The Shrewsbury and Telford Hospital NHS Trust

Board of Directors' Meeting
14 December 2023

Agenda item		166/23			
Report Title		New Corporate Risk Register			
Executive Lead		Anna Milanec, Director of Governance			
Report Author		Anna Milanec, Director of Governance			
CQC Domain:		**Link to Strategic Goal:**		**Link to BAF / risk:**	
Safe		Our patients and community		BAF 13 (corporate governance)	
Effective		Our people			
Caring		Our service delivery		**Trust Risk Register id:**	
Responsive		Our governance	√	-	
Well Led	√	Our partners			
Consultation/ Communication		Board of Directors (informally) November 2023 Audit and Risk Assurance Committee December 2023			
Executive summary:		1. The Trust has developed a new Corporate Risk Register whilst work continues with improvement of the risk management work which began in 2022. 2. As we currently have have over 400 risks on the operational risk register, it was felt that this was too onerous to be able to quicky recognise the most important operational risks affecting the organisation. 3. Therefore, the attached has been put together, using the risks scoring 15 and above from the operational risk register. 4. The Executives want to add more to this register, those items have not yet been included. 5. Feedback on this approach from colleagues appears positive, but feedback from Board members would be welcomed.			
Recommendations to the Board:		The Board is asked to consider the Corporate Risk Register, the methodology used in compiling the Register, the content of the Register; and support is sought for presenting the document to Board on a quarterly basis, together with the BAF and newly developed overall risk report.			
Appendices:		**Corporate Risk Register**			

1.0 Introduction

1.1 The Trust's organisational risk register currently (November 2023) contains 463 risks, scoring anything up to 25. Of those, 36 new risks were opened in the month preceding, and 23 were closed.

1.2 Of those 463 risks, 106 scored 15 or above (extreme), 278 scored 8 – 12 (high), 63 scored 4-6 (moderate) and 16 scored 1-3 (low).

1.3 Of the newly opened risks, 8 scored 15 or above (extreme), 20 scored 8 – 12 (high), 6 scored 4-6 (moderate) and 2 scored 1-3 (low).

1.4 Of the newly closed risks, 2 had scores of 15 or above (extreme), 15 had scores of 8 – 12 (high), 5 had scores of 4 - 6 (moderate) and 1 had a score of 1-3 (low).

1.5 Split divisionally, the total number of risks held by division are:

Clinical Support Services = 57
Women and Children's = 53
Surgery Anaesthetics and Cancer = 136
Medicine and Emergency Care = 92
Corporate = 123

1.6 Split divisionally, the oldest extreme risk per division dates to:

Clinical Support Services: July 2009 (pharmacy software failure to update patient information data due to the number of supporting IT systems involved in collating)*

Women and Children's: July 2019 (risk of not maintaining guideline reviews, updates, and benchmarking against national guidance)

Surgery Anaesthetics and Cancer: April 2016 (ophthalmology patients waiting longer than the recommended follow up time, may come to harm)

Medicine and Emergency Care: June 2009 (overcrowded Emergency Department)**

Corporate: August 2022 (there is a risk that patients who are medically fit to be discharged are unable to leave the hospital).

*The positive outcome to this is now part of the work that is ongoing regarding the implementation of the new PAS and associated systems.

**The Risk Manager is urgently looking at this, following the work that had been undertaken by the previous risk manager whereby the risk had been split into several new risks reflecting a more contemporary cause.

1.7 This is an outline of the current Trust (operational) risk register.

2.0 Corporate Risk Register

2.1 Despite having access to the above information, it remains difficult to see exactly where the real risks to the organisation sit without examining all the risks on the risk register.

2.2 Therefore, we have devised a ‘Corporate Risk Register’ (CRR) which cites all the risks from the operational risk register which score 15 or above and have collated those risks into several themes.

2.3 For ease of reference, the corporate goals, together with risk scoring matrix are cited at the top of the CRR and each risk is colour coded at to our goals.

2.4 CQC domains are also included to the left of the table for each risk.

2.5 The executive risk owner is cited next, and it is anticipated that the executive risk owner will be responsible for keeping their entries up to date with new causes, consequences, controls, and potential risk scores, with the support of the Risk Manager and team.

