Board of Directors

30 January 2020

Paper title:	Corporate Risk Register	**Agenda item**
Presented by:	Phillipa Hubbard, Director of Nursing, Professions and Care Standards	**10**
Prepared by:	Paula Reilly, Risk and Safety Manager	

Purpose of the report		
The purpose of this paper is to present the progress with the mitigation of the Trust's 'live' corporate risks and to inform the Board of any red risks across the organisation as at January 2020.	For approval	
	For discussion	**X**
	For information	

Executive summary		
There are currently 11 organisational red risks (other than those that appear on the CRR). Details regarding these can be seen at section 3 and appendix 2.		
Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act?	**State below 'Yes' or 'No'** **No**	If yes please set out what action has been taken to address this in your paper

Recommendation
The Board is asked to: • Agrees the level of assurance is adequate for the CRR or identifies any further assurances required.

Strategic vision				
Please mark those that apply with an **X**				
Providing excellent quality services and seamless access	**Creating the best place to work**	**Supporting people to live to their fullest potential**	**Financial sustainability growth and innovation**	**Governance and well-led**
X	**X**	**X**	**X**	**X**

better lives, together

Care Quality Commission domains				
Please mark those that apply with an **X**				
Safe	**Effective**	**Responsive**	**Caring**	**Well Led**
X				**X**

Relationship to the Board Assurance Framework (BAF)	The work contained with this report links to the following strategic risk(s) as identified in the BAF: • Most Corporate risks are linked to BAF risks, therefore this paper links closely with all BAF risks
Links to the Corporate Risk Register (CRR)	The work contained with this report links to the following corporate risk(s) as identified in the CRR: • All
Compliance and regulatory implications	The following compliance and regulatory implications have been identified as a result of the work outlined in this report: • None

Board of Directors

30 January 2020

Corporate Risk Register (CRR) and red rated risks

1.1 Process

The reporting cycle to Board has been refreshed and the CRR and red risks will now be presented bi-monthly to ensure that risks are being adequately managed and mitigated and note any current threats to the delivery of the Trust's strategic objectives. The Board will refer a risk to a committee for further assurance/scrutiny where required.

ASSURANCES

2. Corporate Risk Register content including changes since November 2019

All additions / removals relating to the CRR are approved by the Strategic Leadership Group; the following information summarises the content and changes made since the last report to Board.

2.1 New or escalated risks

2.1.1 New risks

There has been one new risk added to the corporate risk register since November 2019;

Risk 2342 – Medical devices not receiving planned maintenance at the appropriate frequency. This was added to the corporate risk register on 21st November 2019.

2.1.2 Escalated risks

There have been no risks escalated to the corporate risk register since November 2019.

2.2 Risks closed or de-escalated

There have been no risks closed or de-escalated from the corporate risk register since November 2019;

2.3 Risk score changes

There have been no risk score changes since November 2020;

2.4 Current risks on the CRR

There are eleven live risks on the CRR;

Risk number	Detail	Date first entered	Next review
1821	If the Trust fails to accurately forecast and fully mitigate in-year pressures to deliver key business and finance milestones. Then it may not secure Provider Sustainability Funding that is linked to delivering an internal Trust surplus, and may fail to achieve the composite control total agreed with NHSI and planned UoR metric and may ultimately face regulatory intervention.	3/8/16	28/1/20
1825	If current volatility in the care home sector and LA budget reductions continue to reduce care packages and support to individuals. Then demands on the Trust's community services will become unsustainable with potential to impair quality, safety or performance and / or require additional Trust resourcing.	3/8/16	18/5/20
1826	If the Trust (and WY STP) does not present a convincing case for investment in Mental Health that demonstrates whole systems benefits and is clearly referenced in the Bradford and Airedale MH Strategy (and WY STP).Then CCGs, NHSE (and DH) may not prioritise revenue and capital investment in these areas due to other competing funding pressures meaning that Mental Health investment and service developments cannot be progressed	3/8/16	27/4/20
1831	If the Trust fails to recruit, retain and engage a diverse workforce in the right numbers with the right skills, behaviours and experience to innovate in delivering holistic models of care. The Trust will be unable to meet the needs of services users, carers and commissioners in terms of delivering high quality, safe, outcome based, patient focused care and support. This in turn will impact on achievement of safer staffing levels, meeting CQC and other regulatory requirements, reducing bank and agency usage and spend and effectiveness in winning tenders where new integrated models of care and working are required.	29/6/16	2/1/20
2046	Organizational / individual practice not consistent with good information governance. Breaches of information governance law (DPA / GDPR) resulting in significant financial penalties and / or reputational damage	20/6/18	13/6/20
2102	Three-quarters of people who kill themselves while on a psychiatric ward do so by hanging or strangulation. Risk of service user harm through ligature within inpatient or CMHT environment	15/5/18	14/12/19

