

Board of Directors

28 May 2020

Paper title:	Corporate Risk Register	Agenda item 9
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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 May 2020.	For approval	
	For discussion	X
	For information	

Executive summary		
One corporate risk has been de-escalated to local level and there have been two score changes.		
There are currently 16 organisational red risks (other than those that appear on the CRR). This is an increase of one since the last paper to Board. 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
<p>The Board is asked to:</p> <ul style="list-style-type: none"> 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

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)	<p>The work contained with this report links to the following strategic risk(s) as identified in the BAF:</p> <ul style="list-style-type: none"> • Most Corporate risks are linked to BAF risks, therefore this paper links closely with all BAF risks
Links to the Corporate Risk Register (CRR)	<p>The work contained with this report links to the following corporate risk(s) as identified in the CRR:</p> <ul style="list-style-type: none"> • All
Compliance and regulatory implications	<p>The following compliance and regulatory implications have been identified as a result of the work outlined in this report:</p> <ul style="list-style-type: none"> • None

Meeting of the Board of Directors

28 May 2020

Corporate Risk Register (CRR) and red rated risks

1.1 Process

The CRR and red risks not on the CRR are presented to Board 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 March 2020

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 have been no new risks added to the corporate risk register since March 2020.

2.1.2 Escalated risks

There have been no risks escalated to the corporate risk register since March 2020.

2.2 Risks closed or de-escalated

There has been one risk de-escalated to a local level from the corporate risk register since March 2020;

Risk 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.

This was de-escalated on 7th April 2020 as *“The original risk related to timescales. The Trust is now meeting the timescales and as such the risk has been reviewed and shared with Director of Nursing who confirmed it was appropriate to regrade to a local risk as we had introduced the new process, achieved that target set. Currently deadlines are suspended due to COVID 19. The risk will be reviewed at the end of the COVID 19 period.”*

2.3 Risk score changes

There have been three risk score changes since March 2020.

Risk 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.

This was reduced from 20 to 15 on 4th May 2020

Risk 1825 - Risk reduced from likely to possible score 12 to reflect the financial cushion for social care meaning more packages (temporarily) but increased frequency of risk review to acknowledge this is temporary / as is benefit from redeployed staff topping up community teams capacity

Risk 1826 - Risk increased from moderate to catastrophic to reflect risk on LMH SOC / need for place & ICS to agree our development is a priority (versus AGH concrete/safety!) and delays in national funding waves for STP bids due to one year SR and acute bids like LTH & now COVID consuming national capital funds.

Risk 2151 - Sudden 'no deal' Brexit from the EU in March 2019.

This was reduced from 12 to 8 in April 2020.

Risk 2370 - Impact of Covid-19 on the Trust's ability to operate and maintain safe, high quality services during the pandemic period.

This was reduced from 20 to 15 on 7th May 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	2/8/20
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	3/8/16	20/6/20

	potential to impair quality, safety or performance and / or require additional Trust resourcing.		
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	19/8/20
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	1/7/20
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	31/05/20
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	7/9/18	31/7/20

	<p>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</p>		
2207	<p>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</p>	9/1/19	13/7/20
2266	<p>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.</p>	20/6/19	17/7/20

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	16/6/20
2370	Covid-19. Impact of Covid-19 on the Trust's ability to operate and maintain safe, high quality services during the pandemic period. Reduction in staff availability/skill this will be based on a 50% then 75% reduction in staffing. Individual services will be greatly reduced and some services cease. Closure of wards due to an outbreak of Covid-19	20/3/20	31/5/20

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 March 2020

There have been two red risks closed since March 2020;

Risk 2362 - 200 un -allocated cases meaning Service users are left without appropriate mental health care. This may cause a deterioration in mental health and the need to access a higher level of care and support. *This was closed on 6th April 2020.*

Risk 2363 - Current level of vacancies, 1 x Band 6, 3 x Band 5, 1 x Band 5 suspended leading to High level of un-allocated cases - currently sat at 192. Remaining CC's having high caseloads. High levels of stress in the staff team. *This was closed on 6th April 2020.*

There has been one risk archived since March 2020;

Risk 2321 - Drastic reduction of social care packages without involvement of health teams or against their advice. LD Clinical Liaison Team. *This was archived on 7th April 2020.*

3.2 New red risks since March 2020

Risk 2381 – Covid-19. Risk of investigation and prosecution by the HSE should staff be infected as a result of Trust failures to safeguard the workforce e.g. inadequate PPE. *This was added to the incident control room risk register on 12th April 2020*

Risk 2383 – Covid-19. Risk that our financial sustainability will be impacted if we are not able to deliver/restore financial control and meet Financial Improvement Trajectory, especially if incident extends beyond 31.7.20 COVID-19 cost recovery period. *This was added to the Finance and Contracting risk register on 19th April 2020.*

Risk 2373 - 7 or 14 day supply of Methadone being issued to service users who are usually supported by a daily supervised use plan at locality based pharmacies. *This was added to the Assertive Outreach risk register on 30th March 2020*

Risk 2386 - Due to the restrictions of Covid -19, the 0-19 service have followed government guidance. Some band 3 and 4 staff have been redeployed to support the acute trust paediatric unit in Wakefield. Qualified health visitors and school nurses, now support those families identified following risk assessment of need, and also support ante natal and birth visits by phone or social media where it allows. The risk is that many families are not now been seen and therefore this is a safety concern. Also we will no longer be fully meeting our previously identified key performance indicators, commissioners are aware of this. *This was added to the Wakefield 0-19 service risk register on 28th April 2020.*

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

- **Risk 2055:** Financial burden of the cost of specialising high numbers of patients on ATU & DAU. *This was first entered onto the system in December 2017.*
- **Risk 2176** – Unavailability of HR systems as Sharepoint is unsupported. *This was upgraded to a red risk on 2/1/20, as Sharepoint is now unsupported*
- **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 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 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 specialising 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*
- **Risk 2345** - Temporary Access Cards being used without entry into a TAC Log and/or S1 entry not updated with username. *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*

- **Risk 2359** - Loss of connectivity across the Bradford and Keighley area resulting in many hours of lost working time for all bandings of staff. *This was added to the School Nursing Special Needs Team register on 7/2/20*
- **Risk 2364** - Current level of vacancies, 1 x Band 6, 3 x Band 5, 1 x Band 5 suspended leading to High level of un-allocated cases - currently sat at 192. Remaining CC's having high caseloads. High levels of stress in the staff team. *These were added to the CMHT Bradford North team on 15/2/20.*

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 July 2020; ongoing monitoring of the risk registers will continue 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.