is a risk that we fail to train our staff in the use of our new electronic patient record system in preparation for the go live date. This will mean that clinical staff are unable to access the system. This risk must be mitigated through a considered training delivery plan, which is governed on a weekly basis with operational grip and control. • There is a risk that we fail to migrate data to our new electronic patient record system in a safe and timely way. This risk must be mitigated through a data migration plan. This should include the identification and deployment of staff where manual migration is necessary. <p>This will be put back to the risk owner and was discussed at Finance and Performance Committee at which it was agreed separation should take place.</p>

1.8 Risks for de-escalation

Risk 4407	Relates to a risk that there could be a fire in one of our wards and has a score of 10 . A collective decision for de-escalation was planned with the risk owner and the Directorate Leadership team on 21 July 2023. This risk has been deescalated to the Directorate risk register.
Risk 4121	Relating to key clinical documents being deleted from Insight. RoG noted that this risk has been de-escalated , following agreement at Finance and Performance Committee and that functionality has now been developed to reduce the ongoing dependency on Insight. The data migration aspect of this risk will be captured as part of the review of risk 5205 described above.

1.9 Risks scoring below 12 on the CRR

There remain a small number of risks on the CRR which are scoring below 12. All have been discussed at assurance committees with the rationale for their inclusion identified – a number of these will de-escalate or close post launch of RIO.

Risk 5028	Relating to the current risk assessment document (DRAM) being not in keeping with current NICE guidance. This has a score of 10 . It was noted that it has been agreed at Quality Assurance committee in July that this risk tool is due to transition from INSIGHT to RIO and as it is organisation wide rather than directorate specific it will therefore remain on the corporate risk register for monitoring purposes . RoG noted that work is ongoing to look at a new risk assessment tool to be implemented following the migration of the EPR. Following agreement at RoG, target dates for the specific actions have been added to the risk.
Risk 4078	Relating to SHSC not being recommended as a place to work or to receive care in relation to the staff survey response. This has a score of 9 . The risk has been considered for de-escalation following receipt of the results of a second People Pulse Survey at the end of July. Risk owners have confirmed that it will now be reviewed post 2023 Staff Survey in December 2023 as this will provide a greater response rate than that of July's Pulse survey.

	Agreed at People Committee in September. Work to update this on the risk register has been completed, following agreement at RoG.
Risk 4605	Relating to a risk patients, especially inpatients could fall from height. This has a score of 10 . All affected workplaces have been requested to review the relevant safety documentation. Work has taken place to update the controls and actions (an action from the RoG meeting in June) to provide further detail and reflect controls that are in place, such as reference to policies. RoG agreed that given that there is further work to be done on the risk, it should stay on the CRR with a view to focused traction on those updates so that the risk can be de-escalated and managed at directorate level; and requested that further clarification be provided in the risk relating to the policy underpinning the relevant safety assessments that are being requested of wards, and for target dates for the specific actions to be added to the risk. Work to complete this remains outstanding.
Risk 4612	Relates to the risk that system and data security will be compromised to IT software components. This has a score of 9 . It was agreed at Audit and Risk Committee in July that the risk will remain on the CRR until Insight can be retired with a target date of November 2023. RoG noted that the risks and work to resolve them need co-ordination and agreement across the trust with appropriate prioritisation against other initiatives and programmes of work. RoG requested that target dates for the specific actions to be added to the risk. This has not yet happened and is being followed up with the risk owner.

- 1.10 A further 3 new risks were discussed at RoG. These risks had been added to the risk register by the risk owners but remain incomplete and require further review before they are escalated and are being reviewed by the Head of Facilities, Health and Safety who will then advise the Executive lead and Risk Oversight Group.

Section 2: Risks

2.1 Corporate Risk Register snapshot, ordered from highest to lowest current risk score as at 31 August 2023. The full Corporate Risk Register is available at **appendix 1**.

Note This snapshot provides the correct titles for the Executive leads however some of these on Ulysses require updating to show current job titles.

Risk number	Description	Score (severity x likelihood)	Risk Owner	Executive Lead and Monitoring Committee	Date last reviewed
1.4757 BAF0029	Demand for Gender greatly outweighs the resource/capacity of the service. This resulting in lengthy waits and high numbers of people waiting. Waiting times now further compromised by significant sickness absence in the medical team and difficulties in recruitment in other professional and admin areas.	16 (4x4) ↔	Richard Bulmer (risk owner) Mark Parker (action owner)	Director of Operations and Transformation (Neil Robertson) Quality Assurance Committee.	The risk review frequency is monthly, and this was last reviewed on 18/09/2023. All actions have been updated, controls have been reviewed and risk owners have provided further narrative in the risk to identify the pressures and support the rationale for the high score.
2.4756 BAF0029	Demand for the ADHD pathway greatly outweighs the resource and capacity of the service. This is resulting in longer/lengthy wait times and high numbers of people not being screened and waiting for assessment, diagnosis and medication	15 (3x5) ↔	Richard Bulmer (risk owner) Mark Parker, Sal Foulkes (action owners)	Director of Operations and Transformation (Neil Robertson) Quality Assurance Committee.	The risk review frequency is monthly, and this was last reviewed on 18/09/23 The risk description, controls and actions have been amended and updated to reflect ADHD only.

