

Board of Directors – Public

26 November 2020

Paper title:	Corporate Risk Register	Agenda item 14.0
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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 September 2020.	For approval	
	For discussion	X
	For information	

Executive summary		
There have been four corporate risk score changes and no new corporate risks added since the last paper in September.		
There are currently eight 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

Recommendations
<p>The Board is asked to:</p> <ul style="list-style-type: none"> • Agree the level of assurance is adequate for the CRR or identifies any further assurances required • Agree on the changes of the identified corporate risks for the reasons identified

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

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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

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Corporate Risk Register (CRR) and red rated risks

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.

Below provides an overview of the live risks and current position of the CRR as at 16th November 2020. It is important to note that the position is highly likely to change between the time of writing and being presented at Board.

Total CRR risks	14
Red rated risks (15+)	10
Amber rated risks (8-12)	4
Risks with controls in place	14
Red rated risks with controls in place	10
Amber rated risks with controls in place	4
Risks overdue review	0
Total number of actions assigned	87
Actions closed	66
Overdue actions	3
Actions within target date	18
Risks without assigned actions	0

1.1 Risk register cleansing

The risk team are in the process of cleansing all risks on the risk register. This is approximately halfway through. As a result, there are three recommendations to changes to risks on the CRR;

Risk 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.

This is linked to BAF risks 2296, 2298 and 2299. After discussions with the Director of Human Resources and Organisational Development, it is suggested that the CRR risk is archived (which was added in September 2016) and that all actions are reflected in the BAF risks.

Risk 2266 - Physical assault of inpatient ward staff by service users.

This is an inherent risk and will always be present due to the nature of the services we provide. Unless there was a specific, or heightened level of risk, then it would not be expected that this would be present on the risk register. There are controls in place to manage the risk and the Internal Audit carried out in response to the recent HSE improvement notice also recognises that this risk is being well managed. It is therefore recommended that this risk is archived.

Risk 2342 – Medical devices not receiving planned maintenance at the appropriate frequency.

Current Trust wide compliance for annual planned maintenance as of 31-Aug-20 is 91% for inpatient areas and 68% for community areas. This includes all devices across Trust services (overall compliance = 71%). As the actions in place have increased compliance, it is recommended that the risk is de-escalated and monitored at a lower level

Recommendations;

- **Risk 1831 is archived**
- **Risk 2266 is archived**
- **Risk 2342 is de-escalated**

ASSURANCES

2. Corporate Risk Register content including changes since September 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 September 2020.

2.1.2 Escalated risks

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

2.2 Risks closed or de-escalated

There have been no risks closed or de-escalated from the corporate risk register since September 2020.

2.3 Risk score changes

There have been four risk score changes since September 2020.

Risk 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

This has been increased from 12 to 15.

Risk 2266 – Physical assault of inpatient ward staff by service users.

This has been decreased from 16 to 15.

Risk 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.

This has been increased from 12 to 25.

Risk 2417 - Potential for adverse publicity on the back of findings from CQC investigations. Risk of financial penalty or breach of license.

This has been increased from 15 to 16.

2.4 Current risks on the CRR

There are 14 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	17/12/20
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	17/12/20
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	3/8/16	17/12/20

	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		
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	30/11/20
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	12/12/20
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	2/12/20
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 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	7/9/18	28/12/20

	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		
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	17/1/21
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	31/12/20
2342	Medical devices not receiving planned maintenance at the appropriate frequency (current Trust wide 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	21/11/19	31/12/20

	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.		
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	27/11/20
2416	Virgin Media are challenging the minimum contract spend associated with the new tariffs that were agreed contractually in November 2019. Virgin Media have indicated that the new tariff arrangements implemented in May 2020 should run for a 12-month term which would take the term up to May 2021, which is beyond the end of the formal contract end date. If this challenge was upheld costs of up to £100k would be incurred.	11/9/20	2/12/20
2417	Potential for adverse publicity on the back of findings from CQC investigations. Risk of financial penalty or breach of license.	15/9/20	31/12/20
2418	Potential that 0-19 contract is under resourced due to financial settlement, which may impact on quality of services. Potential that staff are unable to fulfil the full requirements of the contract due to financial shortfall.	15/9/20	14/12/20

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 September 2020

There has been one red risk archived and two risks downgraded since September 2020;

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 archived on 9th November.

Risk 2393 - Safer staffing numbers in the City EIP team. Care Coordinator caseloads currently 22 which is rated well into Red (above 18). EIP is a specialist service offering timely access and intensive support for people experiencing first episode psychosis (FEP). If caseloads are high then the service is diluted and people don't have enough support when they need it most. The current climate of increased pressure on services due to Covid 19 has seen increased admissions and referrals to EIP with FEP with increased associated risk of suicide and development of longer term conditions if left untreated.

This has been downgraded to 9.

Risk 2405 - Impact on Individual Placement and Support service delivery. Unable to reach NHSE/ NHS plan IPS targets. Impact on fidelity and maintaining IPS Centre of Excellence. Employment Specialist staffing retention issue. Our BDCFT IPS staff are currently paid at band 4. We are at Risk of losing staff to other local IPS services who are paying Employment Specialists at Band 5.

This has been downgraded to 6.

3.2 New red risks added since September 2020

There has been one red risk added that remains live, since September 2020;

Risk 2437 - Increased staffing pressures in district nursing as a result the current pandemic increased levels of staffing having self-isolate or absent from work with covid or symptoms of covid, there are increased demands with the requirement to undertake flu vaccinations to housebound patients in a timely manner to reduce the risk of flu to service users.

This was added to the District Nursing North Service Manager risk register on 30th October, rated 16.

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

- **Risk 2176** – Unavailability of HR systems as Sharepoint is unsupported. *This was upgraded to a red risk on 2/1/20.*
- **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 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 12th December 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 2nd December 2019*
- **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 5th December 2019*

- **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 7th February 2020*
- **Risk 2383** – 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 Care Group risk register on 19th April 2020*

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 January 2021; 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
- Identifies any areas requiring further action; and
- Agrees on the changes of the identified corporate risks for the reasons identified