

## BOARD OF DIRECTORS MEETING (Open)

Date: 14 November 2018

Item Ref: 

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

<b>OUTCOME</b>	To have a Corporate Risk Register in place that provides assurance that corporate risks are regularly reviewed, monitored and managed.
<b>TIMETABLE FOR DECISION</b>	14 November 2018
<b>LINKS TO OTHER KEY REPORTS / DECISIONS</b>	Internal Audit Reports covering Risk Management arrangements Directorate Risk Registers <a href="#">Risk Management Strategy</a> <a href="#">Shaping the Future, the Trust Strategy &amp; Strategic Planning Framework 2017-2020</a>
<b>STRATEGIC AIM: STRATEGIC OBJECTIVE: BAF RISK NUMBER: RISK DESCRIPTION:</b>	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.
<b>LINKS TO NHS CONSTITUTION &amp; OTHER RELEVANT FRAMEWORKS, RISK, OUTCOMES ETC</b>	<a href="#">Provider Licence</a> <a href="#">Annual Governance Statement</a> <a href="#">NHS Foundation Trust Code of Governance</a>
<b>IMPLICATIONS FOR SERVICE DELIVERY &amp; FINANCIAL IMPACT</b>	Implications of individual risks outlined on the register.
<b>CONSIDERATION OF LEGAL ISSUES</b>	Breach of SHSC Constitution Standing Orders Breach of NHS Improvement's Governance regulations and Provider Licence.

<b>Author of Report</b>	Sam Stoddart
<b>Designation</b>	Deputy Board Secretary
<b>Date of Report</b>	October 2018

## SUMMARY REPORT

**Report to:** BOARD OF DIRECTORS

**Date:** 14 November 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>
		✓	✓		

**1.1** 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.

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. QAC, FIPC and WODC all

received their corporate risks in October 2018 and were required to ensure that papers presented provide sufficient assurance that risks are being managed.

During November, work will be undertaken to ensure the CRR is appropriately aligned with the CQC action plan.

### 1.3 De-escalated Risks

**Risk 3679 – Risk of harm from ligatures** – the residual risk rating has been reduced from 15 (5x3) to 10 (5x2). All actions to address environmental issues have been taken with the exception of one on Dovedale which requires discussion before action can be taken. There are five new controls in place, making 20 controls in total. As a result, the risk is now considered to be risk of serious harm and the risk description has been amended to reflect this. The risk will remain on the CRR.

**Risk 3916 – High call volumes at START/SPA** – the residual risk rating has been reduced to 12 (4x3) from 16 (4x4) as a result of additional staff in place and a new telephony system being piloted which is helping to manage the risk. The risk remains on the CRR.

**Risk 4012 – risk to quality of care during period of transition** – the residual risk rating has been reduced from 12 (3x4) to 9 (3x3) as a result of four new control measures in place including a rating of good by the CQC. The risk remains on the CRR for Board oversight.

### 1.4 Closed Risks

**Risk 3718 – Pension Liability** – the residual risk rating has been reduced from 12 (4x3) to 9 (3x3) as a new risk share arrangement is in place between the Trust, Local Authority and NHS Sheffield CCG resulting in costs being picked up by NHS Sheffield CCG and fed into the risk share. Oversight of the risk will continue at directorate level.

**Risk 3788 – Breach of EMSA** - has been de-escalated by the Crisis and Emergency Care Network following presentation of a paper to the Board of Directors on 11 July 2018 and its acknowledgement of the action taken. The Trust is now compliant with NHS England requirements and therefore the residual risk rating has been reduced to 9. Oversight of the risk will continue at directorate level.

**Risk 3890 – Insufficient effectiveness of risk management control environment**  
The residual risk rating has been reduced from 12 (4x3) to 9 (3x3). All actions identified in January 2018 audit report have been addressed and signed off by 360 Assurance. Extensive training has taken place and the next phase is to embed the training received and understanding teams and directorates have of risk registers and how to effectively use them. Oversight of the risk will continue at directorate level.

