

Board of Directors

SUMMARY REPORT

Meeting Date:

22 November 2023

Agenda Item:

25

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 (EMT) People Committee (PC) Quality Assurance Committee (QAC) Finance and Performance Committee (FPC) Mental Health Legislation Committee (MHLC)
	Date:	20 September 2023 (MHLC) 31 October 2023 (RoG) 2 November 2023 (EMT) 7 November 2023 (PC) 8 November 2023 (QAC) 9 November 2023 (FPC)
Key points/recommendations from those meetings	Summary analysis of the risks on the Corporate Risk register (CRR) with full register available in iBabs and on request.	

Summary of key points in report

There are currently 17 risks on the corporate risk register. This report provides a summary analysis of the risks currently on the corporate risk register assigned for oversight to **the Board Assurance Committees**. These are shown at high level in section 4 of the report. The full risk register is available on iBabs and Google drive, and on request. **All risks are up to date as at the time of writing.**

Current Top risks on the Corporate Risk Register

For information the top three risks on the Corporate Risk Register overall (overseen by Quality Assurance Committee) remain:

- Demand for gender identity services outweighing capacity/resources (**risk score of 16**). 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. The Director of Operations and Transformation and the Executive Medical Director will be arranging a meeting with NHSE by the end of December 2023.
- 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 (**risk score of 15**) 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. Recovery plans are going to Quality Assurance Committee in November 2023.
- Risk of harm due to access to potential fixed ligature anchor points (**risk score of 15**) – reviews and actions have been updated. A decant of Maple ward to enable the improvement work will be expected by

February 2023 at which point this risk should meet its target score.

Update on work to progress reviews of risks scoring 15 and above not yet escalated onto the Corporate Risk Register

Of the 18 risks reported to Board in September as scoring 15 or above (on team or directorate registers) and not yet escalated onto the corporate risk register by risk owners, assurance can be given that 17 of these have been reviewed, re-scored or closed, and the remaining 1 is being reviewed with the Executive Lead for potential escalation to the Corporate Risk Register. A verbal update will be provided at the November Board.

Programme risk registers are monitored at Programme Board, however consideration is being given as to whether any specific programme risks should be escalated to the Corporate Risk Register. Assurance can be given that none of the risks scoring 15 and above on Ulysses, and not yet escalated, are from Programme Board risk registers. High scoring risks on the programme risk registers will routinely be cross referenced against existing risks on the corporate risk register and the Executive Leads of each Programme Board have been asked to do a confirm and challenge around whether any should specifically be escalated on to the corporate risk register. It is expected an update on this will be reported to the Risk Oversight Group and EMT in December 2023.

The plan for addressing risks of 12 not yet escalated by risk owners is under development and will be overseen at EMT and received at Audit and Risk Committee.

Risk discussion at committees

People Committee:

Two risks on the corporate risk register overseen by this committee are scoring below the required level for the Corporate Risk Register at $3 \times 3 = 9$. The Executive Lead has recommended that they remain on the Corporate Risk Register until December for the reasons outlined in section 4 of the report and this was **approved** by committee.

Quality Assurance Committee:

Quality Assurance Committee approved re-wording of **Risk 3679 (monitored by Acute and Community services)**: *There is a risk that service users **admitted to Maple Ward** could ligate using fixed ligature anchor points or by using ligature items caused by ~~our estate~~ **caused by not managing and removing ligature anchor points effectively resulting in service user death***

Two risks were rescored, and these have been **approved for de-escalation** as they fall under a score of 12 and significant work has taken place to mitigate them – details are provided in section 4 of this report:

- **Risk 4330** – related to 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
- **Risk 5072** – related to a risk that service users dysphagia and communication needs are not identified and therefore not addressed during inpatient admissions.

There is one risk scoring below 12 related to the risk that patients may fall from height which is still on the Corporate Risk Register for QAC oversight. The committee agreed this should remain on the register until the December review point.

