BOARD OF DIRECTORS MEETING (Open)

Date: 13 February 2019	Item Ref:	09

TITLE OF PAPER	**Corporate Risk Register (CRR)**
TO BE PRESENTED BY	Margaret Saunders, Director of Corporate Governance (Board Secretary)
ACTION REQUIRED	Discussion and approval

OUTCOME	To have a Corporate Risk Register in place that provides assurance that corporate risks are regularly reviewed, monitored and managed.
TIMETABLE FOR DECISION	13 February 2019
LINKS TO OTHER KEY REPORTS / DECISIONS	Internal Audit Reports covering Risk Management arrangements Directorate Risk Registers Risk Management Strategy Shaping the Future, the Trust Strategy & Strategic Planning Framework 2017-2020
STRATEGIC AIM: **STRATEGIC OBJECTIVE:** **BAF RISK NUMBER:** **BAF RISK DESCRIPTION:**	Value for Money We will improve the productivity and efficiency of our services A401ii Trust governance systems are not sufficiently embedded which may reduce the effective means by which exec directors can consistently and continually be held to account for the delivery of sound strategies, effective management of risk and the quality of service provision.
LINKS TO NHS CONSTITUTION & OTHER RELEVANT FRAMEWORKS, RISK, OUTCOMES ETC	Provider Licence Annual Governance Statement NHS Foundation Trust Code of Governance
IMPLICATIONS FOR SERVICE DELIVERY AND FINANCIAL IMPACT	Implications of individual risks outlined on the register.
CONSIDERATION OF LEGAL ISSUES	Breach of SHSC Constitution Standing Orders Breach of NHS Improvement's Governance regulations and Provider Licence.

Author of Report	Sam Stoddart
Designation	Deputy Board Secretary
Date of Report	January 2019

SUMMARY REPORT

Report to: Board of Directors

Subject: Corporate Risk Register

Author: Sam Stoddart, Deputy Board Secretary

1.   Purpose

For approval	For a collective decision	To report progress	To seek input from	For information	Other (Please state below)
		✓			

2.   Summary

The Corporate Risk Register is a mechanism to manage high level risks facing the organisation from a strategic, clinical and business risk perspective.   The high level strategic risks identified in the CRR are underpinned and informed by risk registers overseen at the local operational level within Directorates.

Risks are evaluated in terms of likelihood and impact using the 5 x 5 matrix where a score of 1 is a very low likelihood or a very low impact and 5 represents a very high likelihood or significant impact. This simple matrix is used to classify risks as very low (green), low (yellow), moderate (amber) or high (red).

1-4	Very Low Risk
5-8	Low Risk
9-12	Moderate Risk
15-25	High Risk

The aim is to draw together all high level operational risks that the Trust faces on a day-to-day basis, risks that cannot be controlled within a single directorate/care network or that affect more than one directorate/care network, and record those onto a composite risk register thus establishing the organisational risk profile. All risks escalated by Directorates i.e., risks rated 12 or above are brought before EDG on a monthly basis to determine the appropriateness for inclusion on the CRR.

Once accepted onto the CRR, risks are assigned an executive lead.

Since its last presentation to the Board in November 2018, risks have been reviewed and presented to EDG on a monthly basis. Relevant risks are also presented to Board Committees on a quarterly basis and they are required to ensure that papers presented provide sufficient assurance that risks are being managed.

The table below shows the 13 risks on the CRR and updates made since its last presentation to the Board. The full CRR is attached at the end of this document.

2.1 De-escalated Risks

Risk 3917 (inability to deliver routine assessment through the EWS within the 3 week timescale due to higher than anticipated demand, coupled with the backlog created from the previous teams and implementation). Triage and crisis assessments are now being achieved at SPA and the risk is now associated with the achievement of routine assessments through the EMS hence a revised risk descriptions. As the risk has changed in nature, the residual risk rating has been reviewed and is now scored as 12 (4x3). The revised risk was reviewed by EDG on 29/11/18 and remains on the CRR.

De-escalated risk 4013 (Risk to quality and safety of care at ATS falls below standard). NHS Sheffield CCG confirmed at the Contract Management Board on 30 January 2019 that, following their re-assessment, ATS is now performing to the required standard following the completion of five actions and the additional five new controls. Risk to be reviewed by EDG on 21/02/19.

