BOARD OF DIRECTORS MEETING (Open)

Date: 9 May 2018   **Item Ref:** | 13 |

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	9 May 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** **BAF DESCRIPTION**	Value for Money We will provide sustainable services through ensuring value for money, reducing waste and unproductive time for staff A401ii Trust governance systems are not sufficiently embedded.
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	April 2018

SUMMARY REPORT

Report to:	**Board of Directors**
Date:	**9 May 2018**
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 (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).
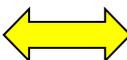
Consequence		Rare	Unlikely	Possible	Likely	Almost Certain
5	Catastrophic	5	10	15	20	25
4	Major	4	8	12	16	20
3	Moderate	3	6	9	12	15
2	Minor	2	4	6	8	10
1	Negligible	1	2	3	4	5
		1	**2**	**3**	**4**	**5**
				Likelihood		

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.

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

The table below shows the 12 risks on the CRR and details updates made since its last presentation to the Board.

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	Action 1: updated and timescale extended 1 month 1 action closed
3322	Risk to quality of care and patient safety during anticipated major service change throughout 2017/18	12 (3x4) Moderate	⬌	Clive Clarke	2 new controls (last 2)
3659	Risk of cyber security attack	12 (4x3) Moderate	⬌	Phillip Easthope	Action 1: updated and timescale extended by 2 months 2 actions completed and closed
3679	Risk of harm to service users via ligatures.	15 (5x3) High	⬌	Mike Hunter	Action 1: updated and timescale extended 3 months Action 2: timescale extended 6 months Action 3: updated and timescale extended 4 months Action 4: updated and timescale extended 4 month Action 5: updated and timescale extended 3 months 1 action closed
3718	Risk of uncertainty around pension liability following the ending of the Section 75 agreement with Sheffield City Council	12 (4x3) Moderate	⬌	Phillip Easthope	Action updated and timescale extended 3 months

Risk No	Risk Description	Residual Risk Rating	Changes to Risk Rating	Risk Owner	Updates
3788	Breach of EMSA	12 (4x3) Moderate	⟺	Clive Clarke	Action 1: updated and timescale extended 7 months Action 2: updated and timescale extended 3 months
3831	Risk that high levels of staffing vacancies will impact on quality in acute and rehab wards.	12 (4x3) Moderate	⟺	Liz Lightbown	No change
3858	Out of hours senior clinical cover on inpatient wards	12 (4x3) Moderate	⟺	Clive Clarke	Action updated and timescale extended 2 months
3890	Insufficient effectiveness of the risk management control environment across clinical and corporate directorates	12 (4x3) Moderate	⟺	Margaret Saunders	Action 1: new Action 2: updated and timescale extended 4 months Action 3: updated and timescale extended 2 months 4 actions completed and closed
3916	Significant issue at START and SPA with high call volumes resulting in reputational damage, increased complaints and clinical risk	16 (4x4) High	New Risk	Clive Clarke	Agreed for inclusion on CRR by EDG on 5/4/18
3917	Inability to deliver timely triage & assessment at SPA/Crisis Hub during times of higher demand	16 (4x4) High	New Risk	Clive Clarke	Agreed for inclusion on CRR by EDG on 5/4/18
3918	Issues with high call volumes at the Fitzwilliam Centre.	16 (4x4) High	New Risk	Clive Clarke	Agreed for inclusion on CRR by EDG on 5/4/18

Risk Profile

Consequence

	(1) Rare	(2) Unlikely	(3) Possible	(4) Likely	(5) Almost Certain
Catastrophic (5)			1		
Major (4)			7	3	
Moderate (3)				1	
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 REGISTER

CORPORATE (FULL)   AS AT: May 2018

Risk No. 2175	**Risk Type:** Financial	**Directorate:** Finance	<u>Last reviewed:</u>
BAF Ref: A401i	**Risk Source:** Risk Assessment	**Monitoring Group:** Finance & Investment Committee	30/04/2018

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.	
16 HIGH **S:** 4 Major **L:** 4 Likely	• 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.	**12 MODERATE** **S:** 4 Major **L:** 3 Possible	TOG - Planning for 18/19 CIP including review of CIP allocation processes.	The final financial plan has been submitted to NHSi on the 30th April. This shows low level CIP gaps across a few of the corporate functions of HR & IMST, with the rest being identified already. The challenge is more material across the clinical directorates. The clinical directorate leadership are already flagging the risk of non delivery and mitigation action is required. The progress on the opening plans will be captured for month 1 reporting and remedial action considered. This continued to be monitored via the CIP working group and TOG. The director level intervention will be considered in light of the performance management framework and overall financial objectives. 31/05/2018 Phillip Easthope

RISK REGISTER CORPORATE (FULL)   AS AT: May 2018

Risk No. 3322	**Risk Type:** Quality
BAF Ref: A303	**Risk Source:** Risk Assessment

Directorate:	Scheduled & Planned Care
Monitoring Group:	Quality Assurance Committee

<u>Last reviewed:</u>
01/05/2018

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

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. • 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	

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• 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.

