

BOARD OF DIRECTORS

Date: 14 February 2018

08

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	14 February 2018
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 & DESCRIPTION	Strategic Aim: Value for Money Strategic Objective: We will provide sustainable services through ensuring value for money, reducing waste and unproductive time for staff BAF Risk No: A401ii BAF Risk Description: Trust governance systems are not sufficiently embedded.
LINKS TO NHS CONSTITUTION & OTHER RELEVANT FRAMEWORKS, RISK, OUTCOMES ETC	NHS Improvement's regulatory framework 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	6 February 2018

SUMMARY REPORT

Report to: Board of Directors
Date: 14 February 2018
Subject: Corporate Risk Register
Author: Sam Stoddart, Deputy Board Secretary

1. Purpose

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

2. Summary

The Corporate Risk Register (CRR) 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. Risk registers are managed in line with the Trust's [Risk Management Strategy 2017](#).

Risk registers are dynamic living documents which are populated through the organisation's risk assessment and evaluation processes. This enables risks to be quantified and ranked. 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).

Consequence		Likelihood				
5	Catastrophic	5	10	15	20	25
4	Major	4	8	12	16	20
3	Moderate	3	6	9	12	15
2	Minor	2	4	6	8	10
1	Negligible	1	2	3	4	5
		Rare	Unlikely	Possible	Likely	Almost Certain
		1	2	3	4	5

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 or that affect more than one directorate, 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 to determine the appropriateness for inclusion on the CRR as is the case for de-escalated risks.

2.1 Corporate Risk Register

At the November 2017 Board of Directors meeting, it was agreed that risks 3322 and 3768 would be moved to the open risk register from the confidential risk register.

The table below shows the 9 risks on the CRR and details updates made since its last presentation to the Board in November 2017.

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.	12 (4x3) Moderate		Phillip Easthope	Control 5 expanded 2 actions closed Actions revised and updated and timescales amended
3322	Risk to quality of care and patient safety during anticipated major service change throughout 2017/18	12 (3x4) Moderate		Clive Clarke	3 new controls action completed and closed
3659	Risk of cyber security attack	12 (4x3) Moderate		Phillip Easthope	2 new controls 3 actions closed 2 actions updated
3679	Risk of harm to service users via ligatures.	15 (5x3) High		Mike Hunter	1 new control 1 new action 5 actions updated and timescales extended
3718	Risk of uncertainty around pension liability following the ending of the Section 75 agreement with Sheffield City Council	12 (4x3) Moderate		Phillip Easthope	1 action updated and timescale extended
3788	Breach of EMSA	12 (4x3) Moderate		Clive Clarke	Actions updated and one timescale extended
3831	Risk that high levels of staffing vacancies will impact on quality in acute and rehab wards.	12 (4x3) Moderate		Liz Lightbown	Action closed does not adequately reflect scope of work. New action added
3858	Out of hours senior clinical cover on	12 (4x3) Moderate		Clive Clarke	Control added Action updated and

Risk No	Risk Description	Residual Risk Rating	Changes to Risk Rating	Risk Owner	Updates
	inpatient wards				timescale extended New action added
3890	Risk of unsatisfactory HoIA Opinion as a result of the insufficient effectiveness of the risk management control environment across clinical and corporate directorates and the current level of actions completed on follow up to address risks in prior years' audits.	12 (4x3) Moderate	NEW RISK	Margaret Saunders	approved by EDG on 1/2/18 for inclusion on CRR

