

# Report to the Meeting of the

# Oxford Health NHS Foundation Trust

**BOD 49/2021**

(Agenda item 08)

# Board of Directors

**28th July 2021**

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

**For: Information/Assurance**

**Executive Summary**

The purpose of this report is to provide an update on the position of the Board Assurance Framework (BAF) and the Trust Risk Register (TRR) and the progress of risks thereon since the last report to a Board meeting in public on 14 April 2021.

The Board is receiving this report to support it in its duties to ensure that the Trust maintains a sound system of internal control to support the achievement of the Trust’s policies, aims and objectives.

**PART 1:** Provides an update on the development of the strategic risks on **the BAF**. The full BAF is presented at **Appendix 1** to this report, if the detail is required.

There are 5 extreme/red risks on the BAF, as follows:

|  |  |  |
| --- | --- | --- |
| **Risk Title** | **Current risk Rating** | **Target Risk Rating** |
| 1.6 – Demand and capacity | 16 | 12 |
| 2.1 – workforce planning  | 16 | 9 |
| 2.2 – recruitment | 16 | 9 |
| 3.1 - Failure of the Health and Social Care Place Based, Integrated Care Systems and Provider Collaboratives to work together | 16 | 9 |
| 4.4 – Delivery of the financial plan and maintaining financial sustainability | 16 | 12 |

**PART 2:** Provides an update on the development of the operational (and Covid-19 specific) risks on **the TRR**. The full TRR or details of specific risks can be provided by the Office of the Director of Corporate Affairs & Company Secretary on request, if further detail is required.

There are 6 extreme/red risks on the TRR, as follows:

|  |  |  |
| --- | --- | --- |
| **Risk Title** | **Current risk Rating** | **Target Risk Rating** |
| 999 – Demand and capacity in eating disorder services | 16 | 6 |
| 1000 – Provision of CAMHS PICU, ED and GAU beds with the Trust’s provider collaborative footprint | 16 | 4 |
| 1018 – recruitment | 16 | 8 |
| 1019 – work related stress | 16 | 9 |
| 1068 – waiting times (mental health services) | 15 | 9 |
| 1132 - HR Systems | 16 | 6 |

Risks on the BAF and TRR are continuously reviewed and refreshed, presented to Board Committees, and reviewed at bi-monthly meetings with their respective executive owners.

**Governance Route/Escalation Process**

The BAF & TRR were last reported to a Board meeting in public on 14 April 2021. Committees and meetings which have since considered risks are as follows:

|  |  |  |
| --- | --- | --- |
| ***Date*** | ***Committee / group*** |  |
| 27/04/21 | Mental Health Act Committee | Focused review of TRR risk 1066 – non-compliance with MHA. Red risks; closed and new risks; and risk movement highlighted. |
| 06/05/21 | People Leadership and Culture Committee | Focused review of TRR risk 1019 (recruitment) and 1020 (staff stress), and BAF risk 2.2 (recruitment and retention). Red risks; closed and new risks; and risk movement highlighted. |
| 13/05/21 | Quality Committee | Red risks; closed and new risks; and risk movement highlighted. |
| 17/05/21 | Audit Committee | Focused review of BAF risk 1.6 – demand and capacity. Red risks; closed and new risks; and risk movement highlighted. |
| 20/05/21 | Finance and Investment Committee | Focused review of TRR risk 1012 (suitability of the estate), with discussion of effectiveness of current controls. Red risks; closed and new risks; and risk movement highlighted. |
| 08/07/21 | Quality Committee | Agreed to return to review of TRR 989 (physical health monitoring) and BAF 1.6 (demand and capacity) via focus on an individual risk per meeting, accompanied by further supporting detail. |
| 13/07/21 | Finance and Investment Committee | Focused review of BAF risk 3.4 (financial sustainability) with consideration of assurances and appetite in respect of this risk, and discussion of BAF risks 3.7 and 3.11. Red risks; closed and new risks; and risk movement highlighted. |
| 20/07/21 | People Leadership and Culture Committee | Focused review and discussion of BAF risk 2.5 (retention) and TRR risk 1063 (training, PDR and supervisions) with consideration of positive & negative assurances and appetite in respect of these risks. Red risks; closed and new risks; and risk movement highlighted. |

**Recommendation**

The Board is invited to:

1. note the report and supporting Appendix 1;
2. note the reviews and discussions undertaken by Board Committees in respect of the management of risk and risk registers; and
3. confirm whether it is assured that the key strategic and operational risks to the Trust are being appropriately and robustly managed.

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 **Hannah Smith, Assistant Trust Secretary.**

**Lead Executive Director: Kerry Rogers, Director of Corporate Affairs and 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) Quality - Deliver the best possible clinical care and health outcomes*

*2) People - Be a great place to work*

*3) Sustainability – Make best use of our resources and protect the environment*

*4) Research and Education – Become a leader in healthcare research and education*

**PART 1 – BOARD ASSURANCE FRAMEWORK (BAF) – STRATEGIC RISK UPDATE *– for information***

The following section highlights **for information** red risks, new risks, closed risks, and risk movement/change on the BAF. Further detail relating to these risks can be found in the full BAF at **Appendix 1** to this report.

