

**Report to the Meeting of the  
Oxford Health NHS Foundation Trust**

**Board of Directors**

**30 September 2020**

**BOD 61/2020**  
(Agenda item: 16)

**Board Assurance Framework (BAF) and Trust Risk Register (TRR) report**

**For: Information/Assurance**

**Executive Summary**

This report provides an update on the position of the BAF and the TRR, the development of risks in relation to COVID-19 and progress on the project to explore the use of Ulysses software for risk management and potentially migrate risk registers onto it. The Trust's Strategic Objectives are currently subject to review therefore all BAF and TRR risks need to be reviewed and aligned against the Strategic Objectives, once confirmed; this may be the final time that BAF risks are provided against the extant risk profile; and TRR risks are currently aligned against responsible director/risk owner rather than against Strategic Objectives.

**Governance Route/Escalation Process**

The Quality Committee has had oversight of the development of risks, especially during the COVID-19 period with reporting delivered in May and July 2020. COVID-19 specific risks were developed in relation to:

- Personal Protective Equipment;
- Infection Prevention & Control;
- staff wellbeing;
- the Mental Health Act;
- data risks;
- physical healthcare on wards and transfer of patients with enhanced physical healthcare needs to a general hospital during COVID-19;

- risks to Black, Asian and Minority Ethnic (**BAME**) colleagues who may be disproportionately affected by COVID-19;
- risks to service users with Learning Disabilities who may be at greater risk from the direct or indirect effects of COVID-19;
- return to work on Trust sites and risks for staff around contamination and infection; and
- theatre capacity and availability for the provision of dental treatment under general anaesthesia for adult special care and paediatric patients.

These risks have now been included within the TRR which is provided as part of the confidential supporting material in the Reading Room under RR/App-pvt BOD 01-05/2020. The TRR is provided for the Board's confidential review at Appendix 1 under RR/App-pvt BOD 01/2020 (aligned against responsible director/risk owner); and a short summary of risks by movement/risk matrix is at Appendix 2 under RR/App-pvt BOD 02/2020. The BAF is publicly available at RR/App BOD 16/2020.

Regular meetings have continued with directorate governance leads to review risks being managed by directorates and discuss escalation of risks from wards/teams up to directorate risk registers or the TRR.

### **Recommendation**

The Board is asked to note the report, and supporting confidential and public material in the Reading Room, and that the BAF and TRR will be subject to review and alignment against the Trust's new Strategic Objectives.

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**Lead Executive Director: Kerry Rogers, Director of Corporate Affairs & Company Secretary**

1. *A risk assessment has been undertaken around the legal issues that this report presents and there are no issues that need to be referred to the Trust Solicitors*
2. *Strategic Objectives/Priorities – this report relates to or provides assurance and evidence against the following Strategic Objective(s)/Priority(ies) of the Trust:*

*1) Deliver the best care possible within available resources  
(Goals: delivering the best care possible within available resources through improved safety, effective evidence-based treatments and an improved patient experience to create better outcomes for those who use our services)*

*2) Deliver care in the most efficient way*

*(Goals: focus on getting the most value and benefit from the expertise of staff, and from organisational processes, finances, and system relationships to achieve a high-level of organisational effectiveness)*

*3) Attract, retain and develop outstanding staff*

*(Goals: make Oxford Health a place where people want to work, feel valued, empowered, developed and listened to as they strive to deliver outstanding care)*

*4) Remain financially sustainable*

*(Goals: maintain financial sustainability in the face of a combination of increasing demand, substantial under-investment by commissioners and a lack of available workforce)*

*5) Collaborate with stakeholders to create integrated health systems*

*(Goals: be a leading player in the joining-up of local healthcare; and focus on pathways of care (rather than individual service areas) to improve access and waiting times, care quality, and the impact of prevention and early intervention initiatives)*

*6) Leading healthcare innovation and research*

*(Goals: be globally recognised as a leading health innovation and research organisation; and use relationships with academic institutions and regional partners to increase understanding of the causes, prevention and treatment of mental health disorders and community and social health care, to make significant improvements to peoples' lives)*

## **Summary of risk development during COVID-19**

COVID-19 specific risks have been developed in relation to:

- Personal Protective Equipment;
- Infection Prevention & Control;
- staff wellbeing;
- the Mental Health Act;
- data risks;
- physical healthcare on wards and transfer of patients with enhanced physical healthcare needs to a general hospital during COVID-19;
- risks to Black, Asian and Minority Ethnic (BAME) colleagues who may be disproportionately affected by COVID-19;
- risks to service users with Learning Disabilities who may be at greater risk from the direct or indirect effects of COVID-19;
- return to work on Trust sites and risks for staff around contamination and infection; and
- theatre capacity and availability for the provision of dental treatment under general anaesthesia for adult special care and paediatric patients.

These have been reviewed at Quality Committee but since July 2020 there has been movement in relation to:

### ***TRR 995 – Covid 19 - Potentially vulnerable staff including BAME staff***

The description of this risk has been amended so as to include vulnerable staff. In its original form the risk was focused on the risk to BAME staff further to NHS England's guidance letter in April 2020. Many of the controls in place at the Trust, such as the Health Screening questionnaire, related to all staff and one of the issues that emerged over the summer was the return of some colleagues aged over 70 to the workplace. The full risk is provided as confidential supporting material at Appendix 3\_Risk 995 under RR/App-pvt BOD 03/2020.

### ***TRR 998 – Covid 19 – Return of staff to Trust sites***

This risk will need to be re-visited given recent government changes to working at home, although the Trust has maintained a Control that staff should continue to work at home if possible. The full risk is provided as confidential supporting material at Appendix 4\_Risk 998 under RR/App-pvt BOD 04/2020.