2.2 New Risk

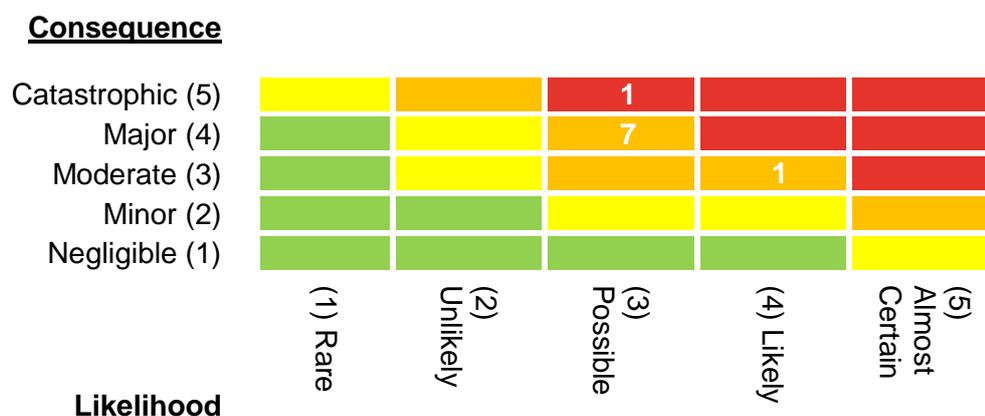
Risk 3890 was identified and escalated by the Director of Corporate Governance in relation to the effectiveness of the Trust's risk management control environment. This was approved for inclusion on the CRR by EDG at its meeting on 1 February 2018.

2.3 De-escalated Risk

Risk 3768 – Cap on rates Trusts are allowed to pay to agency staff affecting the availability and affordability of locum doctors leading to a risk of insufficient medical cover was approved for de-escalated by EDG at its meeting of 1 February 2018 following successful implementation of all actions and the subsequent reduction of the residual risk rating to 6 from 12.

2.4 Risk Profile

Below is the Trust's risk profile which shows the spread of high level risks on the Board Risk Profile and gives an overall impression of the Trust's total exposure to risk.



3. Next Steps

- New corporate risks will be discussed with risk leads, to ensure accurate recording of risks, controls and actions, prior to inclusion on the corporate register, where EDG agrees appropriate for inclusion;
- The Director of Corporate Governance (Board Secretary) will maintain the corporate risk register on the Board's behalf;
- Following discussion at EDG regarding directorate escalated risks, additional risks may be added to the Profile, prior to presentation at the next Board meeting;
- The Executive Directors' Group (EDG) will review the Corporate Risk Register prior to Board meetings;
- The Corporate Risk Register will continue to be presented to the EDG on a quarterly basis. Relevant risks will be presented to Audit Committee, QAC, FIC and WODC on a quarterly basis.

4. Required Actions

The Board of Directors is asked to discuss and approve the Corporate Risk Register.

5. Monitoring Arrangements

The corporate risk register will be maintained by the Director of Corporate Governance (Board Secretary). EDG, the Audit Committee and the Board of Directors will receive and monitor high level risks on a quarterly basis. Other Board committees will receive relevant risks for monitoring purposes on a quarterly basis.

6. Contact Details

For further information, please contact:

Margaret Saunders

Director of Corporate Governance (Board Secretary)

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RISK REGISTER

CORPORATE (FULL)

AS AT: February 2018

Risk No. 2175 **Risk Type:** Financial **Directorate:** Finance **Last reviewed:**
BAF Ref: A401i **Risk Source:** Risk Assessment **Monitoring Group:** Finance & Investment Committee 07/02/2018

Details of Risk: Failure to deliver required levels of CIP and disinvestments recurrently.

INITIAL RISK	CONTROLS IN PLACE	RESIDUAL RISK	ACTIONS PLANNED & MOST RECENT PROGRESS WITH TARGET DATE/RESP.		
<p>16 HIGH</p> <p>S: 4 Major L: 4 Likely</p>	<ul style="list-style-type: none"> CIPs and disinvestments for 2017/18 are being managed and monitored by EDG. All clinical and corporate CIP plans are quality impact assessed (QIA). Transformational Operational Group (TOG) will shortlist, prioritise and recommend for decision schemes to support the Trust achieve its savings challenge / strategic change programmes. The Director of Finance is managing directorate performance via the Trust's performance framework, requesting action plans as appropriate to report to EDG. Trust business planning cycle and processes. Redeployment Group established to ensure processes are in place to mitigate loss of services/income Trust wide, for example to manage termination costs and avoid redundancy via effective redeployment. Executive oversight of recruitment through vacancy control panel. 	<p>12 MODERATE</p> <p>S: 4 Major L: 3 Possible</p>	<p>Recovery plans are being developed and monitored under the performance review process.</p> <p>TOG - Planning for 18/19 CIP including review of CIP allocation processes.</p>	<p>There continues to be a small level of progress achieved to close the gaps in the remaining disinvestments within the corporate directorates of HR and IMST. This position continues to be reported in via EDG and FIC routinely.</p> <p>The risks around community and inpatients are being evaluated in detail but remain under the performance management framework as part of monthly reporting. Community are managing the risk non recurrently but inpatients continues to overspend.</p> <p>Following the delay in guidance and national deadlines moving, the process will not be concluded until April.</p>	<p>30/03/2018 James Sabin</p> <p>30/04/2018 Phillip Easthope</p>