• Service user drop in sessions planned around various locations in the city during March 18 to hear feedback and take action where necessary.

• New governance arrangements now live across operational services and within new clinical structure. This provides greater assurance that quality indicators are being monitored and action taken and recorded.

CORPORATE (FULL)   AS AT: May 2018

Risk No. **3659**	**Risk Type:**	Safety	**Directorate:**	ICT	Last reviewed:
BAF Ref: **A404**	**Risk Source:**	Risk Assessment	**Monitoring Group:**	Quality Assurance Committee	01/05/2018

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.

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 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	Implementation of Annual PEN Testing - following approval of business case.	Awaiting final outcome from EDG to confirm progression. 31/05/2018 Chris Hone

Risk No. **3679**	**Risk Type:**	Safety	**Directorate:**	Crisis & Emergency Care	Last reviewed:
BAF Ref: **A101i**	**Risk Source:**	Risk Assessment	**Monitoring Group:**	Quality Assurance Committee	01/05/2018

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

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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. • Weekly Health and Safety checks.	15 **HIGH** **S:** 5 Catastrophic **L:** 3 Possible	Anti-ligature doors and door furniture to be fitted on wards at Forest Lodge	Work is ongoing with the door replacements to anti-ligature specification	14/06/2018 Sarah Cresswell
	• 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.		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 continue through the next stages of detailed design and specification.	No further update at this time. This is an ongoing process until completion of redesign work at Longley Centre	30/09/2018 Lisa Johnson
	• 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).		Observation policy disseminated and communicated at team level	Implementation delayed	01/07/2018 Lorena Cain
			Observation policy to go live	It is not possible to use the current Insight observation recording with the latest policy so implementation of the policy has been delayed until testing of new observation tablets are completed.	18/07/2018 Lorena Cain
	• Anti-ligature sanitary ware installed at Forest Lodge		Amend electronic observation tablets	The new observation module is near completion and new and more reliable tablets have also been purchased. Testing of the new tablets has been done and testing of the new Insight observation module with users is booked to take	30/06/2018 Simon Robinson

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place on Tuesday 1st May.

Risk No. **3718**	**Risk Type:** Financial	**Directorate:** Finance	<u>Last reviewed:</u>
BAF Ref: **A401i**	**Risk Source:** Risk Assessment	**Monitoring Group:** Finance & Investment Committee	30/04/2018

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.	
16 **HIGH** **S:** 4 Major **L:** 4 Likely	• 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.	12 **MODERATE** **S:** 4 Major **L:** 3 Possible	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.	After a considerable delay, the final piece of data has now been obtained and shared with our legal advisors. This action will continue to progress in isolation but is anticipated to take some time. This issue is also being factored into the risk share considerations between SHSC, SCC and Sheffield CCG. This is because any transfer of risk should move from SCC to Sheffield CCG as the commissioner of the services that remain for which these staff now predominantly work into following redeployment. 30/06/2018 James Sabin

Risk No. **3788**	Risk Type:	Statutory	Directorate:	Crisis & Emergency Care	<ins>Last reviewed:</ins>
BAF Ref: **A101i**	Risk Source:	Risk Assessment	Monitoring Group:	Quality Assurance Committee	27/04/2018

Details of Risk: Breach of EMSA.

INITIAL RISK	CONTROLS IN PLACE	RESIDUAL RISK	ACTIONS PLANNED & MOST RECENT PROGRESS WITH TARGET DATE/RESP.		
16 HIGH **S:** 4 Major **L:** 4 Likely	• 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.	**12 MODERATE** **S:** 4 Major **L:** 3 Possible	Work to implement single sex accommodation at MCC (i.e. Stanage and Burbage become single sex wards) to be completed November 2017 Finalise plans for work to Dovedale ward at MCC to make it EMSA compliant and complete work by Feb 2018	Update 27th April 2018 Further review to be undertaken Update 27th April 2018 Work ongoing in line with schedule	30/09/2018 Kim Parker 31/05/2018 Kim Parker

				Last reviewed:
Risk No. **3831**	Risk Type: Quality	Directorate:	Crisis & Emergency Care	
BAF Ref: **A101ii**	Risk Source: Risk Assessment	Monitoring Group:	Quality Assurance Committee	01/05/2018

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.	
16 HIGH **S:** 4 Major **L:** 4 Likely	• 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	**12 MODERATE** **S:** 4 Major **L:** 3 Possible	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.	30/09/2018 Christopher Wood

- 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:**	Crisis & Emergency Care	<u>Last reviewed:</u>
BAF Ref: A102i	**Risk Source:**	Risk Assessment	**Monitoring Group:**	Quality Assurance Committee	27/04/2018

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	• 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.	23 April 2018 New Band 7 OOHs coordinators commenced in post at the beginning of April 2018. They are undertaking induction during April and will start on shift from 8 May 2018 at the latest.	31/05/2018 Richard Bulmer

Risk No. **3890**	**Risk Type:** Principal	**Directorate:** Corporate Governance	Last reviewed:
BAF Ref: **A401ii**	**Risk Source:** Risk Assessment	**Monitoring Group:** Audit Committee	27/04/2018

Details of Risk: Insufficient effectiveness of the risk management control environment across clinical and corporate directorates.