### 1.5 New Risks

**Risk 4021 – consultant staff vacancies** was escalated by the Crisis & Emergency Care Network. Despite a number of actions having taken place to address the loss of consultant psychiatrists, insufficient numbers have been recruited leaving vacancies

in critical areas of the service. The escalated risk was discussed and accepted onto the CRR by EDG on 12 July 2018.

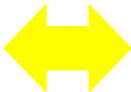
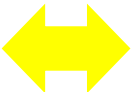

**Risk 4078 – reduction in staff engagement & motivation** - escalated by the HR Directorate. It identifies the outcomes from the 2017 staff survey in relation to reduced staff engagement and motivation. Whilst controls have reduced the initial risk rating from 12 to 9 which is not at the threshold for automatic escalation to the next level, the scale and the scope of the issues are organisation-wide and require board-level oversight. This was considered and approved for inclusion on the CRR by EDG at its meeting of 25 October 2018.

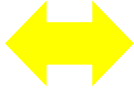

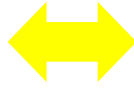

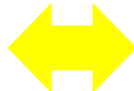
**Risk 4079** – following on from the failure of a national contract for the management of clinical waste, the Facilities Directorate have escalated this risk to ensure that oversight at the highest level takes place until such times as the risk has been sufficiently mitigated. This was considered and approved for inclusion on the CRR by EDG at its meeting of 25 October 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 11 July 2018. All relevant risks will continue to be reviewed by FIPC, WODC and QAC and the Audit Committee.

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	Executive Risk Lead	Updates
2175	Failure to deliver required levels of CIP and disinvestments recurrently specifically in relation to 2019/20	<b>12 (4x3) Moderate</b>		Phillip Easthope	1 control closed 2 new controls (last 2) Action 1 updated and timescale + 8 months Action 2 Updated and timescale + 8 months Action 3 updated and timescale + 3 months
3659	Risk of cyber security attacks which could have a detrimental impact on clinical operations, result in adverse publicity, potential data loss and financial implications.	<b>12 (4x3) Moderate</b>		Phillip Easthope	Action updated and action owner amended
3679	Risk of <i>serious</i> harm to service users via ligatures.	<b>10 (5x2) Moderate</b>		Mike Hunter	Risk description updated 5 new controls (last 5) 3 actions

Risk No	Risk Description	Residual Risk Rating	Changes to Risk Rating	Executive Risk Lead	Updates
					completed and closed Action updated and timescale + 2 months
3831	Risk that levels of registered nurse vacancies may adversely affect the quality and continuity of care provided in the acute wards.	<b>12 (4x3) Moderate</b>		Liz Lightbown	Control 2 expanded 2 new controls (last 2) 1 action closed Action updated
3916	Significant issue at START and SPA with high call volumes resulting in reputational damage, increased complaints and clinical risk	<b>12 (4x3) Moderate</b>		Clive Clarke	1 new control Action updated
3917	Inability to deliver timely triage & assessment at SPA/Crisis Hub during times of higher demand	<b>16 (4x4) High</b>		Clive Clarke	2 controls closed 2 new controls (last 2) Action completed and closed Risk will be reviewed in November with a view to amending the description to reflect the changing nature of the risk.
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.	<b>9 (3 x 3) Moderate</b>		Clive Clarke	5 new controls (last 5) 1 action completed and closed Action updated and timescale + 5 months
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 resulting in service users not receiving the care required.	<b>12 (4x3) Moderate</b>		Clive Clarke	Risk description amended 7 new controls (last 7) 1 action closed 6 new actions