Risk number	Description	Score (severity x likelihood)	Risk Owner	Executive Lead and Monitoring Committee	Date last reviewed
3.4330 BAF0024	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.	15 (5 x3) ↔	Paul Harding (risk owner) Laura Wiltshire, Andy Bragg (action owners)	Director of Operations and Transformation (Neil Robertson) Quality Assurance Committee.	The risk review frequency is monthly, and this was last reviewed on 11/08/2023. There is 1 overdue action on this risk with a target date of 03/08/2023.
4.3679 BAF0025A	There is a risk that service users could ligate using fixed ligature anchor points or by using ligature items caused by our estate not managing and removing ligature anchor points effectively resulting in service user death	15 (5x3) ↔	Khatija Motara (risk owner) Laura Wiltshire (assessor)	Director of Operations and Transformation (Neil Robertson) Quality Assurance Committee.	The risk review frequency is monthly, and this was last reviewed on 11/08/23 by the risk owner. There are 3 overdue actions on this risk with target dates for these actions of 31/3/22; 26/5/22 and 31/07/23, which have not been updated by the actions owners
5.4483 BAF0021B	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.	12 (3x4) ↔	Ben Sewell (risk owner)	Executive Director of Finance (Phillip Easthope) Audit and Risk Committee.	The risk review frequency is monthly, and this was last reviewed on 12/09/23 There are no open actions recorded.
6.4612 BAF0021A	There is 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 resulting in loss of critical services, data and inability to achieve mandatory NHS standards (Data Protection Security Toolkit).	12 (3x3) ↔	Adam Handley (risk owner and actions owner)	Executive Director of Finance (Phillip Easthope) Audit and Risk Committee	The risk review frequency is monthly, and this was last reviewed on 12/9/23 and actions updated.
7.5051 BAF.0022	There is a risk of failure to deliver the required level of CIP for 2023/24. This includes closing any b/f recurrent gap and delivering the required level of efficiency during the financial	12 (4x3)	James Sabin (risk owner) Phillip Easthope	Executive Director of Finance (Phillip Easthope)	The risk review frequency is monthly, and this was last reviewed on 12/09/23.

Risk number	Description	Score (severity x likelihood)	Risk Owner	Executive Lead and Monitoring Committee	Date last reviewed
	year.	↔	(actions owner)	Finance and Performance Committee.	All the actions are within the target date.
8.5134 BAF.0014	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.	12 (3x4) ↔	Karen Dickinson (risk owner)	Executive Director of People (Caroline Parry) People Committee.	The risk review frequency is monthly, and this was last reviewed on 13/09/23. There are 3 actions that remain within the target date.
9.4602 BAF.0025A	There is a risk that there are a number of Ligature Anchor Points and Blind Spots within bed-based services caused by lack of previous actions to remove or mitigate these environmental risks resulting in potential for inpatients to attempt ligation and cause themselves serious harm.	12(4x3) ↔	Chris Bruton (risk owner) Mark Gamble/ Helen Payne (action owners)	Director of Strategy (currently held by the Director of Operations and Transformation Neil Robertson) Finance and Performance Committee.	The risk review frequency is monthly, and this was last reviewed on 19/09/2023. There are 2 overdue actions. It was agreed at the Risk Oversight Group in February to escalate this to work alongside the risk held by the Operational Team to ensure they work together.
10.4124 BAF.0024	There is a risk that our staff through may be injured caused by clinical incidents of violence or aggression within inpatient areas by our service users, resulting in impacted staff wellbeing, low staff morale, reduced recruitment and staff leaving our services.	12 (3x4) ↔	Laura Wiltshire	Director of Operations and Transformation (Neil Robertson) Quality Assurance Committee.	The risk review frequency is monthly, and this was last reviewed on 02/06/2023. There are 2 overdue actions.
11. 5072 BAF.0024	There is a risk that service users dysphagia and communication needs are not identified and therefore not addressed during inpatient admissions. This is caused by there being limited/part-time speech and language therapy (SLT) provision and no SLT communication service on the older adult and adults of working age inpatient	12 (3 x4) ↔	Amanda Jones (risk owner) Eva Groarke, Caroline Greenough (action owners)	Executive director – Nursing, Professions and Quality (Salli Midgley) Quality Assurance	The risk review frequency is monthly, and this was last reviewed on 07/09/2023 There are 3 overdue action.