De-escalated risk 4079 (failure to deliver an appropriately safe quality of waste management service). A new provider is now in place and therefore the risk is being adequately managed. As such the rating has reduced from 12 (moderate and likely) to 9 (moderate and possible). It was agreed at EDG on 29/11/18 to de-escalate the risk for continued oversight at directorate level but removal from the CRR.

2.2 New Risks

Risk 4121 (service efficiency and access to patient information is being put at risk as a result of Insight instability). This matter was subject of a paper to EDG on 19/11/18 in which actions to address the risk were outlined. Because of the nature of the risk, oversight at Board level is required and the risk was accepted by EDG onto the CRR on 29/11/18.

Risk 4124 (risk of harm to staff following an increase in the number of incidents of violence and aggression causing harm). This risk was escalated by the Crisis and Emergency Care Network as incidents on inpatient wards continue to increase. A related paper was received by EDG on 29/11/18 to implement new measures to improve safety. Risk 7.1 on the CQC 'should do' action plan requires 'the trust should ensure they continue to monitor assaults on staff and put measures in place to improve staff safety on the ward'. EDG agreed to inclusion of the risk on the CRR on 29/11/18.
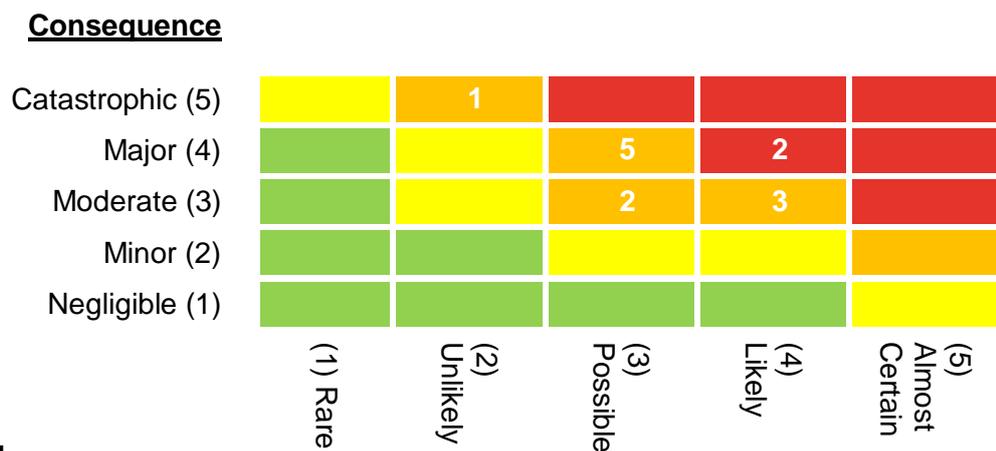
Risk 4140 (possible issue with supply of medicines after contingency plans are in place by the UK government for EU exit result). It was agreed by EDG on 17/1/19 that executive oversight was required of the risk related to the supply of medicines despite a residual risk rating of 9 (escalation threshold is 12).

Risk No	Risk Description	Residual Risk Rating	Changes to Risk Rating	Risk Owner	Updates
2175	Failure to deliver required levels of CIP and disinvestments recurrently – specifically in relation to 2019/20	12 (4x3) Moderate	↔	Phillip Easthope	Controls reviewed. 8 closed. Control 2: expanded Control 3: updated Action 1: updated Action 2: updated Action 3: reworded, progress added and timescale + 5 months.
3659	Risk of cyber security attack	12 (4x3) Moderate	↔	Phillip Easthope	Controls reviewed. 5 closed. Action 1: updated and timescale + 3 months
3679	Risk of serious harm to service users via ligatures.	10 (5x2) Moderate	↔	Mike Hunter	Action 1: updated, timescale extended + 2 months and lead changed
3831	Risk that Registered Nurse vacancies may adversely affect the quality and continuity of care provided in the acute wards.	12 (4x3) Moderate	↔	Liz Lightbown	Action 1 updated
3916	Significant issue at START and SPA with high call volumes resulting in reputational damage, increased complaints and clinical risk	12 (4x3) Moderate	↔	Clive Clarke	1 new control (last) Action 1: updated and timescale + 3 months
3917	Inability to deliver routine assessment through the EWS within the 3 week timescale	12 (3x4) Moderate	↓	Clive Clarke	Revised risk description Risk rating reduced 4 new controls Action 1: new
4012	Risk to quality of care and patient safety during a period of transition to the new model of service delivery for the Adult Recovery Service throughout 2018.	9 (3 x 3) Moderate	↔	Clive Clarke	3 new controls Action 1: updated and timescale + 2 months Action 2: new
4013	A report commissioned by executive directors suggests that there is risk that the quality and safety of care provided at ATS falls below standard	4 (2 x 2) Very low	↓	Clive Clarke	5 new controls Action 1: updated 5 actions completed and closed.
4021	Risk of insufficient consultant cover as a result of retirements, relation and maternity leave potentially impacting on the safety and quality of care provided	16 (4x4) High	↔	Mike Hunter	Risk description amended 1 control closed 2 new controls Action 1: updated Action 2: no change
4078	Staff survey results (2017) indicate a reduction in staff engagement and motivation impacting on quality of care	12 (3x4) Moderate	↔	Dean Wilson	Action 1: updated, timescale + 4 months Action 2: new Action 3: description