INITIAL RISK	CONTROLS IN PLACE	RESIDUAL RISK	ACTIONS PLANNED & MOST RECENT PROGRESS WITH TARGET DATE/RESP.	
16 HIGH **S:** 4 Major **L:** 4 Likely	• Ulysses Risk Management System updated to reflect new clinical structures. • Incident notifications on Ulysses Risk Management System revised to link to new clinical directorate structures. • Senior Operational Managers identified for training on Ulysses Risk Management System. • All current clinical directorate risks have been remapped to the two new care network registers. • Escalation levels have been agreed within clinical operations. • Responsibility for care network risks has been assigned to appropriate Senior Operational Managers (SOMs).	**12 MODERATE** **S:** 4 Major **L:** 3 Possible	Phase II of the roll out of team electronic risk registers: SOMs to agree a timetable as well as agreeing how this will be achieved and by whom. The discussion for this action will take place at the training being provided to SOMs at the appropriate Care Network Governance Meeting.	31/03/2019 Tania Baxter
			Corporate areas to provide information on current risks to risk team for upload onto Ulysses	A prioritisation process has been undertaken and the Facilities directorate has been identified as the initial focus area. Work has commenced on clarifying the structures required within the system and in line with the Trust's Risk Management Strategy, for the directorate. Timescale confirmed for fully working electronic risk registers to be in place by 30 June 2018 so timescale of action amended to reflect this.	30/06/2018 Tania Baxter
			Training for new senior operational managers to be organised	Training of SOMs and team leaders has commenced. A training session took place on 25/4/18 and further sessions are scheduled for 10/4/18 and 15/5/18.	30/04/2018 Tania Baxter

CORPORATE (FULL) AS AT: May 2018

Risk No. 3916	**Risk Type:**	**Directorate:**	Crisis & Emergency Care	<u>Last reviewed:</u>
BAF Ref: A101ii	**Risk Source:** Incident	**Monitoring Group:**	Quality Assurance Committee	27/04/2018

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.	**16 HIGH** **S:** 4 Major **L:** 4 Likely	Additional call handlers being recruited. Trust telephony business case/development.	4 wte additional call handlers recruited and will start in post May 2018. This will substantially improve the services capacity to manage calls and the risk will be reduced at this point (Residual risk will be revised mid May).	30/04/2018 Christopher Wood 31/12/2018 Nicola Haywood-Alexander

RISK REGISTER CORPORATE (FULL)   AS AT: May 2018

Risk No. **3917**	**Risk Type:** Safety	**Directorate:** Crisis & Emergency Care	<u>Last reviewed:</u>
BAF Ref: **A102ii**	**Risk Source:** Risk Assessment	**Monitoring Group:** Quality Assurance Committee	27/04/2018

Details of Risk: Inability to deliver timely triage and assessment at SPA/Crisis Hub during times of 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 but not yet in place. • Activity and demand levels monitored through dashboard. • Clinical mobilisation lead support in place. • Weekly project mobilisation meetings to monitor current risk. • Temporary additional resource of senior admin support. • Ongoing support by Associate Clinical Director.	**16 HIGH** **S:** 4 Major **L:** 4 Likely	Review of admin/clinical systems and processes to improve efficiency.	Residual risk to be reassessed end of May
			31/07/2018	Deborah Cundey

Risk No. **3918**	**Risk Type:** Safety	**Directorate:** Crisis & Emergency Care	<u>Last reviewed:</u>
BAF Ref: **A101ii**	**Risk Source:** Risk Assessment	**Monitoring Group:** Quality Assurance Committee	27/04/2018

Details of Risk: The service has had significant issues with high call volumes for a long period of time despite attempts to manage the flow and introduce new systems.
The service continues to experiencing very high call volumes (on average 567 calls per day). At present we have 1.5 WTE staff to answer calls and we are only answering 30% of calls with current resource available which is further complicated by admin sickness.
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 service.

CORPORATE (FULL)   AS AT: May 2018

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. • risk escalated through IT to support changes in call handling system	16 **HIGH** **S:** 4 Major **L:** 4 Likely	Work with IT to identify an appropriate software solution and necessary finances.	On-going work still taking place to address technical telephony solution for START , awaiting IT response re next steps to technical solution , although this may be impacted upon by requirement for approval within trust of the new trust wide telephony solution	30/09/2018 Christopher Wood

Total   12