

Executive Summary
Report to the Board of Directors
held on 27 September 2022

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|------------------------------|---|
| Subject | Corporate Risk Register Report – September 2022 |
| Supporting TEG Member | Sandi Carman, Assistant Chief Executive |
| Author | Judith Green, Corporate Governance Manager |
| Status | For Discussion |

PURPOSE OF THE REPORT

This paper presents the Corporate Risk Register Report for review, alongside the Board Assurance Framework.

KEY POINTS

- It has been agreed that the Board Assurance Framework (BAF) will be operated in conjunction with a new discrete report detailing Extreme Risks open on the Trust Risk Register. This will facilitate a clearer connection between Strategic Risks recorded on the BAF and Operational Risks recorded at Directorate level.
- The Corporate Risk Register Report includes all 35 open and validated Operational Risks with a score of 15 or more (Extreme Risks) logged on the Risk Register (Datix) as at 22 September 2022.
- Each Extreme Risk is mapped to one or more Strategic Risk recorded on the BAF. As part of the operation of the BAF relevant extracts from the Corporate Risk Register Report will be considered as part of BAF Deep Dive reviews undertaken by Board Committees.
- Extreme Risks have been ordered by current risk score (highest to lowest). Additionally, a review of risk titles has been undertaken to ensure these articulate the risk fully.
- Since the Corporate Risk Register Report was last presented to the Board of Directors in July 2022, six Extreme Risks have been added¹ to the Corporate Risk Register Report, as highlighted below:

| Datix ID | Risk title | Directorate | Current risk score |
|----------|--|---|--------------------|
| 2045 | Staff exposure to violent and aggressive incidents in the Acute Medical Unit affecting their physical and mental wellbeing | Emergency Medicine | 16 |
| 3827 | Cyber Security Attack causes significant disruption to the delivery of Trust services | Informatics | 15 |
| 4555 | Inability to manage clinical correspondence within Specialised Cancer Services due to reduced A&C staffing and changes in patient pathways | Oncology | 16 |
| *4774 | Inability to respond effectively to a global pandemic impacts the delivery of Trust services | Chief Operating Officer | 16 |
| 4784 | Inability to deliver a safe, effective and sustainable Paediatric Radiotherapy Service due to inadequate medical staffing levels | Oncology | 16 |
| *4957 | No Maternity specific Electronic Patient Record (EPR) impacting on patient safety and quality | Obstetrics, Gynaecology and Neonatology | 16 |

* due to scheduling of reporting, these two risks are to be discussed at October Safety and Risk Committee

¹ Note – risks are added to the report following approval at Directorate level and validation by the Risk Validation Group (a quality assurance process undertaken centrally).

- Following routine review at Directorate level, twelve risks have been removed from the report since its last presentation to the Board. These include four risks which have been closed, seven where the current risk score has been reduced to below 15 and one which has been removed following a review of Datix data quality (anomaly in recording). *These are noted at the end of the appended report.*
- The Safety and Risk Committee is overseeing implementation of a Risk Register improvement plan to drive continuous improvement in Risk Register data quality. This work will also support the ongoing development of this new report to provide oversight of actions in place to mitigate individual Extreme Level risks as use of the Actions Module within Datix becomes embedded.

IMPLICATIONS

| AIM OF THE STHFT CORPORATE STRATEGY | | TICK AS APPROPRIATE |
|-------------------------------------|--|---------------------|
| 1 | Deliver the Best Clinical Outcomes | ✓ |
| 2 | Provide Patient Centred Services | ✓ |
| 3 | Employ Caring and Cared for Staff | ✓ |
| 4 | Spend Public Money Wisely | ✓ |
| 5 | Create a Sustainable Organisation | ✓ |
| 6 | Deliver Excellent Research, Education and Innovation | ✓ |

RECOMMENDATIONS

The Board of Directors is asked to:

- REVIEW the Corporate Risk Register Report.
- NOTE and DISCUSS the alignment of Extreme Risks with Strategic Risks logged on the BAF.

APPROVAL PROCESS

| Meeting | Date | Approved Y/N |
|--------------------|-------------------|--------------|
| TEG | 14 September 2022 | Y |
| Board of Directors | 27 September 2022 | |

Corporate Risk Register Report - All Validated* Extreme Risks as at 22 September 2022