2151	Sudden 'no deal' Brexit from the EU in March 2019. NHSE has identified risks as follows: Workforce: 5% of NHS workforce (not including primary care) and 7% of social care workforce may be affected. However, UK government has committed to allow EU citizens already in the UK to settle here, which should offset majority of this. Supply Chain: 83% of medical products are imported to the UK from (or through) other EU countries, including medical devices & clinical consumables. 45% of medicines used in the UK are imported from the EU. Tariffs, trade changes and customs delays could all affect supply. Research and innovation: Risks to reduced collaboration with EU (including clinical trials), divergence on regulations, access to innovative treatments and income (including funding for clinical research staff). Reciprocal Healthcare. Some UK residents who are currently living in EU may wish to return home with the majority of those assessed as being elderly, which may potentially cause increased load on UK healthcare in general. Also risk to more complicated cost recovery processes for EU nationals receiving treatment from UK facilities. Operations: System readiness and access to services across borders. EPRR and pandemic planning: A risk to information sharing and systems across borders. Potential loss of shared intelligence and early warning systems from European Centre for Disease Prevention and Control (ECDC). Procurement & competition: risk to disruption to new contracts. Data & IG: Risks to longer term alignment and implications for services across borders (EU regulation and GDPR collaboration). Medicines & devices regulation: risks to disruption and delays in access to new products in the UK. At the request of UK government manufacturers have assured that they will hold at least 6 weeks supply to cover the period immediately after Brexit. Health organisations are not to stockpile drugs and medicines. Public health: maintaining public health standards in UK legislation	7/9/18	13/3/20
2164	Sustained high number of serious incidents since April 2018 and increased demand from HM Coroner for statements regarding deaths have impacted on the workload of the SI team. The SI team us currently using root cause analysis methodology to investigate incidents which can impact on the quality of the investigation. In the next six months a new approach to investigations is expected to be launched which may require further changes to the function. Investigations are not completed in required timescales as set by the Serious Incident Framework. This may lead to a delay in liaising with families, staff and external	17/10/18	6/4/20

	agencies eg HM Coroner. The ability to complete quality reports and provide information in set timescales will affect the reputation of the organization.		
2207	IT / Clinical systems affected by a cyber incident, originated from within or from outside the organisation. Critical impact on IT and clinical system access, impacting on clinical and administrative activities	9/1/19	26/2/20
2266	Physical assault of inpatient ward staff by service users. 97% of physical assault incidents take place on inpatient wards. The data reporting history reports that the likelihood of such an incident is high for staff working on inpatient wards. Staff at risk are those who come into direct contact with patients on inpatient wards, not only inpatient clinical staff but also support staff such as housekeeping and estate maintenance staff.Risk of physical assault of staff member by service user. 97% of physical assault incidents take place on inpatient wards. The data reporting history reports that the likelihood of such an incident is high for staff working on inpatient wards. 2 out of the 4 RIDDOR incidents in 2018-19 were related to physical assault by service user on staff member. Only 1% (12 out of 1254) of all reported incidents have a moderate or more severe impact to the staff member. The wards with highest prevalence of incidents are DAU (28 incidents per year per bed) and ATU (18 incidents per year per bed), followed by Clover Ward (12 incidents per year per bed). There are approximately 3 incidents per year per bed on adult mental health wards. HSE inspection found that the Trust's arrangements at ACMH were not sufficiently robust to mitigate the risks highlighted above. However the HSE Improvement. An action plan is required to complete for ACMH by early October 2019.	20/6/19	31/3/20
2342	Medical devices not receiving planned maintenance at the appropriate frequency (current Trustwide compliance for annual planned maintenance as of 31-Oct-19 is 81% when only considering in date and out of date devices. However, there are 1205 devices currently listed as archived). Impact on patient care due to malfunctioning medical device, based on the device not having received planned maintenance at the appropriate frequency. There is a risk that a number of the devices listed as 'archived' in the inventory are still in use and are not in date for planned maintenance and calibration. If devices are not maintained or calibrated at the appropriate frequency, there is an increased risk of failure which can impact on diagnosis or patient care.	21/11/19	19/2/20

The position for each of these risks is provided from the risk register system at appendix 1.