RISK REGISTER

CORPORATE (FULL)

AS AT: February 2018

Risk No. 3322 **Risk Type:** Quality **Directorate:** Community **Last reviewed:**
BAF Ref: A303 **Risk Source:** Risk Assessment **Monitoring Group:** Quality Assurance Committee 08/02/2018

Details of Risk: Risk to quality of care and patient safety during anticipated major service change throughout 2017/18.

INITIAL RISK	CONTROLS IN PLACE	RESIDUAL RISK	ACTIONS PLANNED & MOST RECENT PROGRESS WITH TARGET DATE/RESP.
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16 HIGH
S: 4 Major
L: 4 Likely

- Regular meetings with staff to keep them updated regarding developments.
- Quality impact assessment undertaken to monitor impact of change. Information with teams reviewed on a weekly basis.
- Directorate Management Team overseeing service performance frequently.
- Regular updates to Executive Directors Group and Board.
- Service User engagement and regular feedback being obtained as changes occur.
- Directorate pathway secondees to provide assurances to Directorate Management Team on the delivery of evidenced based care (as per NICE guidelines).
- Service user and staff involvement in co-creation of care pathways.
- Weekly flow meetings in collaboration with the Inpatient Directorate to monitor patient safety and ensure effective delivery of care.
- Completion of incident forms by frontline staff and reviewing where impact on quality considered directly linked to re-design.

12 MODERATE
S: 3 Moderate
L: 4 Likely

- Ongoing monitoring at Directorate Management Team meeting regarding staff vacancies/staff sickness, responding as appropriate to maintain key roles and functions during service change.
- Clinical governance sub-committee in place (chaired by Clinical Directors) to review all incident data, review of care, complaints and serious untoward incidents. Thematic learning on a quarterly basis.
- Teams working with HR to manage individual sickness absences.
- Resource planning where possible, prior to sick leave commencing (for planned absences).
- The Programme Board provides assurance around patient safety measures on a monthly basis, eg number of care plans and risk assessment in place and reviewed, demand through volume of referrals and wait times for assessment etc. This alerts the Trust to any immediate remedial action to be taken and in turn feeds into Directorate and Team governance structures. The Directorate Management Team prioritises any identifies issues of patient safety.
- Patient safety incidents are monitored for type and frequency using Qlikview.
- Active communications plan in place.
- Conducting service user and carer drop in sessions and working up programmes as to how we can safely transition service users and staff with caseloads to the new service model.

- All staff have now preferenced and staffing model in place. staff being informed of allocated teams October 2017.
- Weekly Mobilisation Board chaired by Clinical Director or Director of Operations & Transformation - attended by senior operational managers and mobilisation leads is a focal point for the engagement of key stakeholders, ie HR, IT, coms and estates. Action notes are taken and distributed after each meeting and reviewed for progress weekly.
- Reconfiguration Risk Register - the mobilisation board records and monitors all risks via the register. The Clinical Director and Director of Operations & Transformation have oversight and it is reviewed and updated as part of the weekly mobilisation meeting.
- Creation of a caseload transfer database to track and clinically sign off the safe transfer of service users from one care coordinator to another.