2.6 Associated BAF references are also given for each risk.

2.7 Finally, all the risks on the operational risk register, scoring 15 or above, that fit into the theme of that corporate risk, have been identified by their ID on the risk register, and colour coded by division for the new register.

3.0 Going Forwards

3.1 It is intended that the attached CRR will be added onto datix, with a link from the operational risk IDs already listed on datix so that the full detail of any particular risk can be viewed by linking from the CRR.

3.2 It is felt by the Executive Team that some risks are missing from the CRR, and work is ongoing to consider those additional risks, and with support of the board, to add them to the CRR.

4.0 Recommendations for the Board

4.1 The Board is asked to consider the Corporate Risk Register, the methodology used in compiling the Register, and the content of the Register. Support is sought for presenting the document to Board on a quarterly basis, together with the BAF and newly developed overall risk report.

Anna Milanec
Director of Governance
December 2023

CORPORATE RISK REGISTER v1

Categories of risk - corporate goals
Our Patients and Community: we deliver safe and excellent care, first time, every time.
Our Patients and Community: we work closely with our patients and communities to develop new models of care that will transform our services.
Our People: our staff are highly skilled, motivated, engaged, and live our values. SATH is recognised as a great place to work.
Our People: Our high performing and continuously improving teams constantly strive to improve services which we deliver.
Our Service Delivery: Our services are efficient, effective, sustainable, and deliver value for money
Our Service Delivery: We deliver our services utilising safe, high quality estate and up to date digital systems and infrastructure.
Our Governance: We are a learning organisation that sets ambitious goals and targets, operates in an open environment and delivers what is planned
Our Partners: We have outstanding relationships with our partners, working together to deliver best practice, integrated care for our communities

Risk scores	Consequence				
Likelihood	Negligible (1)	Minor (2)	Moderate (3)	Major (4)	Severe (5)
Almost certain (5)	5	10	15	20	25
Likely (4)	4	8	12	16	20
Possible (3)	3	6	9	12	15
Unlikely (2)	2	4	6	8	10
Rare (1)	1	2	3	4	5