Risk No	Risk Description	Residual Risk Rating	Changes to Risk Rating	Executive Risk Lead	Updates
4021	Unprecedented number of consultant staff retiring or resigning which will result in significant reduction in consultant cover from Summer 2018	<b>16 (4x4) High</b>	NEW	Mike Hunter	
4078	Staff survey results (2017) indicate a reduction in staff engagements and motivation impacting on the quality of care	<b>12 (3x4) Moderate</b>	NEW	Dean Wilson	
4079	Failure to deliver an appropriately safe quality of waste management service due to cessation of service delivery by contracted company	<b>12 (3x4) Moderate</b>	NEW	Clive Clarke	

## 2.4 Risk Profile

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

### Consequence

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

### 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)

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Email: [Margaret.Saunders@shsc.nhs.uk](mailto:Margaret.Saunders@shsc.nhs.uk)

# RISK REGISTER

## CORPORATE (FULL)

AS AT: November 2018

**Risk No. 2175**    **Risk Type:** Financial    **Directorate:** Finance    **Last reviewed:**  
**BAF Ref: A401i**    **Risk Source:** Risk Assessment    **Monitoring Group:** Finance, Information & Perform    18/10/2018

**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.		
<p><b>16 HIGH</b></p> <p><b>S:</b> 4 Major <b>L:</b> 4 Likely</p>	<ul style="list-style-type: none"> <li>Transformational Operational Group (TOG) will shortlist, prioritise and recommend for decision schemes to support the Trust achieve its savings challenge / strategic change programmes.</li> <li>The Director of Finance is managing directorate performance via the Trust's performance framework, requesting action plans as appropriate to report to EDG.</li> <li>Trust business planning cycle and processes.</li> <li>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.</li> <li>Executive oversight of recruitment through vacancy control panel.</li> <li>Finance Performance Management Framework will continue to monitor and manage directorate performance based on a tiered approach to distance from targets. Meetings will commence following Month 1 reporting.</li> <li>CIPs and Disinvestments for 2018/19 are being managed and monitored via EDG. This is also discussed in detail at the CIP working group and reported via TOG.</li> </ul>	<p><b>12 MODERATE</b></p> <p><b>S:</b> 4 Major <b>L:</b> 3 Possible</p>	<p>Finance - Performance management meetings to be scheduled post month 1 reporting. Objective to close the CIP gap and identify and agree mitigation required.</p> <p>Consideration of budget centralisation to help drive ownership and VFM/cost savings through better procurement and often consolidated practise.</p> <p>Finance - to prepare a central cost control mitigation plan for consideration at EDG in the event that directorate progress is not considered sufficient. This is the next step/what if scenario planning in the event that the financial pressure is in excess of the central reserves available to mitigate any time delays on saving plans for example. This</p>	<p>CIP gap now down to modest £0.148m across the clinical directorate. Work on-going to reduce gap further but the risk is fully mitigated from a 2017/18 perspective from uncommitted reserves. Monthly monitoring and progress remains in place.</p> <p>This is being progressed as part of the financial planning process for 18/19. Alternative approaches are being developed and will be discussed as part of the 18/19 planning round. EDG planning Session scheduled for October.</p> <p>Month 4 position unchanged. CIP gap remains manageable.</p> <p>Month 5 position - Anticipated to have improved as some further clinical CIP identification progress has been made. This is being matched by Central flexibility recurrently which will result in the</p>	<p>31/03/2019 James Sabin</p> <p>31/03/2019 Guy Hollingsworth</p> <p>31/10/2018 James Sabin</p>



- After Scrutiny and sign off within the CIP working group, these are progressed on to go through the QIA process
- Additional more focused finance discussion now held quarterly at EDG
- Finance Update now provided via TMG in addition to TOG to increase audience and consistency of message and understanding

is also aimed at exploring all other options prior to and in aid of avoiding external intervention.

CIP risk being reassessed and hopefully reduced once QIA process concluded.