Risk No. 3659	Risk Type: Safety	Directorate: ICT	Last reviewed:
BAF Ref: A404	Risk Source: Risk Assessment	Monitoring Group: Quality Assurance Committee	06/02/2018
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.		

RISK REGISTER

CORPORATE (FULL)

AS AT: February 2018

INITIAL RISK	CONTROLS IN PLACE	RESIDUAL RISK	ACTIONS PLANNED & MOST RECENT PROGRESS WITH TARGET DATE/RESP.		
20 HIGH S: 5 Catastrophic L: 4 Likely	<ul style="list-style-type: none"> High level security roadmap is in place. Password Policy developed. Light PEN test conducted through NHS Digital to check system security. End user education and awareness plan developed and approved by ICT Strategy Group. 360 Assure undertaking cyber security audit. Cyber security response plan being developed by external consultant, ASM Global, in conjunction with ICT Services Manager. 'Significant' cyber security assurance provided by 360 Assure. New password policy in place. 	12 MODERATE S: 4 Major L: 3 Possible	End user education and awareness plan including communications and training to roll out and be completed by the end of March 2018.	Plan has been rolled out and communications and training are underway. On track for completion by end of March 2018.	29/03/2018 Keeley Parker
			ASM Global to complete first iteration of Cyber Security response plan by March 2018.	On track for completion by end of March 2018.	30/03/2018 Chris Hone
			Implementation of Annual PEN Testing - following approval of business case.	Following the approval of the Cyber Security Engineer with Annual PEN testing business case, the funding has been secured to implement recurrent annual PEN Testing. Current date on IMST portfolio puts completion by end of March 2018.	31/03/2018 Chris Hone

Risk No. 3679	Risk Type: Safety	Directorate: Inpatient			Last reviewed:
BAF Ref: A101i	Risk Source: Risk Assessment	Monitoring Group: Quality Assurance Committee			07/02/2018
Details of Risk:	Risk of 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	<ul style="list-style-type: none"> Service user individual risk assessments. Annual formal ligature risk assessments. Weekly Health and Safety checks. Reviews following ligature incidents. 	15 HIGH S: 5 Catastrophic L: 3 Possible	A number of stakeholder sessions with clinical staff, estates and the Design Team have taken place. As a result we have agreed the 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	No further update at this time. This is an ongoing process until completion of redesign work at Longley Centre	31/03/2018 Lisa Johnson

<ul style="list-style-type: none"> • 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 	<p>continue through the next stages of detailed design and specification.</p> <p>All staff to receive update information session with regard to revised observation policy as part of implementation following sign off.</p> <p>Observation policy disseminated and communicated at team level</p> <p>Observation policy to go live</p> <p>Amend electronic observation tablets</p> <p>Anti-ligature doors and door furniture to be fitted on wards at Forest Lodge</p>	<p>This process is ongoing. Target date adjusted.</p> <p>This process is ongoing. Target date adjusted.</p> <p>Go live date still to be agreed to action not yet completed. New action completion date added.</p> <p>Currently awaiting feedback from a developer on timescale and costs for the development work. New target date set.</p> <p>Work is about to commence at Forest Lodge to fit anti-ligature doors in clinical areas</p>	<p>31/03/2018 Lorena Cain</p> <p>31/03/2018 Lorena Cain</p> <p>31/03/2018 Lorena Cain</p> <p>31/03/2018 Simon Robinson</p> <p>31/03/2018 Sarah Cresswell</p>
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RISK REGISTER

CORPORATE (FULL)

AS AT: February 2018

Risk No. 3718 **Risk Type:** Financial **Directorate:** Finance **Last reviewed:**
BAF Ref: A401i **Risk Source:** Risk Assessment **Monitoring Group:** Finance & Investment Committee 07/02/2018

Details of Risk: Risk of uncertainty around pension liability for the Trust, following the ending of the Section 75 agreement with Sheffield City Council.