Risk No	Risk Description	Residual Risk Rating	Changes to Risk Rating	Risk Owner	Updates
					updated, timescale +4 months
4121	Service efficiency and access to patient information is being put at risk as a result of Insight instability	16 (4x4) High	NEW RISK	Phil Easthope	Action 1: Updated and timescale extended by one month
4124	Risk of harm to staff following an increase in the number of incidents of violence and aggression causing harm.	12 (3x4) Moderate	NEW RISK	Clive Clarke	Action 4: Updated
4140	There is the possibility of an issue with supply of medication after the contingency plans put in place by the UK Government for EU exit resulting in a gap in medication supply to our service users	9 (3x3) Moderate	NEW RISK	Mike Hunter	

2.3 Risk Profile

The table below shows the spread of risks on the corporate risk register.

Consequence

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

Likelihood

3. Next Steps

- Corporate risks will be discussed with risk leads to ensure accurate recording of risks, controls and actions;
- The Director of Corporate Governance (Board Secretary) will maintain the corporate risk register on the Board's behalf;
- Following discussion at EDG regarding escalated directorate risks, additional risks may be added to the register prior to presentation at the next Board meeting;
- The Executive Directors' Group (EDG) will review the Corporate Risk Register prior to Board meetings;
- Board will receive the register every three months for review and assurance;

- The Corporate Risk Register will continue to be presented to the EDG on a monthly basis and Audit Committee on a quarterly basis. Those risks relevant to each Board committee will be submitted to that committee quarterly for oversight and update.

4. Required Actions
The Board is asked to:

- Acknowledge the revision of the CRR;
- Review the risks on the register;
- Consider any assurance (or not) provided by papers brought before the Committee that risks are being managed and provide the Director of Corporate Governance (Board Secretary) with any relevant information so that risks can be updated.

5. Monitoring Arrangements
The corporate risk register will be maintained by the Director of Corporate Governance (Board Secretary). Monitoring by the Board, EDG and Board Committees will be detailed as in paragraph 3 above.

6. Contact Details

For further information, please contact:
Margaret Saunders, Director of Corporate Governance (Board Secretary)
Tel: (0114) 305 0727
Email: Margaret.Saunders@shsc.nhs.uk

Risk No. **2175**	**Risk Type:**	Financial	**Directorate:**	Finance		Last reviewed:
BAF Ref: **A401i**	**Risk Source:**	Risk Assessment	**Monitoring Group:**	Finance, Information & Perform		14/01/2019

Details of Risk: Failure to deliver required levels of CIP and disinvestments recurrently - Specifically in relation to 2019/20.

INITIAL RISK	CONTROLS IN PLACE	RESIDUAL RISK	ACTIONS PLANNED & MOST RECENT PROGRESS WITH TARGET DATE/RESP.		
16 HIGH **S:** 4 Major **L:** 4 Likely	• Transformational Operational Group (TOG) will shortlist, prioritise and recommend for decision schemes to support the Trust achieve its savings challenge / strategic change programmes. • Trust business planning systems and processes. Including CIP planning, QIA and executive oversight. • Finance Performance Management Framework will continue to monitor and manage directorate performance based on a tiered approach to distance from targets. requesting action plans as appropriate to report to EDG.	**12 MODERATE** **S:** 4 Major **L:** 3 Possible	Finance - Performance management meetings. Objective to close the CIP gap and identify and agree mitigation required.	The CIP gap has now been closed to £0k with the clinical directorate now identifying the final £0.137k. This is in the process of going through the final QIA process. The focus has now shifted to planning for 2019/20. A position statement is being prepared as part of the qtr 3 finance update which will feed into the wider planning objectives for 2019/20.	31/03/2019 James Sabin
			Consideration of budget centralisation to help drive ownership and VFM/cost savings through better procurement and often consolidated practise.	Non pay saving target proposed for Procurement aimed at Trust wide management of non pay and effective contracting and tendering to drive value for money.	31/03/2019 Guy Hollingsworth
			Review of financial planning assumptions, including reserves to potentially minimise CIP required for 19/20	Will be completed as part of financial plan	31/03/2019 James Sabin