<b>Risk No. 3659</b>	<b>Risk Type:</b> Safety	<b>Directorate:</b> IMS&T	<b>Last reviewed:</b>
<b>BAF Ref: A404</b>	<b>Risk Source:</b> Risk Assessment	<b>Monitoring Group:</b> Finance, Information & Perform	22/10/2018

**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.	
<p><b>20 HIGH</b></p> <p><b>S:</b> 5 Catastrophic <b>L:</b> 4 Likely</p>	<ul style="list-style-type: none"> <li>• High level security roadmap has been approved by ITSG and is in place.</li> <li>• Password Policy developed.</li> <li>• Light PEN test conducted through NHS Digital to check system security.</li> <li>• End user education and awareness plan developed and approved by ICT Strategy Group.</li> <li>• 360 Assure undertaking cyber security audit.</li> <li>• Cyber security response plan being developed by external consultant, ASM Global, in conjunction with ICT Services Manager.</li> <li>• 'Significant' cyber security assurance provided by 360 Assure.</li> </ul>	<p><b>12 MODERATE</b></p> <p><b>S:</b> 4 Major <b>L:</b> 3 Possible</p>	<p>Implementation of Annual PEN Testing - following approval of business case</p> <p>Penetration Testing is a must-do requirement as part of GDPR Toolkit which needs to be complete by Q4 this year.</p>	<p>31/12/2018 Ben Sewell</p>

- New password policy in place.
- Investment in security capability made in Q4 2017
- Enhancements made to perimeter defences and end-point protection
- New detection capability introduced
- Cyber Security Awareness Campaign completed

<b>Risk No. 3679</b>	<b>Risk Type:</b> Safety	<b>Directorate:</b> Crisis & Emergency Care	<b>Last reviewed:</b>
<b>BAF Ref: A101i</b>	<b>Risk Source:</b> Risk Assessment	<b>Monitoring Group:</b> Quality Assurance Committee	26/10/2018

**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.		
<p><b>20 HIGH</b></p> <p><b>S:</b> 5 Catastrophic <b>L:</b> 4 Likely</p>	<ul style="list-style-type: none"> <li>• Service user individual risk assessments.</li> <li>• Annual formal ligature risk assessments.</li> <li>• Weekly Health and Safety checks.</li> <li>• Reviews following ligature incidents.</li> <li>• Ligature risk reduction policy and procedures.</li> <li>• Management of equipment and estates work.</li> <li>• Clinical risk training.</li> <li>• Clinical practice including observations as directed by observation policy.</li> <li>• Risk identified at directorate level on risk register.</li> </ul>	<p><b>10 MODERATE</b></p> <p><b>S:</b> 5 Catastrophic <b>L:</b> 2 Unlikely</p>	<p>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.</p>	<p>Dormitory doors fitted. Only outstanding item is door on Dovedale.</p>	<p>30/11/2018 Lisa Johnson</p>

- 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

<b>Risk No. 3831</b>	<b>Risk Type:</b> Quality	<b>Directorate:</b> Crisis & Emergency Care	<b>Last reviewed:</b>
<b>BAF Ref: A101ii</b>	<b>Risk Source:</b> Risk Assessment	<b>Monitoring Group:</b> Workforce & Organisation Devel	22/10/2018
<b>Details of Risk:</b>	Risk that levels of Registered Nurse vacancies may adversely affect the quality and continuity of care provided in the acute wards.		