- **Risk 4605**: *There is a risk that patients, especially inpatients, may fall from a height, where identified risks are present externally to the premises, where they are residing or visiting. In addition the falls from height can be related to inadequate window management both of these areas could cause death or serious injury to an individual which would affect the reputational and financial position of the Trust.*

Since the meeting was held a further review of the risk related to the DRAM risk assessment has taken place and it has been agreed for closure by the Executive Lead which will be put forward for approval at QAC in December.

- **Risk 5028**: *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*

Details are provided in section 2.1 and section 4 of this report.

Finance and Performance Committee

It was noted and agreed at both Quality Assurance Committee and Finance and Performance Committee that the two risks on the corporate risk register relating to ligature anchor points should remain on the corporate risk register given one specifically covers requirements for Maple ward and the other ligature anchor points more broadly in bed-based services:

- **Risk 4605** (monitored by QAC as noted above) and
- **Risk 5226** (monitored by Estates and overseen at FPC) *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*

Detailed discussion took place at the committee on the challenging financial position and on recovery plans in place and being further developed. Pending discussion at Board on these issues a further review of related risks will take place if required.

Risk 5051: which relates to a risk of failure to deliver the required level of CIP for 2023/24 has had its controls updated and the risk score has been **increased** following discussion at FPC in November from **12 to 16**. The Head of Finance and PMO have been added to the risk actions to lead on updates as much of the work plan/controls led by CIP Prog Board and overhead Group are under PMO.

A risk reported to FPC as requiring an update on one overdue action (Risk 5226) related to EPR - has now been updated.

Audit and Risk Committee

It was agreed at the committee:

- **Risk 4483** (monitored by IT) related to 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 should be **de-escalated** following a reduction in score from 12 to 9. It will continue to be monitored at a directorate level.

It was recommended at committee that the Digital Assurance Group consider escalation of the Subject Access Request/Freedom of Information (SARS/FOI) risk to the corporate risk register however since the meeting significant progress has been made and it no longer considered a corporate risk.

Mental Health Legislation Committee

Four risks were escalated to the corporate risk register from the directorate risk registers following approval at committee.

- **Risk 4513** related to a risk that Associate Mental Health Act Manager (AMHAM) Hearings will not be undertaken in a timely manner.
- **Risk 5026** related to a risk that patients who come under the Deprivation of Liberty Safeguards (DOLS) framework are detained on SHSC staffed premises with no legal authority in place to authorise this.
- **Risk 5047** related to a risk that practice within the Trust is not compliant with the Mental Capacity Act.
- **Risk 5220** related to a risk that inpatient care is not delivered in the least restrictive way, in line with national guidance and regulatory standards due to a lack of skilled trained staff on duty.

Details of these risks can be found in **section 2.2 and section 4** (which provides a summary of the corporate risks by committee oversight).

Recommendation for the Board/Committee to consider:

Consider for Action		Approval		Assurance	X	Information	X
The Board is asked to take assurance from the updates provided and to confirm if the risks , as outlined in section 4 and overseen by the Board Assurance committees, remain the most significant ; and identify if there are additional risks following discussion at the meeting that should be considered for review and escalation.							

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			

Corporate Risk Register report

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 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 was scheduled for early October to further progress the risk register work.
- 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 for the Corporate Risk Register in addition to its route to Audit and Risk Committee. EMT will have received an update on the issues covered in this report and the full Corporate Risk Register.

2. Movement on the Risk Register

- 2.1 Three risks have been deescalated and one risk has closed from the corporate risk register since it was last reported in September:

<p>Risk 4330: (QAC) 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</p>	<p>Score (severity x likelihood) Reduced from 5x3=15 to 5 x 2 = 10</p>	<p>Advised by Director of Operations and Transformation has advised that waiting lists have gone down significantly; and a system is in place for urgent triage and care. Recommended at RoG that the risk should be deescalated to be managed at Directorate level. The committee approved this de-escalated risk.</p>
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<p>Risk 5072: (QAC) 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 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)</p>	<p>Score (severity x likelihood) Reduced from 3x4=12 to 3x3= 9</p>	<p>Advised by Director of AHP that a B7 SLT post has been agreed and recruitment is underway. The deescalated risk will be monitored on the professions risk register. The committee approved this de-escalated risk.</p>
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and delayed discharge and readmission		
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.	Score (severity x likelihood) Reduced from 3x4=12 to 3x3= 9	The risk score has been reduced and de escalation was approved at committee in October 2023.
5028: (QAC) 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.	Score (severity x likelihood) 5x 2=10	The risk in relation to ratings and NICE guidance has been resolved and it has been recommended for closure by the Executive Lead. This will be approved at Quality Assurance Committee in December 2023. Any residual risks about transfer to RIO will sit in RIO risks rather than specific to DRAM.

2.2 New risks included on the Corporate Risk Register

Four risks have been escalated to the register:

New risks escalated from the Mental Health Legislation Risk Register to the Corporate Risk Register	
Risk 4513	<p>Relates to a risk that Associate Mental Health Act Manager (AMHAM) Hearings will not be undertaken in a timely manner, this being caused by an insufficient number of AMHAMs which the Trust currently has, resulting in possible breaches in human rights and potential statutory action against the Trust. This has a score of 12.</p> <p>This risk was presented to Mental Health Legislation committee in September via the MHLOG register, where it was agreed to escalate this to the Corporate Risk register. It was noted that whilst AHMAM recruitment is underway for 4 new appointments, there is a quarter of the hearings that remains non-compliant and there therefore remains a significant risk for a period of time until onboarding and training is completed.</p>
Risk 5026	<p>Relates to a risk that patients who come under the Deprivation of Liberty Safeguards (DOLS) framework are detained on SHSC staffed premises with no legal authority in place to authorise this. This has a score of 12.</p> <p>This risk was presented to Mental Health Legislation committee in September via the MHLOG register, where it was agreed to escalate this to the Corporate Risk register. Committee requested that the mitigation and the rationale for the risk is reframed to reflect the dependency on the Local Authority to meet these obligations.</p>
Risk 5047	<p>Relates to a risk that practice within the Trust is not compliant with the Mental Capacity Act caused by multiple factors such as provision of mandatory training, compliance and culture. This has a score of 12</p> <p>Committee noted that mental capacity is not always assessed or used correctly within day-to-day practice, as highlighted in the MHLOG quarterly report and it was agreed to escalate this risk to the corporate risk register.</p>

Risk 5220	<p>Relates to a risk that inpatient care is not delivered in the least restrictive way, in line with national guidance and regulatory standards due to a lack of skilled trained staff on duty. This has a score of 12.</p> <p>This risk was added to the corporate risk register, following discussion at MHLC and agreement by the Executive Lead for Nursing, Professions and Quality which covers the risks more broadly and will sit with LRPOG for monitoring.</p>
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3. Update on risks not yet escalated onto the CRR

- 3.1. Of the 18 risks reported to Board in September as scoring 15 or above (on team or directorate registers) and not yet escalated onto the corporate risk register by risk owners, assurance can be given at the time of writing 17 have been reviewed, re-scored or closed. Discussion is underway with senior leaders and risk owners to review the remaining risk for a potential escalation to the risk register.
- 3.2 Work is taking place to plan for the review of risks of 12 currently on the team and directorate risk registers which have not yet been escalated by risk owners onto the Corporate Risk Register. This will be supported by the new Corporate Risk Officer who joins the Trust in November, and the plan will be overseen at EMT.

Section 4: Risks

4.1 Corporate Risk Register snapshot, ordered from within their monitoring groups from highest to lowest current risk score, as at 9 November 2023.