| Strategic Risk alignment | Risk ID | Risk title** | Directorate | Score (Current) | Score (Target) | Date opened | Next review date | Number of overdue open actions # |
|--------------------------|---------|---|--|-----------------|----------------|-------------|------------------|----------------------------------|
| SR1 | 1180 | Inability to provide timely and efficient care due to crowding in A&E as a result of increased waits for inpatient care | Emergency Medicine | 25 | 15 | 14/05/2013 | 12/01/2023 | |
| SR1 | 3131 | Delays in ambulance handover wait times due to A&E being beyond capacity (crowding) leading to patient harm | Emergency Medicine | 25 | 15 | 09/01/2019 | 13/01/2023 | |
| SR1 | 2212 | Negative impact on patient experience within Cardiology due to Chesterman 2 being used for Trust surge capacity | Cardiothoracic Services | 20 | 4 | 23/11/2015 | 31/12/2022 | |
| SR1 | 2298 | Potential for clinical harm / adverse outcomes due to failure to meet Cancer Waiting Times (CWT) targets | Strategy and Planning | 20 | 8 | 14/12/2015 | 30/06/2022 | |
| SR1 | 3351 | Delays in initial assessments on arrival to A&E due to capacity constraints leading to patient harm / negative patient experience | Emergency Medicine | 20 | 5 | 30/10/2019 | 13/02/2023 | |
| SR1 | 3511 | Potential harm due to impact of Covid on availability of beds/equipment for patients requiring cancer, and urgent / emergency surgery | Cardiothoracic Services | 20 | 15 | 01/04/2020 | 31/12/2022 | |
| SR1 | 3515 | The impact of Covid-19 pandemic on the length of time patients are waiting to access routine services provided by SYRS | Cardiothoracic Services | 20 | 10 | 01/04/2020 | 31/01/2023 | |
| SR1 | 3782 | Inability to deliver safe and effective care to both acute admissions and specialist elective patients due to insufficient D&E consultant capacity | Diabetes/Endocrinology | 20 | 9 | 29/06/2020 | 31/08/2022 | |
| SR1 | 4133 | Risk to young people in Mental Health Crisis due to lack of appropriate / delay in referral to mental health services / paediatric liaison service | Emergency Medicine | 20 | 15 | 20/04/2021 | 13/02/2023 | |
| SR1 | 4195 | Patient harm due to reduced elective activity across MSK as a result of the Covid 19 pandemic | Musculoskeletal | 20 | 12 | 20/01/2021 | 30/09/2022 | |
| SR1 and SR3 | 1977 | Inability to recruit and high level of vacancies Trust-wide impacting on provision of services | Human Resources | 16 | 12 | 13/01/2020 | 31/07/2022 | |
| SR1 | 1999 | Failure to provide care in an appropriate environment due to need to place Geriatric Medicine patients on non-GSM wards | Integrated Geriatric and Stroke Medicine | 16 | 12 | 09/03/2015 | 30/09/2022 | |
| SR3 NEW | 2045 | Staff exposure to violent and aggressive incidents in the Acute Medical Unit affecting their physical and mental wellbeing | Emergency Medicine | 16 | 8 | 06/04/2015 | 12/02/2023 | |
| SR1 | 3780 | Disruption to core activity across Gastro / Hepatology services due to Covid-19 delays patient care and results in failure of national targets | Gastroenterology / Hepatology | 16 | 9 | 29/07/2020 | 30/11/2022 | |
| SR1 | 4020 | Negative impact on patient care due to reduction across Specialised Cancer Services consultant workforce | Oncology | 16 | 6 | 01/02/2021 | 22/11/2022 | |
| SR5 | 4035 | Connectivity to STH IT Systems for Oncology Clinicians working from non-STH sites across the Cancer Alliance (note this is under review by Directorate with a view to increasing the score to 20) | Oncology | 16 | 4 | 05/02/2021 | 30/09/2022 | |
| SR1 | 4304 | Serious Incidents not investigated and reported on in a timely manner in line with the Incident Management Policy – Parent Risk | Patient and Healthcare Governance | 16 | 4 | 30/07/2021 | 30/09/2022 | |
| SR1 NEW | 4555 | Inability to manage clinical correspondence within Specialised Cancer Services due to reduced A&C staffing and changes in patient pathways | Oncology | 16 | 4 | 20/12/2021 | 30/09/2022 | |
| SR1 NEW | 4784 | Inability to deliver a safe, effective and sustainable Paediatric Radiotherapy Service due to inadequate medical staffing levels | Oncology | 16 | 4 | 26/05/2022 | 29/09/2022 | |

* Quality assurance process by Risk Validation Group (RVG)