# RISK REGISTER

## CORPORATE (FULL)

AS AT: November 2018

INITIAL RISK	CONTROLS IN PLACE	RESIDUAL RISK	ACTIONS PLANNED & MOST RECENT PROGRESS WITH TARGET DATE/RESP.		
<p><b>16 HIGH</b></p> <p><b>S:</b> 4 Major <b>L:</b> 4 Likely</p>	<ul style="list-style-type: none"> <li>• Rolling Recruitment Programme covering the Acute Care Wards in place.</li> <li>• 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 &amp; rosters are not being signed off on time. There is therefore a Gap in this control currently.</li> <li>• Creative ways of filling vacancies have been undertaken e.g. 2 band 5 OTs to Stanage Ward</li> <li>• 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.</li> <li>• Wards may block book bank and /or agency staff on the e-roster system to cover any RN vacancy</li> <li>• To improve retention and support a new 2 year preceptorship programme has been introduced whereby newly qualified nurses will receive appropriate mentoring &amp; supervision, competency development and rotational opportunities.</li> <li>• SHSC is taking part in the NHSi Cohort 2 Recruitment &amp; Retention Programme for RN's and we have chosen to focus on Acute Care Wards.</li> <li>• To support recruitment &amp; retention of RNs in the Acute Care Wards two new Nurse</li> </ul>	<p><b>12 MODERATE</b></p> <p><b>S:</b> 4 Major <b>L:</b> 3 Possible</p>	<p>Trust-wide work to introduce new roles in line with national initiatives: Higher Degree Nurse Apprenticeships; Nursing Associates; Approved / Responsible Clinicians.</p>	<p>TNA recruitment ongoing. A number of preceptor nurses are scheduled to start with the Trust during September and October 2018.</p>	<p>30/04/2020 Christopher Wood</p>

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

<b>Risk No. 3916</b>	<b>Risk Type:</b> Quality	<b>Directorate:</b> Crisis & Emergency Care	<b>Last reviewed:</b>
<b>BAF Ref: A101ii</b>	<b>Risk Source:</b> Incident	<b>Monitoring Group:</b> Quality Assurance Committee	17/10/2018

**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.		
<p><b>20 HIGH</b></p> <p><b>S:</b> 4 Major <b>L:</b> 5 Almost Certain</p>	<ul style="list-style-type: none"> <li>• Call groups in place to escalate calls to a wider staff group.</li> <li>• Further escalation to service managers where calls have been waiting for a set period of time.</li> <li>• Other staff groups asked to log into call groups to answer calls.</li> <li>• Outcomes dependent on Trust-wide Telephony Strategy.</li> <li>• 4 wte call handling staff in post from May 2018</li> </ul>	<p><b>12 MODERATE</b></p> <p><b>S:</b> 4 Major <b>L:</b> 3 Possible</p>	Trust telephony business case/development.	Pilot ongoing	31/12/2018 Nicola Haywood-Alexander

- 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

<b>Risk No. 3917</b>	<b>Risk Type:</b> Safety	<b>Directorate:</b> Crisis & Emergency Care	<b>Last reviewed:</b>
<b>BAF Ref: A102ii</b>	<b>Risk Source:</b> Risk Assessment	<b>Monitoring Group:</b> Quality Assurance Committee	22/10/2018

**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.
<p><b>20 HIGH</b></p> <p><b>S:</b> 4 Major <b>L:</b> 5 Almost Certain</p>	<ul style="list-style-type: none"> <li>• Additional resource to support incoming referrals has been recruited to but not yet in place.</li> <li>• Activity and demand levels monitored through dashboard.</li> <li>• Clinical mobilisation lead support in place.</li> <li>• Ongoing support by Associate Clinical Director.</li> <li>• Monthly SPA/Crisis Hub meetings established and chaired by Deputy Service Director.</li> <li>• New admin structure in place</li> </ul>	<p><b>16 HIGH</b></p> <p><b>S:</b> 4 Major <b>L:</b> 4 Likely</p>	

# RISK REGISTER

## CORPORATE (FULL)

AS AT: November 2018

**Risk No. 4012**    **Risk Type:** Quality    **Directorate:** Scheduled & Planned Care    **Last reviewed:**  
**BAF Ref: A101ii**    **Risk Source:** Risk Assessment    **Monitoring Group:** Quality Assurance Committee    17/10/2018