Risk No. **3659**	Risk Type:	Safety	Directorate:	IMS&T	Last reviewed:
BAF Ref: **A404**	Risk Source:	Risk Assessment	Monitoring Group:	Finance, Information & Perform	14/01/2019

Details of Risk: Risk of cyber security attacks which could have a detrimental impact on clinical operations, result in adverse publicity, potential data loss and financial implications.

INITIAL RISK	CONTROLS IN PLACE	RESIDUAL RISK	ACTIONS PLANNED & MOST RECENT PROGRESS WITH TARGET DATE/RESP.		
20 **HIGH** **S:** 5 Catastrophic **L:** 4 Likely	• High level security roadmap has been approved by ITSG and is in place. • Light PEN test conducted through NHS Digital to check system security. • Cyber security response plan being developed by external consultant, ASM Global, in conjunction with ICT Services Manager. • New password policy in place. • Enhancements made to perimeter defences and end-point protection • New detection capability introduced • Cyber Security Awareness Campaign completed	12 **MODERATE** **S:** 4 Major **L:** 3 Possible	Implementation of Annual PEN Testing - following approval of business case	Currently in discussions with Procurement to identify solutions/provider. Budget set aside with a view to complete procurement and run penetration test by March 2019 therefore timescale extended by 2 months.	31/03/2019 Ben Sewell

Risk No. **3679**	Risk Type:	Safety	Directorate:	Crisis & Emergency Care	Last reviewed:
BAF Ref: **A101i**	Risk Source:	Risk Assessment	Monitoring Group:	Quality Assurance Committee	11/01/2019

Details of Risk: Risk of serious harm to service users via ligatures.

INITIAL RISK	CONTROLS IN PLACE	RESIDUAL RISK	ACTIONS PLANNED & MOST RECENT PROGRESS WITH TARGET DATE/RESP.		
20 **HIGH** **S:** 5 Catastrophic **L:** 4 Likely	• Service user individual risk assessments. • Annual formal ligature risk assessments.	10 **MODERATE** **S:** 5 Catastrophic **L:** 2 Unlikely	A number of stakeholder sessions with clinical staff, estates and the Design Team have taken place. As a result we have agreed the	En-suite door with top alarm ordered. Delivery anticipated early January with fitting planned for the end of January 2019	31/01/2019 Maxine Statham

- Weekly Health and Safety checks.

- Reviews following ligature incidents.

- Ligature risk reduction policy and procedures.

- Management of equipment and estates work.

- Clinical risk training.

- Clinical practice including observations as directed by observation policy.

- Risk identified at directorate level on risk register.

- Design of new clinical environments.

- Engagement in collaborative care planning with service users.

- Observation policy reviewed and approved 5/10/17 by EDG.

- Directorate leads identified to implement new Observations policy.
Shirley Lawson (Inpatient), Anthony Bainbridge (Specialist), Maxine Statham (Learning disabilities).

- Anti-ligature sanitary ware installed at Forest Lodge

- Anti-ligature doors and doors and door furniture now in place at Forest Lodge

- Wards and communal areas zoned

- New dormitory door fitted on Dovedale.

- DRAM risk assessment in place

- Ligatures assessed against ligature reduction list

- Suicide prevention training being delivered to all staff

zoning of the wards and communal areas in terms of ligature risk. We have also specified which furniture items need to be anti-ligature. This will continue through the next stages of detailed design and specification.

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Risk No. 3831	**Risk Type:** Workforce
BAF Ref: A102i	**Risk Source:** Risk Assessment

Directorate: Crisis & Emergency Care	**Last reviewed:**
Monitoring Group: Workforce & Organisation Devel	11/01/2019

Details of Risk: Risk that levels of Registered Nurse vacancies may adversely affect the quality and continuity of care provided in the acute wards.