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

Quality Assurance Committee:

Risk number	Description	Score (severity x likelihood)	Risk Owner	Executive Lead and Monitoring Committee	Progress update
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 was last reviewed on 31/10/2023 when the score rating was reviewed and new actions were added. There is no change to scoring at this time due to continuing issues at local and national level. Recruitment will take time to filter into action and isn't expected to impact until Q4.
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 was last reviewed on 01/11/23 Action progress has been updated to reflect the recovery plans that have been presented to Quality Assurance Committee in November 2023
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) ↔	Laura Wiltshire (risk owner) Gemma Robinson (assessor)	Director of Operations and Transformation (Neil Robertson)	The risk was last reviewed on 09/11/23. Delays to the therapeutic environment programme and RIO will

Risk number	Description	Score (severity x likelihood)	Risk Owner	Executive Lead and Monitoring Committee	Progress update
				Quality Assurance Committee.	require the risk to remain at this level for a further 6 weeks.
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 was last reviewed on 09/11/2023. There are plans to deescalate this risk given the measures in place, and this will be discussed and agreed within the directorate leadership team meeting in November 2023
4605 BAF0025A	There is a risk that patients, especially inpatients, may fall from a height, where identified risks are present externally to the premises, where they are residing or visiting. In addition the falls from height can be related to inadequate window management both of these areas could cause death or serious injury to an individual which would affect the reputational and financial position of the Trust.	10(5x2) ↔	Samantha Crosby (risk owner)	Director of Strategy (currently held by the Director of Operations and Transformation Neil Robertson) Quality Assurance Committee	The risk was last reviewed on 01/11/2023. It is noted that this has a risk score of 10 and it has been approved at QAC in November to keep this on the CRR as it is pending a more detailed review by a new risk owner (Head of Facilities and Health and Safety) with the Executive lead.
People Committee:					
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.	9 (3x3) ↓	Karen Dickinson (risk owner)	Executive Director of People (Caroline Parry) People Committee.	The risk was last reviewed on 25/10/23. The current risk score has been reduced from 12 (3x4) to 9 (3x3) and it has been approved at committee for the risk to

Risk number	Description	Score (severity x likelihood)	Risk Owner	Executive Lead and Monitoring Committee	Progress update
					<p>stay on the CRR so that committee can maintain oversight.</p> <p>The Levy transfer action is complete and will impact positively on levy spend.</p> <p>Additional actions are in place to continue to promote apprenticeships internally and link to strategic workforce planning and actions are on track for completion by 31 December 2023.</p>
<p>4078 BAF0013</p>	<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>	<p>Sally Hockey (risk owner and actions owner)</p>	<p>Executive Director of People (Caroline Parry)</p> <p>People Committee.</p>	<p>The risk was last reviewed 30/10/2023.</p> <p>It was agreed at People Committee in September that the risk will be reviewed post 2023 Staff Survey in December 2023 as this will provide a greater response rate.</p> <p>Weekly review of 2023 participation with Staff Survey Leads is taking place, which has included representation with Bank Staff Leads.</p>

Finance and Performance Committee:

<p>5051 BAF.0022</p>	<p>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 year.</p>	<p>16 (4x4) ↑</p>	<p>James Sabin (risk owner) Phillip Easthope (actions owner)</p>	<p>Executive Director of Finance (Phillip Easthope) Finance and Performance Committee.</p>	<p>The risk was last reviewed on 10/10/23. The controls have been updated and the risk score has been increased following discussion at FPC in November. The Head of Finance and Project Management office (PMO) have been added to the risk actions to lead on updates.</p>
<p>4602 BAF.0025A</p>	<p>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.</p>	<p>12(4x3) ↔</p>	<p>Chris Bruton (risk owner) Mark Gamble/ Helen Payne (action owners)</p>	<p>Director of Operations and Transformation Neil Robertson) Finance and Performance Committee.</p>	<p>The risk review frequency is monthly, and this was last reviewed on 09/11/2023. Whilst the work on Maple ward is expected to conclude in January/ February 2024 at which point this aspect of the risk will have reached its target score (for the corresponding risk 3679), there are still ligature anchor points (LAP) in other bed-based services and therefore it was recommended to keep both risks related to LAP on the corporate risk register for oversight at this time. This has been approved at QAC and FPC in November.</p>
<p>5224</p>	<p>There is a risk that our new electronic patient record system</p>	<p>12(3x4)</p>	<p>Pete Kendal (risk</p>	<p>Executive Director of</p>	<p>The risk was last reviewed</p>