**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.		
<p><b>16 HIGH</b></p> <p><b>S:</b> 4 Major <b>L:</b> 4 Likely</p>	<ul style="list-style-type: none"> <li>Regular meetings with staff to keep them updated regarding developments.</li> <li>Network Management Team overseeing service performance frequently.</li> <li>Regular updates to Executive Directors Group and Board.</li> <li>Completion of incident forms by frontline staff and reviewing where impact on quality considered directly linked to re-design.</li> <li>Ongoing monitoring at Network Leadership Team Meeting regarding staff vacancies/staff sickness, responding as appropriate to maintain key roles and functions during service change</li> <li>Joint meetings with North and South SOMs and Recovery Leadership Teams</li> <li>Proactive approach from SOMs and leadership team on managing sickness. Work with both Trust HR and Local Authority Officers for social work staff.</li> <li>Patient safety incidents are monitored for type and frequency through regular local and network governance meetings</li> <li>Business case to be submitted for increased staffing in N &amp; S recovery for temporary period to</li> </ul>	<p><b>9 MODERATE</b></p> <p><b>S:</b> 3 Moderate <b>L:</b> 3 Possible</p>	<p>Develop guidance and system for new referrals where there is a delay in allocating to a care coordinator.</p>	<p>Action plan in place following staff away days. Services working together on internal and external interface with referral agents</p>	<p>01/12/2018 Paul Nicholson</p>

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
- 4 additional Band 6's in place
- Rated 'Good' by CQC Oct 2018

<b>Risk No. 4013</b>	<b>Risk Type:</b> Quality	<b>Directorate:</b> Crisis & Emergency Care	<b>Last reviewed:</b>
<b>BAF Ref: A101ii</b>	<b>Risk Source:</b> Risk Assessment	<b>Monitoring Group:</b> Quality Assurance Committee	22/10/2018

**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.
<b>16 HIGH</b> <b>S:</b> 4 Major <b>L:</b> 4 Likely	<ul style="list-style-type: none"> <li>• Additional clinical and managerial support provided by Julia Shepherd, Diane Highfield, together with allocated SOM (Shirley Lawson)</li> <li>• Project group established to direct and oversee service/quality improvement</li> <li>• Project Plan agreed and in place which includes a project action plan</li> <li>• Project action plan reviewed monthly by Project Group.</li> </ul>	<b>12 MODERATE</b> <b>S:</b> 4 Major <b>L:</b> 3 Possible	<ul style="list-style-type: none"> <li>Review of LD service provision which forms part of a National programme over the next 12 months</li> <li>Trust electronic supervision system to be implemented</li> <li>Standard Operating Procedure to be developed for communications from MDT meeting to the wider clinical team.</li> </ul>
			31/10/2019 Deborah Horne  30/11/2018 Zaid Maghoo  30/11/2018 Julia Shepherd



- 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.

All staff to undertake a refresh of practice development sessions for PBS.

31/12/2018  
Zaid Maghoo

Microsystem in place to support staff engagement in change.

31/03/2019  
Zaid Maghoo

Work in hand to reduce blanket restrictions and improve the recording of individual restrictions for risk management within the DRAM

30/11/2018  
Zaid Maghoo

**Risk No. 4021**    **Risk Type:** Workforce    **Directorate:** Crisis & Emergency Care    **Last reviewed:**  
**BAF Ref: A102i**    **Risk Source:** Business Planning    **Monitoring Group:** Workforce & Organisation Devel    22/10/2018

**Details of Risk:** Unprecedented number of consultant staff retiring or resigning which will result in significant reduction in consultant cover from the summer period.

INITIAL RISK	CONTROLS IN PLACE	RESIDUAL RISK	ACTIONS PLANNED & MOST RECENT PROGRESS WITH TARGET DATE/RESP.		
<p><b>16 HIGH</b></p> <p><b>S:</b> 4 Major <b>L:</b> 4 Likely</p>	<ul style="list-style-type: none"> <li>• Recruitment of Clinical Fellow post</li> <li>• Recruitment of locum community consultant.</li> <li>• Consultant in Liaison Psychiatry appointed to and in post from end June 2018</li> <li>• Consultant in Recovery South in post from October 2018</li> </ul>	<p><b>16 HIGH</b></p> <p><b>S:</b> 4 Major <b>L:</b> 4 Likely</p>	<p>Vacancies advertised and posts to be recruited to - one applicant interviewed on 11/6/18 and appointed to vacancy post in Liaison Psychiatry. Failure to appoint at Firshill Rise and 1 out of 3 appointments made in Community Services.</p>	<p>All advertisements placed in September have failed to result in any candidates. One possible candidate for Perinatal Mental Health being followed up</p>	<p>31/10/2018 Peter Bowie</p>
			<p>Recruitment to Clinical Fellow posts</p>	<p>Clinical Fellows recruited. However further recruitment planned for later in the financial year when potential recruits available (ie Feb 19).</p>	<p>28/02/2019 Peter Bowie</p>