3. Red risks not on the CRR

3.1 Red risks closed, archived or downgraded since November 2019

Downgraded – Risk 2251 - Poor ventilation and high room temperature in the DN treatment room at Shipley HC. *There is no audit trail to confirm when or why this was downgraded.*

Downgraded – Risk 2270 - Continued blocking of external web-sites from NIHR, CRN and other DH related research URLs, and 2 month wait for considerations to unblock them. Failure to access these sites and make reports may lead to not receiving essential documents, e.g. GCP Training Materials, or to financial penalties for non/late reporting. Such penalties will generate significant reputational damage to the Trust, leading to possible rejection of bids for funding at a later point. This would be a catastrophic impact on the development of research activity in BDCFT which is significantly dependent on the Trust's reputation to effectively deliver and manage research projects. *This was downgraded on 27/11/19, as "the new process is working well, will continue to monitor the situation".*

Closed – Risk 2331 - Reduced capacity of the Intensive Support Team due to staff absence, high level of referrals, large number of hospital admissions requiring CTR and out of area liaison. *This was closed on 7/1/20 as "the risk has been drastically reduced due to an increase in workforce capacity".*

Archived – Risk 2310 - Vacant post for consultant at South and West OPMH team due to consultant taking up another role with in the Trust. This will result in a shortage of consultant cover leading to Outpatient clinics having to be cancelled, lack of availability for urgent reviews and mental health act assessment. The shortage will lead to fellow medical colleagues having to provide cover and in turn lead to shortages in other areas of the team. *This was archived on 19/11/19 as "New consultant in post from the 15.11.19-extra support from SPR will cease from the 9.12.19 but will continue until then to support new starter adequate medical cover so risk is reduced"*

3.2 New red risks since November 2019

Risk 2176 – Unavailability of HR systems as Sharepoint is unsupported. *This was upgraded to a red risk on 2/1/20, as Sharepoint in now unsupported*

Risk 2323 – Cyber security risk: Sharepoint servers have active database vulnerabilities and are not going to be fixed. *This was upgraded to a red risk on 12/12/19.*

Risk 2345 - Temporary Access Cards being used without entry into a TAC Log and/or S1 entry not updated with user name. *This was added as a red risk on 2/12/19*

Risk 2347 - Delivery of the 0-19 contract is dependent on having a strong digital offer that includes E-forms. FX and SX. Working digitally is reliant on having consistent IT connectivity and reliable access to S1 when working across the District. *This was added as a red risk on 5/12/19*

3.3 Current red risks (excluding new risks listed in 3.2)

- **Risk 2055**: Financial burden of the cost of specialling high numbers of patients on ATU & DAU. *This was first entered onto the system in December 2017.*
- **Risk 2197:** Ofsted have rated the Local Authority Children's Social Care services as inadequate*. This was first entered onto the system in December 2018.*
- **Risk 2208**: If we fail to deliver the improved connectivity requirements to meet the current and medium term needs there will be impact on use of clinical systems and IT systems affecting delivery of care and services within the organisation, ultimately impacting staff well-being, care delivery and reputation for the organisation. *This was input as a red risk in January 2019.*
- **Risk 2256:** Inability to post warnings of clinical trial participation from the R&D module that can be seen by other BDCFT clinical staff, and external organisations eg. BRI and AGH A&E Departments, GP etc. *This was first input as a red risk on 5th June 2019.*
- **Risk 2321:** Drastic reduction of social care packages without involvement of health teams or against their advice. LD Clinical Liaison Team. *This was added on 24th September 2019.*
- **Risk 2324 -** Reduced Psychology provision due to staff absences at a time when the team are managing highly complex clinical cases, LD Health Facilitation. *This was added on 1st October 2019.*
- **Risk 2328 -** There are ongoing challenges around insufficient staff being available for shifts cover (mainly on the ATU & DAU) where there are high and enduring levels of specialling required. This means there are requirements above and beyond the baseline numbers which already incorporate vacancies and significant levels of absence. *This was added on 15th October 2019*

The position for each of these risks is provided from the risk register system at appendix 2.

4. Financial Implications

There are no specific financial implications to highlight.

5. Risk Implications

There are no specific risk implications to highlight.

6. Monitoring and review

The Board will next receive a report in March 2020; ongoing monitoring of the risk registers will continue through SLT and local governance arrangements.

7. Recommendations

It is recommended that the Board
- Agrees the level of governance on the CRR; and
- Identifies any areas requiring further action.