

BOARD OF DIRECTORS MEETING (Open)

Date: 12th April 2017

Item Ref: 13

TITLE OF PAPER	Board Risk Profile
TO BE PRESENTED BY	Margaret Saunders Director of Corporate Governance (Board Secretary)
ACTION REQUIRED	Discuss and approve the Board Risk Profile. Agree to continue to receive monthly updates.

OUTCOME	To ensure the Board of Directors is fully informed of the high level risks that are prevalent within the Trust.
TIMETABLE FOR DECISION	The Risk Profile will be presented to the Board of Directors on a monthly basis.
BAF OBJECTIVE No and TITLE	Strategic Aim 5 – financially viable, effective and well governed organisation.
LINKS TO OTHER KEY REPORTS / DECISIONS	Internal Audit Reports on Risk Management Corporate Risk Register Board Assurance Framework Directorate Risk Registers
LINKS TO OTHER RELEVANT FRAMEWORKS BAF, RISK, OUTCOMES ETC	Board Assurance Framework (BAF) links to strategic aims and objectives, corporate (organisational) risk register, directorate risk registers. Plus the regulatory requirements of NHS Improvement.
IMPLICATIONS FOR SERVICE DELIVERY AND FINANCIAL IMPACT	Implications of individual risks outlined on the Risk Profile.
CONSIDERATION OF LEGAL ISSUES	Compliance with Governance requirements of NHS Improvement including Trust Provider Licence.

Author of Report	Margaret Saunders
Designation	Director of Corporate Governance (Board Secretary)
Date of Report	April 2017

Summary Report

Report to: Open Board of Directors

Date: 12th April 2017

Subject: Board Risk Profile

From: Margaret Saunders, Director of Corporate Governance (Board Secretary)

Prepared by: Margaret Saunders Director of Corporate Governance (Board Secretary)

1. Purpose

The attached report is the Board Risk Profile produced using the high level risks currently recorded on the Trust's Corporate Risk Register. This report is provided to enable greater awareness and understanding at Board level of the major risks facing the organisation and for the Board to challenge the effectiveness of the controls in place to mitigate these risks.

2. Summary

The corporate risk register records the risks that underlie the strategic, overarching risks that are captured on the Board Assurance Framework (BAF); the operational risks that the Trust faces on a day-to-day basis. Risks that cannot be controlled within a single directorate, or that affect more than one directorate, are recorded on the corporate risk register.

The risks on the Risk Profile have been graded using the Trusts 5 x 5 risk matrix shown below. Only those risks rated 12 or above are shown on the Board Risk Profile of which there are currently four.

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

Once completed, actions are no longer shown on the report. Therefore all actions are either outstanding or on-going.

Since this report was last presented to the Board of Directors in March 2017 the following amendments have been made:

(i) Risk Numbers: to amend this section

3627 – Hurlfield View has been closed.

2196 – Section 75 has been closed.

(ii)

Risk No	Description	New	Risk Description updated	Risk rating amended	Controls updated	Actions updated
2175	Cost Improvements	X	X	X	X	✓
3439	Transformation Agenda Clover Group	X	X	X	X	✓
3679	Risk of Harm from ligatures	X	X	X	X	✓
2163	Statutory and mandatory training	X	X	X	✓	✓

3. Next Steps

- New corporate risks will be discussed with risk leads, to ensure accurate recording of risks, controls and actions, prior to inclusion on the corporate register, where EDG agrees appropriate for inclusion;
- The Director of Corporate Governance will maintain the corporate risk register on the Board’s behalf;
- Following discussion at EDG regarding directorate escalated risks, additional risks may be added to the Profile, prior to presentation at the next Board meeting;
- The Executive Directors’ Group (EDG) will review the Risk Profile prior to Board meetings;
- The Corporate Risk Register will continue to be presented to the EDG in its entirety on a quarterly basis. The risks relevant and rated 12 and above will be presented to Audit Committee, QAC, FIC and WODC at least four times a year.