<b>Risk No. 4078</b>	<b>Risk Type:</b> Workforce	<b>Directorate:</b> Human Resources	<b>Last reviewed:</b>
<b>BAF Ref:</b>	<b>Risk Source:</b> External Review	<b>Monitoring Group:</b> Workforce & Organisation Devel	30/10/2018

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

INITIAL RISK	CONTROLS IN PLACE	RESIDUAL RISK	ACTIONS PLANNED & MOST RECENT PROGRESS WITH TARGET DATE/RESP.
<p><b>12 MODERATE</b></p> <p><b>S:</b> 3 Moderate <b>L:</b> 4 Likely</p>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Leadership Engagement Network establish led by Chief Executive and meets regularly with middle managers to address culture and management issues.</li> <li>• 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.</li> <li>• Learning from Change event took place in May 2018 the outcome of which identified actions to improve the management of change</li> </ul>	<p><b>12 MODERATE</b></p> <p><b>S:</b> 3 Moderate <b>L:</b> 4 Likely</p>	<p>Review of staff engagement models which have demonstrated positive outcomes in other organisations with a view to implementing them within the organisation.</p> <p>Analysis of the feedback from the Learning from Change event will be presented to TOG in October 2018.</p>
			<p style="text-align: right;">31/10/2018 Caroline Parry</p> <p style="text-align: right;">31/10/2018 Sarah Bawden</p>

# RISK REGISTER

## CORPORATE (FULL)

AS AT: November 2018

**Risk No. 4079**      **Risk Type:** Quality      **Directorate:** Facilities      **Last reviewed:**  
**BAF Ref:**      **Risk Source:** External Review      **Monitoring Group:** Quality Assurance Committee      / /

**Details of Risk:** Failure to deliver an appropriately safe quality of waste management service due to the cessation of service delivery by the contracted company, following an assessment of their service by the Environment Agency, NHSi and NHSE. Clinical waste streams are particularly affected as general waste was sub-contracted to a different provider who can continue to deliver the service. This risk/incident is being managed nationally with affected Trusts expected to have contingency arrangements in place.

INITIAL RISK	CONTROLS IN PLACE	RESIDUAL RISK	ACTIONS PLANNED & MOST RECENT PROGRESS WITH TARGET DATE/RESP.
<b>20 HIGH</b> <b>S:</b> 4 Major <b>L:</b> 5 Almost Certain	<ul style="list-style-type: none"> <li>• Risk under management of Trust's Emergency Planning arrangements led by Clive Clarke as Executive Lead for emergency planning</li> <li>• Significant contingency plans have been drawn up under the co-ordination of Sarah Ellison, Trust Lead for Waste Management</li> <li>• NHSi, NHSE and the Environment Agency are working jointly to resolve this matter which is a national incident and not confined to this Trust (Trusts within the Yorkshire &amp; Humber Consortium for waste management affected)</li> <li>• NHSi have identified an alternative waste management provider but contingency arrangements are in place and will apply for several months.</li> <li>• Communications about this matter are being co-ordinated via NHSi and with the Trust's communications service</li> </ul>	<b>12 MODERATE</b> <b>S:</b> 3 Moderate <b>L:</b> 4 Likely	Contingency plans being enacted until a new provider has commenced undertaking clinical waste collections for the Trust  30/11/2018 Helen Payne

**Total 11**