

BOARD OF DIRECTORS MEETING (Open)

Date: 11 July 2018

Item Ref: 08i

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	11 July 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 improve the productivity and efficiency of our services BAF Risk No: A401ii BAF Risk Description: 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	July 2018

SUMMARY REPORT

Report to: Board of Directors
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>
	✓	✓	✓		

1.1 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.

1.2 The CRR is presented to EDG on a monthly basis following the review of all risks. In addition, EDG receives details of escalated risks on a monthly basis in order to determine their appropriateness for inclusion on the CRR. 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.

1.3 De-escalated and Closed Risks

Risk 3322 (risk to quality of care and patient safety during anticipated major service change throughout 2017/18) has been **closed** as the reconfiguration is now complete. A new risk has been created, escalated to reflect the risks associated with the new model and accepted onto the CRR (risk 4012)

Risk 3858 (Out of hours senior clinical cover) has been reduced to a residual risk rating of 9 as Band 7 nurses are now recruited and in place and the risk is being sufficiently mitigated to be managed at directorate level.

Risk 3918 (The START 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) has been **closed** as it is clear that it is a duplication of risk 3916 and that the two can be streamlined into one.

1.4 New Risks



Risk 4012 has been escalated by the Scheduled and Planned Care Network and reflects new emerging risks associated with the new service model following the implementation of the CMHT reconfiguration. It was discussed and accepted onto the CRR by EDG on 28 June 2018.







Risk 4013 has been escalated by the Crisis and Emergency Care Network and is in response to the findings of an investigatory review at Firshill Rise. It was discussed and accepted on the CRR by EDG on 28 June 2018.


2. Summary

The table below shows the 11 risks on the register and identifies updates that have been made since its last presentation to Board on 9 May 2018. All relevant risks will be reviewed by FIPC, WODC and QAC and the Audit Committee in July 2018.

The risks are summarised below and are shown in full at the end of the document.

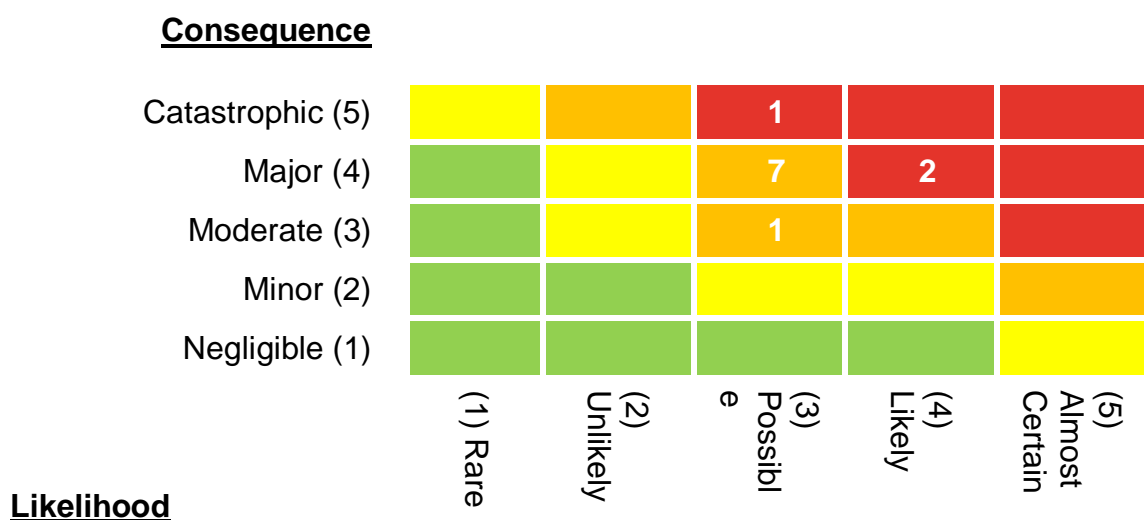
Risk No	Risk Description	Residual Risk Rating	Changes to Risk Rating	Risk Owner	Updates
2175	Failure to deliver required levels of CIP and disinvestments recurrently.	12 (4x3) Moderate		Phillip Easthope	3 new controls (last 3) Action completed and closed 3 new actions created
3659	Risk of cyber security attack	12 (4x3) Moderate		Phillip Easthope	4 new controls (last 4) Action updated and timescale extended by 7 months

Risk No	Risk Description	Residual Risk Rating	Changes to Risk Rating	Risk Owner	Updates
3679	Risk of harm to service users via ligatures.	15 (5x3) High		Mike Hunter	1 new control (last) Action 1 updated Action 2 no change Action 3 no change Action 4 updated and timescale extended by 1 month
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 by 3 months
3788	Breach of EMSA	12 (4x3) Moderate		Clive Clarke	1 new control (last) 1 action closed Action 1 updated
3831	Risk that levels of Registered Nurse vacancies may adversely affect the quality and continuity of care provided in the acute wards	12 (4x3) Moderate		Liz Lightbown	Risk description revised 11 controls closed as not relevant 1 control remains 3 control descriptions amended 4 new controls Action 1 description and timescale extended (by 18 months) to reflect national nature of action 1 new control
3890	Insufficient effectiveness of the risk management control environment across clinical and corporate directorates	12 (4x3) Moderate		Margaret Saunders	1 new control (last) 1 action completed and closed Action 1 updated and timescale extended by 1 month Action 2 updated
3916	Significant issue at START and SPA with high call volumes resulting in reputational damage, increased	16 (4x4) High		Clive Clarke	3 new controls (last 3) 1 action completed and closed Action 1 no

Risk No	Risk Description	Residual Risk Rating	Changes to Risk Rating	Risk Owner	Updates
	complaints and clinical risk				change
3917	Inability to deliver timely triage & assessment at SPA/Crisis Hub during times of higher demand	16 (4x4) High		Clive Clarke	Risk reviewed no change
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.	12 (3 x 4) Moderate	NEW RISK	Clive Clarke	
4013	A report commissioned by executive directors, and currently in draft format, suggests that there is risk that the quality and safety of care provided at ATS falls below standard resulting in service users not receiving the care required.	12 (4x3) Moderate	NEW RISK	Clive Clarke	

2.4 Risk Profile

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



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:
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