BAF.0021A	will fail to meet the recording and reporting requirements of our clinical services. This risk must be mitigated through rigorous User Acceptance Testing.	↔	owner)	Finance (Phillip Easthope) Finance and Performance Committee.	on 9/11/2023. User acceptance testing has been completed and some issues have been identified. These are being managed through the EPR programme under ownership of the CCIO who is managing the workstream
5226 BAF.0021A	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.	3x3=9	Pete Kendal (risk owner) Ron Constant (action owner)	Executive Director of Finance (Phillip Easthope) Finance and Performance Committee	The risk was last reviewed on 9/11/2023. Data Migration for Tranche 1 has been completed through automation and manual migration. Size of manual data migration is now understood.
5225	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.	2x3 =6	Pete Kendal (risk owner)	Executive Director of Finance (Phillip Easthope) Finance and Performance Committee.	The risk was last reviewed on 9/11/2023. Training compliance thresholds have been reached. This programme is sits with Clinical Ops who lead the workstream and the CCIO will continue to monitor this.

Audit and Risk committee:

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).	9 (3x3) ↔	Adam Handley (risk owner and actions owner)	Executive Director of Finance (Phillip Easthope) Audit and Risk Committee	The risk was last reviewed on 10/11/23. The risk remains the same until the decommission of Insight after the implementation of Rio. Committee approved this risk remaining on the CRR
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					until Insight can be retired. The target date for completion of actions is the end of January 2024.
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Mental Health Legislation committee

4513	There is a risk that Associate Mental Health Act Manager (AMHAM) Hearings will not be undertaken in a timely manner, this being caused by an insufficient number of AMHAMs which the Trust currently has, resulting in possible breaches in human rights and potential statutory action against the Trust.	12(3x4)	Jamie Middleton	Mental Health Legislation Committee	New risk –escalated from Directorate level on 28/09/2023. The risk was reviewed on 31/10/23. Three AMHAMs have been appointed, their recruitment checks have been complete and updated contracts are being issued.
5026	There is a risk that patients who come under the Deprivation of Liberty Safeguards (DOLS) framework are detained on SHSC staffed premises with no legal authority in place to authorise this. This is caused by significant delays and backlogs within the Local Authority (who are responsible for conducting such assessments and authorisations). This could result in patient's legal rights being breached by the Trust, and the Trust potentially being challenged legally by a patient or their representative.	12(3x4)	Jamie Middleton	Mental Health Legislation Committee	New risk –escalated from Directorate level on 29/09/2023. The risk was reviewed on 31/10/2023- a review of internal escalation processes is underway and local authority input is being sought.
5047	There is a risk that practice within the Trust is not compliant with the Mental Capacity Act. This is caused by multiple factors such as MCA mandatory training not being undertaken, current MCA training needing to be improved, and some organisational culture. This risk could result in patient's legal rights being breached, care not being delivered in accordance with a patient's previously expressed wishes, and legal challenge against the Trust.	12(3x4)	Jamie Middleton	Mental Health Legislation Committee	New risk –escalated from Directorate level on 29/09/2023. The risk was reviewed on 31/10/23. Training department to provide data for Mental Health Legislation Operational Group broken down by professional discipline with a view to working with Lead Professionals about potential barriers faced by

					specific professional groups. Compliance and completion of mandatory training is being routinely considered as part of the IPQR process
5220	There is a risk that inpatient care is not delivered in the least restrictive way, in line with national guidance and regulatory standards due to a lack of skilled trained staff on duty 24/7, 7 days a week. This is due to a combination of capacity with trainers, capacity related to release of staffing and effective rota management. The risk is that this then leads to more restrictive practice, poor patient and staff experience and progress of the strategy.	12(4x3)	Lorena Cain	Mental Health Legislation Committee/ Quality Assurance Committee	New risk –escalated from Directorate level and last reviewed on 31/10/2023. The risk description, controls and actions to be updated to include reference to arrangement in place for rota management.