## ***TRR 1063 - Staff Training, Appraisals and Supervision***

This risk emerged from discussions with directorates. There is a risk called 'Staff Mandatory Training', but the proposal is to widen the risk and incorporate training/ the risk of training falling below required levels, appraisals and supervision under one new risk which also reflects the reporting and monitoring arrangements in place, which sit with the Learning & Development team and Trust Supervision Lead (both reporting to the Chief Nurse). The Trust Solicitor & Risk Manager to confirm with the Medical Director, as responsible director/risk owner whether the 'Staff Mandatory Training' risk can be closed/subsumed into the new wider risk entry 1063 around 'Staff Training, Appraisals and Supervision'. The proposed new risk is provided as confidential supporting material at Appendix 5\_Risk 1063 under RR/App-pvt BOD 05/2020.

### **Strategic Risks summary**

At a Strategic (BAF) level, available at RR/App 16/2020, extreme risks remain:

- i. financial exposure (including, but not limited to, through non-delivery of Productivity Improvement Programme/Cost Improvement Programme savings, failure to realise productivity gains, constraints of block contracts in the context of increasing levels of activity and demand, the impact of historic and/or ongoing underfunding of mental health services and uncertainty as to receipt of Mental Health Investment Standard funding), at BAF 2.3;
- ii. CIP target delivery and difficulty in maintaining financial sustainability or being able to offset the annual deflator including, but not limited to, through: relatively high levels of efficiency already achieved; the cumulative impact of underfunding of mental health services combined with increasing demand and activity; increasing complexity of conditions; and inability to recruit and/or retain staff to match demand with capacity, at BAF 2.4;
- iii. demand and capacity - that increasing demand for services continues to drive cost and staffing pressures which the Trust is limited from being able to mitigate because a health and social care system-wide plan and action is required to influence this pattern of demand and it still may take 2-3 years on from FY20 to have a positive impact. In the meantime, demand for services will continue to increase whilst capacity to provide services remains, or becomes further, insufficient in terms of both funding and workforce which could result in:
  - a. inability to deliver services in a sustainable or safe way;

- b. pressure upon staff to manage resources in the context of increasing need; and
  - c. a deteriorating financial position if the Trust continues to bear the cost of high levels of demand and activity, at BAF 2.7
- iv. failure of the Health and Social Care Systems to act together to deliver integrated care, maintain financial equilibrium and share risk responsibly (especially during transition to Integrated Care Systems and from internal models of delivery to new ways of working in alliance and partnerships), at BAF 4.1;
- v. inadequate planning or ineffective planning for current and future workforce requirements (including number of staff, skill mix and training), at BAF 5.1A; and
- vi. inability to recruit to vacancies or to retain permanent staff, at BAF 5.1B.

In relation to recent movement and mitigation of high risks:

***BAF 6.4 The Trust has an extensive amount of business solutions residing in a single Data Centre on a single site, owned and managed by another provider***

The risk was brought into focus by an incident in late October 2019, where there was a failure in the single Data Centre where the Trust hosts its IT systems and services. The majority of the Trust's systems were either affected or lost for an extended period of time whilst both teams worked to restore services. The Data Centre is owned and managed by another provider and although layers of redundancy are built in (e.g. backup power sources), they did not work as designed. This failure reinforced the findings in a recent data centre audit that the Trust should continue its plans to identify and then migrate IT services to more sustainable and resilient hosting arrangements. The IM&T team has been in discussions with other data centres in order to create a fully-costed proposal for migrating all Trust-hosted systems to a commercial data centre, including geographical resilience for those business-critical systems which require it. This work has been completed and the Finance & Investment Committee in September 2020 approved the business case to relocate the Data Centre to a professionally managed alternative. The risk is therefore likely to be downgraded.

***BAF 6.2 Failure to meet the key objectives of the project to replace the Electronic Health Record system – including e-Prescribing and Medicines Administration (ePMA)***

Contract negotiations during 2018 had agreed that ePMA would be separated out from the main Electronic Health Record system and separately tendered. A revised ePMA business case, with a separate supplier, was approved by the Finance & Investment Committee in September 2020 and an update is on the agenda for the Board's private meeting on 30 September 2020.

**Ulysses software for risk management**

The TRR has been migrated to Ulysses from whom we are receiving technical support when required. The Risk Owner of each risk on the TRR is a member of the Executive and can have direct access to the TRR through the Ulysses Incident Management portal on the Trust's Intranet. Rollout can be phased out to directorate risk registers and the BAF.

Oversight and management of the TRR through Ulysses is anticipated to enhance:

- capture and completion of actions;
- oversight of review dates and completion of reviews; and
- tracking of risk movement rating (0-25), status (Level 1 – Actions to Reduce Risk are Continuing; Level 2 – Risk is at Target Level; Level 3 – Risk is Closed), and risk level (Trust, Directorate, or Team).

Discussions are taking place with directorates as to migration of directorate risk registers to Ulysses. Community Services wish to proceed and that is planned to take place on 20 November 2020. Pharmacy has also stated that it wishes to migrate to Ulysses and that will be arranged as soon as possible. A presentation was made to Oxon BSW Directorate Quality Group in August 2020 to invite their decision; and a presentation will be made to Buckinghamshire Mental Health Directorate Quality Group on 30 September 2020.

The most obvious benefit of maintaining risk registers on Ulysses is that there would be a single view of all risks that relate to, for example, the Community Services directorate and the registers would "speak" in a way that satisfies an Internal Audit recommendation to undertake a project review to centralise information including risk registers and associated action plans.