INITIAL RISK	CONTROLS IN PLACE	RESIDUAL RISK	ACTIONS PLANNED & MOST RECENT PROGRESS WITH TARGET DATE/RESP.		
<p>16 HIGH</p> <p>S: 4 Major L: 4 Likely</p>	<ul style="list-style-type: none"> • Outline plan agreed with the Council and the Board in January 2017. • All SCC contracts with novate across to sit under joint budget from the end of June 2017. • SCC contract monitoring meetings will be incorporated within the CCG Contract Monitoring Group, in line with joint commissioning arrangements. 	<p>12 MODERATE</p> <p>S: 4 Major L: 3 Possible</p>	<p>Memorandum of Understanding has been reviewed by SHSC and is awaiting feedback from SCC. This has now moved on and is with SHSC Finance Department to ratify the revised wording and financial figures regarding pensions. However, Trust is now seeking legal advice with regards to pension liability due to organisational restructuring which has resulted in staff predominantly working in health-funded services.</p>	<p>This issue was referenced at the recent Exec level SHSC/LA meeting to discuss on-going contractual and debt issues. Further work has been agreed to be carried out throughout February but this is acknowledge will take some considerable time.</p> <p>A legal update has been requested as all the information has been provided to SHSC legal advisors. The issue around future liability has been picked up in contracting with the CCG.</p> <p>The next steps also include HR exploring the communication around staff voluntarily switching to the NHS pension from the LA pension scheme (or the circumstances where this can be mandated i.e. upon new role or promotion) but this need to ensure this is in the context of legal advice.</p>	<p>30/03/2018 James Sabin</p>

RISK REGISTER

CORPORATE (FULL)

AS AT: February 2018

Risk No. 3788 **Risk Type:** Statutory **Directorate:** Inpatient **Last reviewed:**
BAF Ref: A101i **Risk Source:** Risk Assessment **Monitoring Group:** Quality Assurance Committee 07/02/2018

Details of Risk: Breach of EMSA.

INITIAL RISK	CONTROLS IN PLACE	RESIDUAL RISK	ACTIONS PLANNED & MOST RECENT PROGRESS WITH TARGET DATE/RESP.		
<p>16 HIGH</p> <p>S: 4 Major L: 4 Likely</p>	<ul style="list-style-type: none"> • EMSA lead for wards. • Effective ward management. • Bed management. • Estates work. • Plans for new design of wards. • Engagement with CCG. • Recording systems. • Risk assessments and management. • Monitoring of complaints and service user feedback. • Quality and dignity survey. • Patient safety survey. • Monthly reporting. • Incident reporting. • New PICU - improved EMSA compliant environment. • Continue to reinforce recording and reporting and continue with regular EMSA reviews of environments. 	<p>12 MODERATE</p> <p>S: 4 Major L: 3 Possible</p>	<p>Work to implement single sex accommodation at MCC (i.e. Stanage and Burbage become single sex wards) to be completed November 2017</p>	<p>Actions agreed to covert Stanage and Burbage to become single sex wards. Referral process to reflect change to single sex from January with change completed by end February.</p>	<p>28/02/2018 Kim Parker</p>
			<p>Finalise plans for work to Dovedale ward at MCC to make it EMSA compliant and complete work by Feb 2018</p>	<p>Work to make Dovedale EMSA compliant agreed at BPG.</p>	<p>28/02/2018 Kim Parker</p>

Risk No. 3831 **Risk Type:** Quality **Directorate:** Inpatient **Last reviewed:**
BAF Ref: A101ii **Risk Source:** Risk Assessment **Monitoring Group:** Quality Assurance Committee 25/01/2018

Details of Risk: Risk that high levels of staffing vacancies will impact on the quality of service provided to service users on the acute and rehabilitation wards.