CQC Domain		Title	Owner	Risk Description	Caused by (operational, not strategic, causes)	Resulting in (consequence)	Initial risk score: Likelihood	Initial risk score: consequence	Initial risk score: Score	Controls already in place	Current risk score (with current controls in place): Likelihood	Current risk score (with current controls in place): consequence	Current risk score (with current controls in place): Score	Controls to be put in place	BAF ID	Operational Risk Register ID
Safe	1	**Risk to the quality of care provided to patients**	**DON /MD**	Quality of care experienced by patients may be below the standard tolerated by the organisation	Increased demand to healthcare services: EDs overcrowded with long waits to be seen, and insufficient flow: Insufficient support from neighbouring authorities / providers re complex care, which affects flow: Challenging substantive workforce numbers: Use of agency: Use of ageing or outdated equipment: Loss of partner services which supported the Trust, e.g. stroke rehabilitation for stroke patients at Bridgnorth: Escalation into poor environments e.g. corridors: Poor medicines management: Delays in transferring wardable patients out of ITU: Variations in the recognition, escalation and management of sepsis risk: Inability to recruit in line with requirement of consultants and speciality level doctors: Potential unavailability of financial resources	Potential for increased safety patient incidents: Poorer experience of patients, their families, and our communities; Patients waiting longer to be seen via referrals: Slow or inaccurate diagnostic test results: Compromised recovery which may result in long term social care placement: Failure to recognise the deteriorating patient in a timely manner: Delayed diagnosis by duplicate electronic records (radiology)	5	4	20	Policies and SOPs in place, including for use of escalation areas; Use of bank staff, agency staff in particular areas; Continued recruitment of specific roles; Introduction of new clinical roles and ways of working being introduced; Visiting third party (royal colleges, etc) peer reviews and reporting; Collaborative working with neighbouring providers where possible; Hospital flow protocols in place; Improved quality governance framework in place Quality Improvement Plan in place, tracked by SOAG / NHSE	4	4	16	Increase collaborative working with partners over services; Further the work relating to HTP to introduce better care models: Continue to introduce new staff grades, and roles: Continue to review, update and implement new policies, and procedures in compliance with regulatory requirements	BAF 1 *BAF 2* BAF 8	**743, 645, 534, 363, 366, 373, 424, 480, 535, 665, 776, 38, 309, 513, 156, 169, 612, 284, 195, 343, 464, 564, 173, 303, 304, 698, 778, 111, 198, 242, 454, 648, 701, 702, 761, 510, 720, 662, 50, 685, 720,** 559, 338, 430, 347, 422, 75
Caring	2	**Poor patient experience**	**DON /MD**	Patients may experience delays in provision of timely care, in a suitable environment	Increasing demand on services: Inability to provide timely and efficient care due to poor flow through the hospitals; Increased waiting times for elective surgery: Escalation into poor environments e.g. corridors:	Delayed clinical diagnosis and outcomes: Insufficient elective theatre capacity: ED's overcrowded with long waits to be seen; Not all escalation areas are suitable for all types of patient care, e.g. same sex	5	4	20	Hospital flow protocols in place; Use of bank staff, agency staff in particular areas; Leadership/ manager development opportunities available; Ward environment improvement project in place; Quality governance framework in place; Quality Improvement Plan in place, tracked by SOAG / NHSE; collaborative working in place with neighbouring providers where possible	4	4	16	Continue to explore new methods of working, including increased use of technology: Continue to introduce new staff grades, and roles: Project re doctor rotas to be completed: Continue to work to attract apprentice type roles: Continue to attract skills of recently retired clinical colleagues	BAF 1 *BAF 2* BAF 8	**743, 480, 534, 242,111, 648, 630, 761, 195, 612, 50, 720,** 347, 338, 75
Safe / Responsive	3	**Overcrowding in ED**	**COO**	Increased demand on healthcare services, and lack of flow/discharges through 'back door'	Inability to discharge patients (no criteria to reside): Increasing demands upon secondary care, particularly urgent and emergency care: Challenging staffing situation and skill mix: Patients being inappropriately signposted to A&Es rather than to speciality pathways: Bed gap:	Unable to maintain clinical assessment of patients in line with policy: Flow through hospitals affected: Long ambulance waits and offloads - which may lead to offloading critically unwell patients straight into resus and starting high level care in the back of ambulances: Deteriorating patients: Unable to comply with national performance standards, e.g. ambulance offloads: Some level 2 patients admitted to respiratory wards rather than ITU/HDU/RSU	5	4	20	Incident Command Centre in place, both locally and within the ICS to coordinate support across the area; Business Continuity Plans in place for significantly increased pressures; Regular site safety calls in place 24/7: Scheduled system calls and regular engagement with partners; Policies and SOPs in place, including for use of escalation areas and hospital flow protocols; Use of bank staff, agency staff in particular areas; Use of daily multi disciplinary meetings	5	4	20	Continue to work with national policy and seek best practice principles from elsewhere to trial, where resources allow; Increase collaborative working with partners re services, pathways, e.g. virtual ward, etc.;	BAF 1 *BAF 2* BAF 8 BAF 10 BAF 11	**105, 156, 169, 612, 633, 195, 177, 173, 305, 484, 155, 464,** 559