** Title manually updated (Datix character limit exceeded)

| Strategic Risk alignment | Risk ID | Risk title** | Directorate | Score (Current) | Score (Target) | Date opened | Next review date | Number of overdue open actions # |
|---------------------------|----------------------------|--|--------------------------------------|------------------------------------|----------------|-------------|------------------|----------------------------------|
| SR1 NEW | 4744 | Inability to respond effectively to a global pandemic impacts the delivery of Trust services | Chief Operating Officer | 16 | 12 | 05/05/2022 | 03/08/2023 | |
| SR1 and SR5 | 4957 | No Maternity specific Electronic Patient Record (EPR) impacting on patient safety and quality | Obstetrics, Gynaecology, Neonatology | 16 | 4 | 02/09/2022 | 31/02/22 | |
| SR1 | 458 | Increased incidence of healthcare associated infection due to failure to implement or lack of adherence to IPC measures | Central Nursing | 15 | 10 | 18/12/2006 | 08/05/2023 | |
| SR1 | 769 | Failure to safeguard patients in mental health crisis within A&E and provide care in an appropriate / safe environment | Emergency Medicine | 15 | 10 | 08/12/2009 | 13/11/2022 | |
| SR1 and SR3 | 800 | Violence and Aggression in A&E | Emergency Medicine | 15 | 6 | 05/05/2010 | 10/02/2023 | |
| SR1 | 2035 | Cancelled or delayed chemotherapy due to increased demand and staffing shortages | Pharmacy | 15 | 2 | 15/06/2015 | 30/09/2022 | |
| SR5 | 2168 | Patient and Staff experience compromised due to physical ward environment on Firth 7 | Cardiothoracic Services | 15 | 2 | 23/10/2015 | 31/12/2022 | |
| SR5 | 2538 | Patient harm due to interruption of cardiac monitoring caused by temporary loss of power supply on Critical Care Unit / Firth 7 during Generator testing | Cardiothoracic Services | 15 | 3 | 24/01/2017 | 31/12/2022 | |
| SR1 | 3042 | Unavailability or shortages in the medicine supply chain leading to patient harm and/or cost increases | Pharmacy | 15 | 15 | 03/10/2018 | 30/09/2022 | |
| SR1 | 3074 | Patient harm due to incompatible transfusion associated with wrong blood in tube (WBIT) samples | Laboratory Medicine | 15 | 5 | 14/11/2018 | 30/06/2023 | |
| SR1 | 3260 | Increased likelihood of self-harm / suicide due to ligature reduction measures not identified / implemented in AEM | Emergency Medicine | 15 | 10 | 11/07/2019 | 15/12/2022 | |
| SR5 NEW | 3827 | Cyber Security Attack causes significant disruption to the delivery of Trust services | Informatics | 15 | 12 | 07/09/2020 | 19/10/2022 | |
| SR1 | 3968 | Unable to provide an effective GP collaborative service due to a disparity between GP capacity and increased patient demand | Integrated Community Care | 15 | 4 | 23/11/2020 | 31/08/2022 | |
| SR1 | 4105 | Recognition of suspicious or pathological Intrapartum CTG (fetal heart rate pattern) | Obstetrics, Gynaecology, Neonatology | 15 | 10 | 18/03/2021 | 19/06/2022 | |
| SR1 | 4281 | Unprecedented reduction in available midwifery staffing levels impacting of the provision of care to women and babies. | Obstetrics, Gynaecology, Neonatology | 15 | 5 | 21/07/2021 | 01/10/2022 | |
| SR1 | 4395 | Staff not following the framework of the Mental Capacity Act when making decisions regarding a patient who lacks mental capacity | Central Nursing | 15 | 12 | 10/09/2021 | 10/03/2022 | |
| Strategic Risk Key | | | | | | | | |
| SR1 | Quality of Care | | SR5 | Infrastructure | | | | |
| SR2 | Partnership and Engagement | | SR6 | Sustainability | | | | |
| SR3 | Workforce | | SR7 | Research, Education and Innovation | | | | |
| SR4 | Finance | | SR8 | Well-led | | | | |

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Risks Removed from Corporate Risk Register Report

| Strategic Risk alignment | Risk ID | Risk title** | Directorate | Datix Change |
|--------------------------|---------|--|--------------------------------------|---|
| SR5 | 736 | Exposure to Asbestos Containing Materials | Estates | Risk score lowered from 15 to 8 |
| SR5 | 1222 | Under-delivery of planned maintenance and refurbishment of the wards. | Estates | Risk score lowered from 16 to 12 |
| SR5 | 2495 | ChemoCare Parent risk | Pharmacy | Incorrectly recorded as Extreme Risk on Datix |
| SR1 | 3508 | SYRS Risk 03 - Impact of Covid pandemic on elective services and capacity | Renal Services | Risk score lowered from 15 to 6 |
| SR3 | 3509 | SYRS Risk 04 - Impact of Covid pandemic on staff Mental Health and Well-being | Renal Services | Risk score lowered from 20 to 6 |
| SR1 | 3510 | SYRS Risk 05 - Impact of Covid pandemic on Haemodialysis services | Renal Services | Risk score lowered from 16 to 12 |
| SR1 | 3514 | SYRS Risk 09 - Impact of Covid pandemic on Renal Transplant Service | Renal Services | Risk score lowered from 15 to 5 |
| SR5 | 4427 | Non-Conformance with HTM03 01 Ventilation | Estates | Risk score lowered from 16 to 12 |
| SR1 | 4431 | Post-operative patients unable to access higher level care at 1a and above | Anaesthetics and Operating Services | Risk closed |
| SR1 | 4460 | Merger of 2 elective blue wards (Ch4 & F8) due to extreme emergency pressure & need to create extra grey capacity | General Surgery | Risk closed |
| SR1 | 4728 | Neonatal resuscitation equipment or consumables not being ready for use or present to the required standard | Obstetrics, Gynaecology, Neonatology | Risk closed |
| SR1 | 4774 | The use of rapid tranquilisation that is not compliant with STH Policy, NICE guidelines, statutory guidance and legislation. | Patient and Healthcare Governance | Risk closed |

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