INITIAL RISK	CONTROLS IN PLACE	RESIDUAL RISK	ACTIONS PLANNED & MOST RECENT PROGRESS WITH TARGET DATE/RESP.	
16 **HIGH** **S:** 4 Major **L:** 4 Likely	• Rolling Recruitment Programme covering the Acute Care Wards in place. • Use of the E-roster system should mean that Registered Nurse (RN) planned shift requirements are booked six weeks in advance on the roster and are reviewed on a shift by shift basis for each 24/7 period. However wards are not applying the rules and meeting this requirement & rosters are not being signed off on time. There is therefore a Gap in this control currently. • Creative ways of filling vacancies have been undertaken e.g. 2 band 5 OTs to Stanage Ward • Where required, using the e -roster shift by shift review process, if staff are required to work elsewhere to meet clinical need staff may be appropriately redeployed for a temporary period. • Wards may block book bank and /or agency staff on the e -roster system to cover any RN vacancy • To improve retention and support a new 2 year preceptorship programme has been introduced whereby newly qualified nurses will receive appropriate mentoring & supervision, competency development and rotational opportunities. • SHSC is taking part in the NHSi Cohort 2 Recruitment & Retention Programme for RN's and we have chosen to focus on Acute Care Wards.	12 **MODERATE** **S:** 4 Major **L:** 3 Possible	Trust-wide work to introduce new roles in line with national initiatives: Higher Degree Nurse Apprenticeships; Nursing Associates; Approved / Responsible Clinicians.	TNAs allocated to acute wards. Training programme at University commenced 30/04/2020 Christopher Wood

- To support recruitment & retention of RNs in the Acute Care Wards two new Nurse Consultant posts have been created and will be in post from August 2018.

- Confirm and Challenge meeting in place from 23/9/18 chaired by Deputy Chief Nurse.

- Deputy Director of Nursing Operations signs off each ward's Roster Performance prior to presentation at the Confirm and Challenge Meeting

Risk No. **3916**	**Risk Type:** Quality	**Directorate:** Crisis & Emergency Care	**Last reviewed:**
BAF Ref: **A101ii**	**Risk Source:** Incident	**Monitoring Group:** Quality Assurance Committee	11/01/2019

Details of Risk: The services (START and SPA) have had significant issues with high call volumes for a long period of time despite attempts to manage the flow and introduce new systems. Services continue to experience high call volumes.
This is having serious consequences in terms of reputational damage to the service, an increase in complaints, clinical risk for service users and a risk for new to treatment service users who are unable to make contact with the service.

INITIAL RISK	CONTROLS IN PLACE	RESIDUAL RISK	ACTIONS PLANNED & MOST RECENT PROGRESS WITH TARGET DATE/RESP.	
20 **HIGH** **S:** 4 Major **L:** 5 Almost Certain	• Call groups in place to escalate calls to a wider staff group. • Further escalation to service managers where calls have been waiting for a set period of time. • Other staff groups asked to log into call groups to answer calls. • Outcomes dependent on Trust-wide Telephony Strategy. • 4 wte call handling staff in post from May 2018	**12 MODERATE** **S:** 4 Major **L:** 3 Possible	Trust telephony business case/development.	System allows statistics re calls to be viewed which has supported improvements in call management. 31/03/2019 Nicola Haywood-Alexander

RISK REGISTER

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• Oversight provided by Associate Clinical Director and Deputy Associate Director

• Regular meetings in place to monitor progress against agreed actions

• An additional 2wte agency telephonists in place

• A Multi-Channel Communications Programme Manager is now in post and has prioritised the analytic capacity to understand the number of calls per day, answered/unanswered calls, call duration and calls waiting.

Risk No. 3917	**Risk Type:** Safety	**Directorate:** Crisis & Emergency Care		**Last reviewed:**
BAF Ref: A102ii	**Risk Source:** Risk Assessment	**Monitoring Group:** Quality Assurance Committee		11/01/2019

Details of Risk: Inability to deliver routine assessment through the Emotional Wellbeing Service within the 3 week timescale due to higher than anticipated demand, coupled with the backlog created from previous teams and implementation.