**‘**Red’ risks on the BAF

The following BAF risks are rated as extreme risks with current risk ratings of 15 of more:

|  |  |  |  |
| --- | --- | --- | --- |
| **Risk Title** | **Current risk Rating** | **Target Risk Rating** | **Owner** |
| 1.6 – Demand and capacity | 16 | 12 | MD Primary & Community Care Services |
| 2.1 – workforce planning  | 16 | 9 | Interim HR Director |
| 2.2 – recruitment | 16 | 9 | Interim HR Director |
| 3.1 - Failure of the Health and Social Care Place Based, Integrated Care Systems and Provider Collaboratives to work together | 16 | 9 | MD Mental Health & LD |
| 4.4 – Delivery of the financial plan and maintaining financial sustainability | 16 | 12 | Director of Finance  |

New risks

***2.5 – staff retention*** – *Owner: Interim Director of HR* - risks around staff retention were formerly included in risk 2.2 (recruitment) but these have now been separated following discussion with the Executive Owner and HR team, given the differing controls and workstreams to address recruitment and retention challenges.

Risk change/movement

***2.4 - Developing and maintaining a culture in line with Trust values*** – *Owner: Interim Director of HR* – this formerly provisional risk has now been completed and risk rating applied.

***3.4 – delivery of the financial plan and maintaining financial sustainability*** – *Owner: Director of Finance* – target risk rating reduced to 12 (from 16) following discussion in Finance and Investment Committee and bimonthly risk meeting with Director of Finance to reflect ambition to achieve improvements in financial sustainability and financial control environment.

**↑** ***3.6 – Governance and making arrangements*** – *Owner: Director of Corporate Affairs & Co Sec* - current risk rating increased to reflect current gaps in controls (including need to update core constitutional documents an Conflicts of Interests Policy – action: update of core docs by Sept 2021) and lack of assurance given no recent Well-led inspections or audits (action: Self-assessment planned for FY 21/22).

Closed risks

None

**PART 2** **–** **TRUST RISK REGISTER (TRR) – OPERATIONAL RISKS SUMMARY *– for information***

The following section highlights **for information** red risks, new risks, closed risks, and risk movement/change only in relation to those risks on the TRR. Further detail relating to these risks can be found in the Trust Risk Register, available on request from the Office of the Director of Corporate Affairs.

**‘**Red’ risks on the TRR

The following TRR risks are rated as extreme risks with current risk ratings of 15 of more:

|  |  |  |  |
| --- | --- | --- | --- |
| **Risk Title** | **Current risk Rating** | **Target Risk Rating** | **Owner** |
| 999 – Demand and capacity in community eating disorder services | 16 | 6 | MD Mental Health & LD |
| 1000 – Provision of CAMHS PICU, ED and GAU beds with the Trust’s provider collaborative footprint | 16 | 4 | MD Mental Health & LD |
| 1019 – recruitment | 16 | 8 | Interim HR Director |
| 1020 – work related stress | 16 | 9 | Interim HR Director |
| 1068 – waiting times (mental health services) | 15 | 9 | MD Mental Health & LD |
| 1132 - HR Systems | 16 | 6 | Director of Strategy & CIO |

New risks

***1131 – COVID-19 effect on the care of mental health patients of all ages in the community –*** *owner: MD for Mental Health & LD*

There is a risk that, as a result of Covid-19, the Trust fails to: (i) undertake the same quality of assessment of new referrals and/or existing service users; and/or (ii) assess patients in a timely way; and/or (iii) proactively review and be in contact with patients on community mental health teams' caseloads; and/or (iv) maintain or increase therapeutic activity and supportive interventions to prevent relapse or escalation of mental health needs for people (of all ages) in the community, resulting in poor patient outcomes or harm to patients or the public (including death).

***1132 – HR Systems*** *– owner: Director of Strategy & CIO*

This risk was identified as part of an internal audit of IT systems. The Trust uses several systems to capture information about its employees, which have evolved over many years. These systems are not joined up, data is often updated manually, not in real time, and there is no visibility of requests or automated process to verify changing data. This presents challenges relating to system access, data quality and adherence to GDPR. A full HR Systems Development Business Case is being prepared, proposing the use of a digital workflow platform to link together systems that hold employee information.

***1135 – OCC Adult Social Care decline to share patient information using oxfordhealth.nhs.uk accounts*** *– owner: MD for Community and Primary Care*

Some OCC / DOLS teams will not reply to or send emails to secure Oxfordhealth.nhs.uk email addresses (instead relying on NHS.net and Egress accounts). There is a risk of delay in information sharing and missing out key safeguarding information.

Risk change/movement

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Direction of change** | **Former rating**  | **Current rating** | **Target rating** | **Risk**  |
| ↓ | 12 | **8** | 8 | 990 – PPE (Covid19 risk) |
| ↓ | 12 | **8** | 8 | 997 – IPC (Covid-19 risk) |
| **↑** | 12 | **16** | 6 | 999 – demand and capacity in community ED services |
| **↑** | 12 | **16** | 4 | 1000 – Provision of CAMHS beds within the provider collaborative footprint |
| ↓ | 9 | **6** | 3 | 1010 – End of Life Care |
| **↑** | 4 | **8** | 4 | 1044 – medicines management  |
| ↓ | 15 | **10** | 5 | 1084 – inpatient self-harm |

Closed risks

***991 – Staff Wellbeing*** (Covid-19 specific)

***994 – Trust is unable to transfer patients with enhanced physical healthcare needs to a general hospital during the Covid-19 period*** (Covid-19 specific)

***996 – Covid-19 risk to service users with Learning Disabilities*** (Covid specific)

***1082 – FFP3 mask fit testing*** (Covid specific)

**RECOMMENDATIONS**

The Board is invited to:

1. note the report and supporting Appendix 1;
2. note the reviews and discussions undertaken by Board Committees in respect of the management of risk and risk registers; and
3. confirm whether it is assured that the key strategic and operational risks to the Trust are being appropriately and robustly managed.