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main		Title	Owner	Risk Description	Caused by	Resulting in (consequence)	Initial risk score			Controls already in place	Current risk score (with current controls in place)			Controls to be put in place	BAF ID	Operational Risk Register ID
Safe / Responsive	4	**Increased pressure on health services**	**COO**	Increased demand for secondary care, together with poor restoration of services after COVID has affected delivery of inpatient and outpatient care.	Lack of resources in the STW ICS to deliver 7 day services: Delays in provision of tier 4 CAHMS / specialist eating disorder specialist services: Insufficient theatre space for provision of PEGS on both sites: Challenging staffing situation and skill mix:	Lack of radiology for research trials; National shortages of critical medicines: Potential patient harm and poor experience Patients may experience lack of timely intervention in their care: Flow through hospitals affected; Long ambulance waits and offloads; Longer inpatient hospital stays (NCTR)	5	4	20	Incident Command Centre in place, both locally and within the ICS to coordinate support across the patch; Business Continuity Plans in place for significantly increased pressures; Policies and SOPs in place, including for use of escalation areas and hospital flow protocols; Daily nurse staffing review to make best use of available resource:	5	4	20	Continue to work with national policy and seek best practice principles from elsewhere to trial, where resources allow; Increase collaborative working with partners re services, pathways, virtual ward, etc.;	BAF 1 *BAF 2* BAF 9 BAF 10 BAF 11	743, 659, 373, 534, 242, 183, 628, 629, 648, 630, 725, 761, 116, 195, 612, 618, 303, 306, 698, 769, 778, 50, 720, 559, 347. 338
Effective / safe	5	**Insufficient staffing capacity / skills**	**DPOD**	National shortage of healthcare staffing and increased vacancies may affect the delivery of services and the standard of patient care provided	Lack of national investment into health care: Ageing workforce: NHS pension rates decreased over last few years - NHS less attractive for long term career; Potential unavailability of financial resources	Increased patient harm: Increase in patient safety incidents: Non compliance with core standards: Inability to complete pre-assessments on some high risk endoscopy patients: Failure to learn from incidents: Decline in staff wellbeing: Increase in patient complaints: Failure to respond to complaint / incident response: Staff wellbeing affected by additional workforce stress: Delays in diagnosis: Gaps in consultant rotas potentially causing delay to consultant statutory training: Unable to meet national clinical standards: Therapy services do not comply with national staffing requirements for paediatric inpatients:	5	4	20	Daily nurse staffing review to make best use of available resource: Patients managed in line with clinical need as par as possible: Increased use of bank staff: Use of agency only in specific areas: Learning and Development offer within the organisation: Choice of leadership skill development in place: Ongoing recruitment campaigns subject to front line requirements Workforce Strategy: Rotas adjusted to cover gaps; Collaborative working with the ICS ; Where appropriate, patients given self management advice within the confines of remote care (virtual ward)	4	4	16	Continue to explore new methods of working, including increased use of technology: Continue to introduce new staff grades, and roles: Project re doctor rotas to be completed: Continue to attract apprentice type roles: Continue to attract skills of recently retired colleagues.	BAF 3 BAF 4 BAF 5	743, 536, 665, 424, 427, 776, 480, 536, 659, 303, 38, 128, 633, 156, 231, 283, 284, 343, 346, 305, 306, 708, 618, 769, 157, 61, 616, 648, 628, 629, 202, 201, 220, 585, 537, 578, 725, 249, 111, 197, 198, 685, 32, 38, 41, 50, 648
Well Led	6	**Inability to meet regulatory and legislative performance requirements**	**DG**		Increasing demand on healthcare services: Insufficient staffing / leadership capacity: Poor or faulty equipment: Poor governance processes in place, policies out of date Increasing demands from regulators	Increased patient harm: Increased regulatory intervention: Regulatory fines; Legal action taken against the Trust: Financial risk due to potential regulatory fines Failure to learn from incidents	4	4	16	Ward to board governance framework in place: Policies and procedures, reflecting updates national guidance and regulations: Mandated intensive support with NHSE in place through the Recovery Support Programme. Regular communication with CQC	3	4	12	Continue to fully engage with NHSE as part of the Recovery Support Programme; Continue to engage with CQC; Continue to engage with other third party regulators, Royal Colleges, Unions, etc.	BAF 8	520, 128, 309, 156, 169, 757, 155, 648, 761, 112, 776, 389, 535, 424, 665, 27,
Safe / Responsive	7	**Inappropriate use of expired, outdated or substandard equipment or lack of appropriate equipment**	**FD** (estate) **DS&P** (digital)		Insufficient space (estate) for some services: Escalation areas may not be fully equipped for patient care - may lack usual equipment compliance requirements; Infection control issues in some areas: No electronic system in place which is capable of monitoring whether Radiology Reports have been read or acted on: Write over / duplicate records software can be produced (radiology): Pharmacy Laura software not compatible with widows 7 or above:	Harm to patients / staff: Longer waiting times for patient / poor experience: Diagnosis delays: Poor staff morale: Risk of fire or similar outcome: Non-compliance with healthcare standards: Delays in treatment / referrals: Loss of staff or patient data;	4	5	20	Trust policies and procedures in place regarding use of hazardous equipment; Business continuity plans in place; Training provided for use of specialised equipment; Digital Strategy and work-streams in place for large scale digital upgrading. Increasing numbers of information asset owners (IAOs) being registered to ensure oversight of digital programmes.	4	4	16	Continue to ensure that policies are in place and updated to avoid consequences; Continue to communicate health and safety messages;	BAF 6 BAF 7B	191, 228, 241, 243, 626, 627, 728, 199, 443, 422, 679, 660, 645, 568, 633, 769, 371, 349, 366, 476, 645, 682, 755, 662