INITIAL RISK	CONTROLS IN PLACE	RESIDUAL RISK	ACTIONS PLANNED & MOST RECENT PROGRESS WITH TARGET DATE/RESP.	
20 HIGH **S:** 4 Major **L:** 5 Almost Certain	• Additional resource to support incoming referrals has been recruited to. • Activity and demand levels monitored through dashboard. • Clinical mobilisation lead support in place. • Ongoing support by Associate Clinical Director. • Monthly SPA/Crisis Hub meetings established and chaired by Deputy Service Director. • New admin structure in place • Four additional band 6s in place	**12 MODERATE** **S:** 3 Moderate **L:** 4 Likely	Development of group work approach to cater for larger numbers of individuals at any one time and hence improve efficiency and waiting list.	Plans in hand to address backlog including - support from services already involved with service user - transfer to other specialist services - support from other professional groups 31/03/2019 Kim Tissington

• Nurse consultant in place

• Dedicated Senior Operational Manager in place

• MDT review risk of service users on the waiting list on a weekly basis.

Risk No. 4012	**Risk Type:** Quality	**Directorate:** Scheduled & Planned Care		Last reviewed:
BAF Ref: A101ii	**Risk Source:** Risk Assessment	**Monitoring Group:** Quality Assurance Committee		07/01/2019

Details of Risk: Risk to quality of care and patient safety during period of transition to the new model of service delivery for the Adult Recovery Service throughout 2018.

INITIAL RISK	CONTROLS IN PLACE	RESIDUAL RISK	ACTIONS PLANNED & MOST RECENT PROGRESS WITH TARGET DATE/RESP.		
16 **HIGH** **S:** 4 Major **L:** 4 Likely	• Regular meetings with staff to keep them updated regarding developments. • Network Management Team overseeing service performance frequently. • Regular updates to Executive Directors Group and Board. • Completion of incident forms by frontline staff and reviewing where impact on quality considered directly linked to re-design. • Ongoing monitoring at Network Leadership Team Meeting regarding staff vacancies/staff sickness, responding as appropriate to maintain key roles and functions during service change	**9 MODERATE** **S:** 3 Moderate **L:** 3 Possible	Develop guidance and system for new referrals where there is a delay in allocating to a care coordinator.	Both the North and South are now operating in uniform regarding new referrals. They are added to the referral module waiting list on insight and are reviewed every week during a pathways/allocation meeting. Teams seek a CCP , DRAM and cluster as part of acceptance into the team If there is a wait for allocation both teams ensure make arrangements are put in place to contact the service user (at a minimum of every 2 weeks if not under any other service	07/02/2019 Paul Nicholson
	• Joint meetings with North and South SOMs and Recovery Leadership Teams • Proactive approach from SOMs and leadership team on managing sickness. Work with both Trust HR and Local Authority Officers for social work staff.		deliver Team based care planning / CPA training session to all recovery workers		30/04/2019 Paul Nicholson

• Patient safety incidents are monitored for type and frequency through regular local and network governance meetings

• Business case to be submitted for increased staffing in N & S recovery for temporary period to support transition to new model of care delivery

• On-going work led by SOMs to refine the new recovery model and embed new practices.

• Future Staff Away days planned

• Additional staff now in place and/or start dates for newly recruited staff confirmed

• Dedicated SOM in place

• Nurse consultant in place

• Rated 'Good' by CQC Oct 2018

• New monitoring dashboard now being used to oversee key quality documents and actions

• four additional care coordinators now in post and picking up cases including off existing workers

• Care coordinator training on target start in January 18   Nurse consultant working across both services providing support with case reviews and caseload weighting

Risk No. **4013**	Risk Type:	Quality	Directorate:	Crisis & Emergency Care	Last reviewed:
BAF Ref: **A101ii**	Risk Source:	Risk Assessment	Monitoring Group:	Quality Assurance Committee	04/02/2019

Details of Risk: A report commissioned by executive directors suggests there is risk the quality and safety of care provided at ATS falls below standard resulting in service users not receiving the care required.