4. Required Actions

The Board of Directors is asked to:

- Discuss and approve the Board Risk Profile;
- Agree to continue to receive monthly updates.

5. Monitoring Arrangements

The corporate risk register will be maintained by the Director of Corporate Governance. EDG and the Board of Directors will receive and monitor high level risks on a monthly basis. EDG, the Quality Assurance Committee and the Audit Committee will receive and review the corporate risk register on a quarterly basis.

6. Contact Details

For further information, please contact:

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PUBLIC BOARD RISK PROFILE

Risk No. BAF Risk	Lead Director	Details of Risk	Consequence Likelihood	Current Score	CONTROLS IN PLACE	ACTIONS	TARGET DATE
2175 4.1	Executive Director Of Finance	Failure to deliver required levels of CIP and disinvestments recurrently.	4 Major 3 Possible	12	<ul style="list-style-type: none"> CIPs and disinvestments for 2016/2017 are being managed and monitored by EDG. All clinical CIP plans are quality impact assessed (QIA) and reviewed and approved by the CIP and Disinvestment Working Group. Creation of Transformation Programme Group will shortlist, prioritise and recommend for decision schemes to support the Trust achieve its savings challenge / strategic change programmes. This group's remit incorporates full oversight of the CIP planning and delivery process including making recommendation on priorities and resource utilisation and reporting against delivery to BPG and EDG. The Director of Finance is managing directorate performance via the Trust's performance framework which ranks directorates into tiers based on forecast outturn position and CIP/disinvestment gaps. Directorates ranked in the lowest tier will be required to produce and implement a financial recovery plan which is being monitored via monthly meetings with the Director of Finance and Executive Directors Group. 	<ul style="list-style-type: none"> Vacancy control panel to review progress and amend recruitment controls monthly. Transformation Programme Group to update EDG on COP planning gap and make recommendation on schemes to progress to close the gap. Understand MARS scheme impact on financial risk (the extent to which it facilitate additional CIP or managed disinvestment) and incorporate into April position/risk assessment (Signed schemes of c£470,000 at 31 March 2017). 	<ul style="list-style-type: none"> 30/04/2017 13/04/2017 30/04/2017

PUBLIC BOARD RISK PROFILE

Risk No. BAF Risk	Lead Director	Details of Risk	Consequence Likelihood	Current Score	CONTROLS IN PLACE	ACTIONS	TARGET DATE
					<ul style="list-style-type: none"> • Trust business planning cycle and processes. • Reployment Group established to ensure processes are in place to mitigate loss of services/income Trust wide (c£12m) and minimise the financial impact. • Executive oversight of recruitment through vacancy control panel to enact changes including vacancy freezes where required. 		
3439 1.1	Executive Director - Operation	Due to the high turnover of staff within Clover and high usage of locum/agency staff there is a risk to the successful implementation of the transformation agenda as the service moves from the old to the new systems. High usage of temporary staff can impact on the quality of service provision and its delivery.	4 Major 4 Likely	16	<ul style="list-style-type: none"> • Organisational change process complete and transformation agenda being implemented within a 6-12 month timeframe, but in line with agreed tender funding levels. However, there is a challenge in delivering within the financial constraints. • Close monitoring at SMT with HR. • Staff continue to be supported through any organisational change. • Engagement of temporary staff - admin and reception, plus locum clinicians. • Continual staff engagement and communication to ensure staff are 	<p>Discussed at Joint Executive Board held on 6 March 2017, remains under continuous review. Meeting with SCCG re Clover Group contract to be held 13 April 2017.</p> <p>Briefing to be prepared for Board of Directors to provide update on progress of identified risk and its mitigation.</p>	30/04/2017 10/05/2017