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main		Title	Owner	Risk Description	Caused by	Resulting in (consequence)	Initial risk score			Controls already in place	Current risk score (with current controls in place)			Controls to be put in place	BAF ID	Operational Risk Register ID
Responsive / Well Led	8	**Increasing Cyber Threat**	**DG (SIRO)**	Increasing risk in the potential for a cyber attack, particularly relating to ongoing political unrest	Out of date/ unsupported software and / or systems: Poor maintenance and lack of investment into old systems: Potential non-compliance with Cyber Essentials and Digital CareCert requirements: Lack of technically qualified subject experts:	IT systems lost or compromised: Potential significant data breach: ICO fines or action taken: Reputational damage: Financial loss:	5	5	25	Digital Services have invested in a system to monitor Security Patch compliance, unsupported/out of date software and NHS Digital CareCert compliance in near-real time: NHS Digital High Severity Alerts are acted upon as a priority to minimize exposure: Regular cyber awareness communications are distributed to staff to increase awareness and understanding of cyber related matters; SaTH continues to work toward full compliance with cyber essentials and NHS Digitals Data Security and Protection toolkit, both of which have comprehensive requirements with regards to cyber security Use of other NHS Digital and National Cyber Security Centre Services such as Vulnerability Management, BitSight, WebCheck and Early Warning System to ensure issues are picked up and responded to quickly.	3	5	15	Ongoing work continues. (Specific details have not been included here in order to protect the systems, but details are available on datix.)	BAF 7A	499,
Safe / Responsive	9	**Poor / ageing estate**	**FD**	Some areas of the organisation's estate require upgrading, attention, or reconfiguring	Current estate means some services are fragmented and located in more than one location: Insufficient space for some services: Potential unavailability of capital resources Use of RAAC in 1980's: Copthorne Lift 54 years old and unreliable: Obsolete nurse call system at PRH ED: Door access control systems are not in use in all clinical areas:	Inability to develop teams and transfer skills: Patients have fragmented pathway: Inefficiencies in flow: Risk of increased lone working: Low staff morale: Potential disruption to service delivery by closure of hazardous areas: Financial risk: Reputational Risk: Harm to patients and staff: IPC issues: Health and Safety issues: Loss of critical services supplies: Unable to acquire regulatory certificates and licences: Reverse Osmosis System at PRH poorly located, and risk of closure of service for 28 days if area flooded, etc. Unauthorised access to clinical areas: Increasing demand for care leads to lack of appropriate office space.	4	5	20	Appointment of Interim Director of Estates: Online reporting system in place for estate concerns and issues to be reported in real time; Business cases in place for various projects / capital spending; Staff receive focussed IPC training in specific areas where this is appropriate, according to the issue; More home working for admin staff where the service allows; Patients transferred to alternative accommodation where appropriate and available; Timely, Trust-wide communications cascade in place for urgent messaging to staff for arising issues, and for communications with the public / patients; Governance processes in place for monitoring ongoing incidents	4	4	16	Continuous oversight of capital plan to endeavour for improvements to be made in a timely manner; Progress HTP, thus enabling relocation of some services to a single site;	BAF 6 BAF 11	**608, 524, 279, 276,464, 627, 630, 631, 728, 626, 701, 767, 747, 75**

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