INITIAL RISK	CONTROLS IN PLACE	RESIDUAL RISK	ACTIONS PLANNED & MOST RECENT PROGRESS WITH TARGET DATE/RESP.		
16 HIGH **S:** 4 Major **L:** 4 Likely	• Additional clinical and managerial support provided by Julia Shepherd, Diane Highfield, together with allocated SOM (Shirley Lawson) • Project group established to direct and oversee service/quality improvement • Project Plan agreed and in place which includes a project action plan • Project action plan reviewed monthly by Project Group. • From August 2018 a new governance and assurance system is in place regarding the management review of incidents. • Safety huddles in operation within the service • Post-incident reviews and debriefs routinely taking place. • From August 2018 electronic handover system outlining key risks and service user needs and progress in place. • Communication channels with family carers have been improved. • Electronic supervision system in place and tracked via ATS governance • Micro system process in place and working on improving access to activity • All staff received training and weekly MDT slots in place for PBS • Blanked restrictions reduced • Standard Operating Procedure developed and in place for communications from MDT meeting to the	**4 VERY LOW** **S:** 2 Minor **L:** 2 Unlikely	Review of LD service provision which forms part of a National programme over the next 12 months	Staff engagements meetings have taken place. A range of stakeholder engagement events planned for November and December 2018. Inaugural service engagement project group meeting scheduled for mid November 2018.	31/10/2019 Deborah Horne

wider clinical team.

Risk No. **4021**	Risk Type:	Workforce	Directorate:	Crisis & Emergency Care	Last reviewed:
BAF Ref: **A102i**	Risk Source:	Business Planning	Monitoring Group:	Workforce & Organisation Devel	11/01/2019

Details of Risk: Risk of insufficient consultant cover as a result of retirements, relocation and mat leave potentially impacting on the safety and quality of care provided.

INITIAL RISK	CONTROLS IN PLACE	RESIDUAL RISK	ACTIONS PLANNED & MOST RECENT PROGRESS WITH TARGET DATE/RESP.		
16 **HIGH** **S:** 4 Major **L:** 4 Likely	• Recruitment of Clinical Fellow post • Consultant in Liaison Psychiatry appointed to and in post from end June 2018 • Consultant in Recovery South in post from October 2018 • Short term cover provided by agency locum posts and fixed term posts • Recruited 2 new inpatient consultants in post February 2019.	16 **HIGH** **S:** 4 Major **L:** 4 Likely	Recruitment to Clinical Fellow posts	Clinical Fellows recruited. However further recruitment planned for later in the financial year when potential recruits available (ie Feb 19).	28/02/2019 Peter Bowie
			Further recruitment underway interview scheduled 19/319.	Successful recruitment to acute ward vacancies. Recruitment ongoing.	31/03/2019 Peter Bowie

Risk No. **4078**	Risk Type:	Workforce	Directorate:	Human Resources	Last reviewed:
BAF Ref: **A204**	Risk Source:	External Review	Monitoring Group:	Workforce & Organisation Devel	14/01/2019

Details of Risk: Staff survey results (2017) indicate a reduction in staff engagement and motivation impacting on the quality of care.

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INITIAL RISK	CONTROLS IN PLACE	RESIDUAL RISK	ACTIONS PLANNED & MOST RECENT PROGRESS WITH TARGET DATE/RESP.		
12 MODERATE **S:** 3 Moderate **L:** 4 Likely	• HR Partners working with Directorates/Care Networks to review local actions via a gap analysis matrix that may address outcomes of the survey results in their service area. • Leadership Engagement Network establish led by Chief Executive and meets regularly with middle managers to address culture and management issues. • Culture Review Group established led by Chief Executive and including staff from different service areas. The purpose of the group is to develop a co-produced approach to affecting change within the organisation. • Learning from Change event took place in May 2018 the outcome of which identified actions to improve the management of change	**12 MODERATE** **S:** 3 Moderate **L:** 4 Likely	Review of staff engagement models which have demonstrated positive outcomes in other organisations with a view to implementing them within the organisation.	Listening into Action 'Warm Up' session scheduled for 28/1/19. Timescale extended by further two months.	28/02/2019 Caroline Parry
			Review of CMHT and Clinical Reconfigurations commissioned and initiated with a view to completion by end December 18	Dean Royles commissioned to undertake review of change process. Interim feedback received by CMHT Review Steering Group Jan 2019. Formal feedback to be received February 2019. Timescale extended by 2 months.	28/02/2019 Sarah Bawden
			Feedback from Learning From Change Event to be presented to TMG (recommendation by TOG)	To be scheduled. Extended by 1 month.	28/02/2019 Sarah Bawden

Risk No. 4121	**Risk Type:** Quality	**Directorate:** IMS&T		<u>Last reviewed:</u>
BAF Ref: A404	**Risk Source:** Risk Assessment	**Monitoring Group:** Finance, Information & Perform		14/01/2019

Details of Risk: Service efficiency and access to patient information is being put at risk as a result of insight instability. Loss of the system continues to be experienced without additional investment which is required (technical resource).