Risk number	Description	Score (severity x likelihood)	Risk Owner	Executive Lead and Monitoring Committee	Date last reviewed
	wards. This results in lack of and poor active engagement and participation in care and treatment; assessment, care planning, talking therapies, rehabilitation opportunities, accurate capacity assessments, and reviews) and delayed discharge and readmission.			Committee	
12.5205 BAF0021A	There is a risk of inconsistent recording of patient information as we transition between Insight (outgoing EPR) to RiO (incoming EPR). Data migration issues have been addressed but there is a risk of data being recorded inconsistently as clinical teams migrate operationally from one system to the other. Because of how Waiting Lists have historically been managed there is no way to automate the updating of these onto RiO and so, subject to information provided to the EPR Change Agents, there may be a need to bring in additional staff to facilitate the data migration through manual retyping.	12 (3x4) NEW	Pete Kendal (risk owner) Iain Borland (action owner)	Executive Director of Finance (Phillip Easthope) Finance and Performance Committee.	New risk – identified 27/08/2023.
13.4605 BAF0025A	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.	10(5x2) ↔	Charlie Stephenson (risk owner)	Director of Strategy (currently held by the Director of Operations and Transformation Neil Robertson) Quality Assurance Committee	The risk review frequency is monthly and was last reviewed 30/08/2023. There are 5 overdue actions. This is a risk related across the Trust services and not just related to internal falls from height but potential external falls from height, this process is being overseen by the Health and safety Team. Following the RoG meeting in April, it was agreed at QAC that given that there is further work to be done on the risk, it

Risk number	Description	Score (severity x likelihood)	Risk Owner	Executive Lead and Monitoring Committee	Date last reviewed
					should stay on the CRR with a view to focused traction on those updates so that the risk can be de-escalated and managed at directorate level.
14.5028 BAF0024	There is a risk that the current risk assessment document (DRAM) is not in keeping with current NICE guidance to predict future risk of self-harm/suicide and that the layout does not support appropriate assessment, coproduction, formulation, and planning. This tool is due to transition from INSIGHT to RIO.	10(5x2) ↔	Darren McCarthy (risk owner and actions owner)	Executive director – Nursing, Professions and Quality (Salli Midgley) Quality Assurance Committee.	The risk review frequency is monthly and was last reviewed 01/08/2023. There are 2 actions within the target date. This tool is due to transition from INSIGHT to RIO. It was noted at the RoG meeting in August and agreed at Committee in September that risk actions have been updated and work is in progress to ensure that training for staff seeks to address use of the stratification in the free text narrative of the DRAM form. Future reporting on this risk will clarify that work is ongoing to look at a new risk assessment tool to be implemented following the migration of the EPR.
15.4407	There is a risk that there could be a fire in one of our wards	10 (5x2)	Kelly Mckernan	Executive director –	The risk review frequency

Risk number	Description	Score (severity x likelihood)	Risk Owner	Executive Lead and Monitoring Committee	Date last reviewed
BAF0024	<p>caused by service users smoking or using lighters/matches in SHSC Acute and PICU wards, resulting in a fire and death of service users and staff.</p> <p>De-escalated to directorate risk register</p>	<p>↔</p>	(risk owner and action owner)	<p>Nursing, Professions and Quality (Salli Midgley)</p> <p>Quality Assurance Committee</p>	<p>is monthly and was last reviewed 3/7/23. This risk was discussed at the Directorate level meeting on 21/07/23 where it was agreed to deescalate it and work is underway to complete this. There is 1 action overdue for review.</p> <p>This was reported to QAC who had agreed previously it should stay on as organisation wide – until Insight is retired</p>
16.4078 BAF0013	<p>There is a risk that SHSC is not recommended as a place to work or to receive care if we do not respond effectively to the staff survey in a timely way. These risks may present as a) reputational damage, (b) devaluation of the staff survey purpose and impact (c) survey fatigue leading to low participation rates.</p>	<p>9 (3x3)</p> <p>↔</p>	Sally Hockey (risk owner and actions owner)	<p>Executive Director of People (Caroline Parry)</p> <p>People Committee.</p>	<p>The risk review frequency is quarterly and was last reviewed 25/08/2023. There are 2 actions within the target date.</p> <p>People committee have agreed in September this risk should stay on as organisation wide – until December post staff survey.</p>