PUBLIC BOARD RISK PROFILE

Risk No. BAF Risk	Lead Director	Details of Risk	Consequence Likelihood	Current Score	CONTROLS IN PLACE	ACTIONS	TARGET DATE
					kept up to date.		
3679 1.4	Executive Director - Operation	Risk of harm to service users via ligatures.	5 Catastrophic 3 Possible	15	<ul style="list-style-type: none"> • Service user individual risk assessments. • Annual formal ligature risk assessments. • Weekly Health and Safety checks. • Reviews following ligature incidents. • Ligature risk reduction policy and procedures. • Management of equipment and estates work. • Clinical risk training. • Clinical practice including observations as directed by observation policy. • Risk identified at directorate level on risk register. • Design of new clinical environments. • Engagement in collaborative care planning with service users. 	<ul style="list-style-type: none"> • Ensure full implementation of new observation policy. • As part of the service redesign ensuring that all environments meet the agreed the specification for reduced fixed ligature points. 	<ul style="list-style-type: none"> 30/06/2017 28/09/2017

PUBLIC BOARD RISK PROFILE

Risk No. BAF Risk	Lead Director	Details of Risk	Consequence Likelihood	Current Score	CONTROLS IN PLACE	ACTIONS	TARGET DATE
2163 5.3	Director Of Human Resources	Risk of non-achievement of Trust's target for staff attending statutory and mandatory training.	3 Moderate 4 Likely	12	<ul style="list-style-type: none"> The Trust has a standardised compliance report. This is now provided to directorates on a monthly basis. Directorates have established Mandatory Training Leads within each senior management team. They are responsible for improving attendance and training compliance. There are targets set (and monitored) for each subject for each Directorate. An annual training needs analysis and training plan is developed which covers a wide range of training (not just mandatory training). This is co-ordinated with the City Council process. The Mandatory Training Steering Group (MTSG) co-ordinates actions on improving training delivery and recording between Education and Training, Directorate Leads and subject leads across the Trust. Mandatory Training Steering Group oversees a regularly reviewed action plan and gap analysis. Illustrative costs identified of the financial implications for the full achievement of currently identified 	<ul style="list-style-type: none"> Revised plan for Mental Health Act training following CQC visit. Reports to be developed via Business Intelligence. This time scale has slipped because QlikView is not able to access the required data. Alternative options are being explored with IT. CCG have requested revised proposals from the Trust on targets and trajectory that are more realistic and achievable. Business case to be submitted to BPG re resourcing for the Respect Training Team. 	<ul style="list-style-type: none"> 31/05/2017 28/04/2017 30/04/2017 30/05/2017

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Risk No. BAF Risk	Lead Director	Details of Risk	Consequence	Likelihood	Current Score	CONTROLS IN PLACE	ACTIONS	TARGET DATE
						<p>mandatory training.</p> <ul style="list-style-type: none"> • A trajectory for improved compliance per subject and per directorate has been agreed with the CCG. • Directorates performance manage compliance rates for own area and add to Directorate risk register where specific issues arise. • E-learning lead in place. This role includes the development and promotion of more e-learning packages. E-learning local leads have been recruited to support staff in completion. • Training Competencies Requirements (TCRs) have been revised on OLM and a revised process establishing for defining these for new roles. • Mandatory Training Compliance has been included in business planning process for all directorates 2017/18. • Further additional courses arranged to reach required compliance levels Jan to Apr 2017. • Sustainable delivery plan (from April 2017) agreed by EDG Dec 16 - further revised and agreed in March 2017. 		

PUBLIC BOARD RISK PROFILE

Risk No. BAF Risk	Lead Director	Details of Risk	Consequence	Likelihood	Current Score	CONTROLS IN PLACE	ACTIONS	TARGET DATE
						<p>This plan will enable the Trust to maintain compliance.</p> <ul style="list-style-type: none"> • Compliance Reports are now provided at the Team Level where requested. • Content of Induction and other Mandatory Training has been reviewed. • Revised approach to training and training compliance has been developed and agreed at EDG for Bank staff. • E-assessments have been developed for some repeat training. 		