INITIAL RISK	CONTROLS IN PLACE	RESIDUAL RISK	ACTIONS PLANNED & MOST RECENT PROGRESS WITH TARGET DATE/RESP.		
16 HIGH **S:** 4 Major **L:** 4 Likely	• IT Service Continuity Strategy Plan is under development to support this. • Infrastructure is in place. • A required investment plan will be developed and delivered to the Clinical Systems Strategy Group in	**16 HIGH** **S:** 4 Major **L:** 4 Likely	A business continuity plan to be developed and tested across the trust through required governance routes.	Ongoing work required with clinical services. Read-only version of Insight provided across Trust as Disaster Recovery. Clinical services need to be engaged to ensure SOPs are up to date an aligned to Insight risks. Timescale extended by one	28/02/2019 Nick Gillott

December 2018.

• There is a requirement for all service areas to develop and implement robust business continuity plans to be initiated in the event of an Insight outage.

• Preferred investment option identified and agreed.

month.

Following approval by CSSG of preferred investment option, business case to be completed and progressed through BPG and appropriate governance groups.

31/03/2019
Nick Gillott

Risk No. 4124	**Risk Type:** Safety	**Directorate:** Crisis & Emergency Care		**Last reviewed:**
BAF Ref: A204	**Risk Source:** Incident	**Monitoring Group:** Quality Assurance Committee		11/01/2019

Details of Risk: Risk of harm to staff following an increase in the number of incidents of violence and aggression causing harm which could impact on morale, sickness rates, staff attrition and difficulty in recruitment

INITIAL RISK	CONTROLS IN PLACE	RESIDUAL RISK	ACTIONS PLANNED & MOST RECENT PROGRESS WITH TARGET DATE/RESP.	
15 HIGH **S:** 3 Moderate **L:** 5 Almost Certain	• Incident reviews and remedial action • Staffing levels increased where indicated • Respect trained staff on shift • Group response arrangements in place • Safety & Security Task & Finish Group meeting in place from the 5th November 2018. • Pilot security service in place from 26 November until 31 March 2019 for all 24/7 bedded services.	**12 MODERATE** **S:** 3 Moderate **L:** 4 Likely	Acuity tool implementation to confirm staffing levels required	Consistently used in majority of wards. Monitoring ongoing. Acuity tool information used to inform requested establishment and funding changes for inclusion within 19/20 commissioning arrangements.	31/03/2019 Anthony Bainbridge
			Ensure sufficient Respect trained staff rostered for night shifts	Continuing to support wards with over-recruitment. Night shifts continue to be monitored. Target date extended by 3 months to reflect the national challenges in recruitment timescales and Respect training capacity.	31/01/2019 Maxine Statham

Review of pilot security service to evaluate impact on risk.		31/03/2019 Deborah Horne
Pilot body cam system, evaluate and develop business case if appropriate	In progress.	31/03/2019 Adelaide Chibanda

Risk No. 4140 **Risk Type:** Safety **Directorate:** Medical **Last reviewed:**

BAF Ref: **Risk Source:** Legislation **Monitoring Group:** Quality Assurance Committee **/ /**

Details of Risk: There is the possibility of an issue with supply of medication after the contingency plans put in place by the UK Government for EU exit resulting in a gap in medication supply to our service users. This is due to the uncertainty regarding the UK plans for leaving the EU.

INITIAL RISK	CONTROLS IN PLACE	RESIDUAL RISK	ACTIONS PLANNED & MOST RECENT PROGRESS WITH TARGET DATE/RESP.
12 **MODERATE** **S:** 3 Moderate **L:** 4 Likely	• UK Government six-week medicines stockpiling activity remains a critical part of the Department's UK-wide contingency plan, medicines and medical products will be prioritised on alternative routes to ensure the flow of all these products will continue unimpeded after 29 March 2019. In the event of delays caused by increased checks at EU ports, the Department will continue to develop the UK-wide contingency plan for medicines • Agreement with other Chief pharmacists across the Sheffield footprint to support medication supply in an emergency situation	**9 MODERATE** **S:** 3 Moderate **L:** 3 Possible	

Total   13