INITIAL RISK	CONTROLS IN PLACE	RESIDUAL RISK	ACTIONS PLANNED & MOST RECENT PROGRESS WITH TARGET DATE/RESP.
<p>16 HIGH</p> <p>S: 4 Major L: 4 Likely</p>	<ul style="list-style-type: none"> • Microsystems process focussing on nursing recruitment • Consultant telephone cover available where unable to attend ward • Section 17 leave requests covered by email from Consultant (on occasion) with insight note reviews for agreement • Locum consultant provided cover Burbage from Monday 24th July until 9th September. • Rachel Warner and Helen Crimlisk are now in post covering Burbage Ward. In addition to this a speciality doctor is covering the ward. • Two weekly discussion at both SMT and ward managers meeting • Weekly and daily tracking of staffing and identifying shortfalls • Open advert - with regular schedules recruitment - band 5 nurses • Proactive recruitment - band 5 and band 6 • Regular updates and escalation to directors. • All other wards have substantive consultant and ward manager 	<p>12 MODERATE</p> <p>S: 4 Major L: 3 Possible</p>	<p>Proactive trust-wide work to introduce additional roles onto the wards including associate practitioners. The addition of new roles is seen as a positive way of increasing the skills and flexibility of the workforce given the current challenges in nurse recruitment.</p> <p>30/09/2018 Christopher Wood</p>

- Creative ways of filling vacancies have been undertaken e.g. 2 band 5 OTs to Stanage Ward
- Ongoing review of staffing
- Coverage of qualified shifts across acute and inpatient system by staff redistribution
- Block booking bank or agency staff can be considered by wards to cover predicted extended periods of vacancy

Risk No. 3858	Risk Type: Safety	Directorate: Specialist Services	Last reviewed:
BAF Ref: A102i	Risk Source: Risk Assessment	Monitoring Group: Quality Assurance Committee	07/02/2018

Details of Risk: During out of hours the most senior clinical cover (other than on call medical) is a band 6 nurse. As a result there is a lack of clinical leadership on the wards/bedded units, a lack of support in the clinical management of complex challenging patients, a lack of clinical gate-keeping and frequent escalation to senior management on-call re clinical decisions.

This results in potentially unsafe clinical decisions, staff attrition and sickness.

INITIAL RISK	CONTROLS IN PLACE	RESIDUAL RISK	ACTIONS PLANNED & MOST RECENT PROGRESS WITH TARGET DATE/RESP.		
16 HIGH S: 4 Major L: 4 Likely	<ul style="list-style-type: none"> • Risk held by Senior Manager on call. • Medical on-call available. 	12 MODERATE S: 4 Major L: 3 Possible	Proposal to implement band 7 senior nurse cover out of hours taken to Business Planning Group on 17/10/2017. Recommended to and approved by EDG on 19/10/2017. Recruitment process to commence.	Update 13th Dec 2017 interview date for Band 7 Senior Nurse has now been rescheduled to Monday 8th January 2018	31/03/2018 Richard Bulmer

RISK REGISTER

CORPORATE (FULL)

AS AT: February 2018

Risk No. 3890 **Risk Type:** Principal **Directorate:** Corporate Governance **Last reviewed:**
BAF Ref: A401ii **Risk Source:** Risk Assessment **Monitoring Group:** Audit Committee / /

Details of Risk: Risk of unsatisfactory Head of Internal Audit Opinion as a result of the insufficient effectiveness of the risk management control environment across clinical and corporate directorates and the current level of actions completed on follow up to address risks in prior years' audits.

INITIAL RISK	CONTROLS IN PLACE	RESIDUAL RISK	ACTIONS PLANNED & MOST RECENT PROGRESS WITH TARGET DATE/RESP.
16 HIGH S: 4 Major L: 4 Likely		12 MODERATE S: 4 Major L: 3 Possible	<p>Clinical areas to agree escalation processes/levels and tie into governance arrangements 12/02/2018 Michelle Fearon</p> <p>Changes to Ulysses regarding team and directorate set up required 12/02/2018 Debbie Sanderson</p> <p>Incident notifications for revised management structure to be completed. 12/02/2018 Debbie Sanderson</p> <p>Corporate areas to provide information on current risks to risk team for upload onto Ulysses 28/02/2018 Tania Baxter</p> <p>Current clinical risks to be re-mapped to revised governance structure 28/02/2018 Debbie Sanderson</p> <p>Training for new senior operational managers to be organised 28/02/2018 Samantha Stoddart</p>

Total 9