Meeting	QUALITY, PATIENT EXPERIENCE AND SAFETY COMMITTEE
Agenda item	
Report title	Risk Review
Date	16 February 2022
Author	Associate Director of Governance
Executive sponsor	Director of Quality and Safety, Chief Nursing Officer

This paper is for (tick as appropriate):					
☐	Action	☒	Discussion	☒	Assurance

Executive summary & Recommendations:

The Trust's risk management policy sets out the responsibility of this Committee in reviewing all risks rated 15 and above across the Trust and escalation to the Corporate Risk register.
The Corporate Risk Register will be reviewed by the relevant Board Committees (IQC, People and FPP).

There are currently 27 corporate risks open (rated at 15 or above) the full details of which are held in appendix 1 (Risk Register Summary). There are also three BAF risks rated 15 or above. Many of the risks can be linked thematically in terms of their affect on specific services or their focus (i.e. capacity and demand).

There has been movement since Quarter 2 reporting with six risks being regraded below 15 (see table 4 below) and therefore no longer on the corporate risk register. In addition one risk has been regraded above 15 and five new risks added to the register.

Notable reduction in risks is the downgrading of two medical staffing risks. Whilst this demonstrates an improved position this remains an issue in some services and others have managed the shortfall through temporary staffing arrangements. This will require close monitoring through the safer staffing group and reporting to this Committee from local CGC escalation.

Resolution of specialist PPE (clear face masks) to support communication is a success since the last quarterly review of risks.

Also environmental improvement works in secure care have shown an improvement in ligature risk to patient property storage through the capital programme.

An analysis of the alignment of the corporate risk register and the BAF is set out below:

Quality and Safety
The continued risks associated with the resurgence of Covid infections as seem with the Omicron surge validates the existing BAF risk.
Many of the new risks are focused on service capacity born out through recent covid pressures

There is also a clear inter-relationship between Quality and Safety and the People risks associated with recruitment and retention (see below).

There is clear interdependency between those risks aligned to Sustainability and Quality and Safety, particularly seclusion provision and ligature risks. This is reinforced through the multifactorial approach to

People
Two medical staffing risks have de-escalated below the corporate risk register threshold (15), this however does not mean that risks have gone away as there are a number of temporary staffing solutions in place which will need continued monitoring.

As they emerge the broader workforce development, recruitment and skill mix approaches will need detailed reference in the BAF.

Sustainability
There is one new risk aligned to sustainability which relates to cyber security.

The BAF risk focuses on financial risks associated with being able to support capital programmes, this makes an indirect link with the sub-BAF risks.

It may be useful to make this link specific through the BAF via: Sustainability, Caring for the environment – Safety and Quality of Therapeutic Environment. This will strengthen the clinical environment improvement drivers by making a direct link with Safety.

Conclusion
The alignment between risks within the risk register (rated 15 and above) and the BAF is largely reflective, the quarterly analysis of the corporate risk register and review at Board Sub-Committees will ensure that this remains the case.

As risks to BSMHFT and its service provision continue to evolve it is important that the BAF remains dynamic to reflect this and the planned mitigations in place.

Notably there are no corporate risks that directly reference equality, either in terms of workforce or service user access. Given the evidence of equality gaps both in relation to service access but also workforce equality and its recognition within BSMHFT strategic priorities further work is required to ensure that this is reflected sufficiently within the corporate risk register.

Reason for consideration:

The Committee is asked to receive this report as an update on the key risks facing the Trust's services.
The Committee is also asked to support the recommendations set out in this report to strengthen the link between risks rated over 15 and how they are reflected in the BAF.

Previous consideration of report by:

Clinical Governance Committee on 1 Feb 2022

Strategic priorities (which strategic priority is the report providing assurance on)

QUALITY: Delivering the highest quality services in a safe inclusive environment where our service users, their families, carers and staff have positive experiences, working together to continually improve

Financial Implications (detail any financial implications)

There will be costs associated with delivering a capital programme aligned to the environmental safety risks, together with potential increases in workforce costs.

There will be a number of balancing financial factors through workforce realignment and recruitment and development together with temporary staffing solutions used to manage

workforce risks.

Board Assurance Framework Risks: *(detail any new risks associated with the delivery of the strategic priorities)*
This review is designed to directly support the dynamic review of the BAF to reflect existing and emerging risks to BSMHFT.
Equality impact assessments:
Given the nature of the key risks set out above it is recognised that these have the potential to further widen the health inequality gap. Workforce and service access equality risks and impacts will need to be monitored closely. Notably there are no corporate risks that directly reference equality, either in terms of workforce or service user access.
Engagement *(detail any engagement with staff/service users)*
It is important that all staff are sighted on those risks that have the widest reach and highest impact on the delivery of safe, effective and sustainable services.

Contents

Introduction

The Trust's Risk Management Policy (currently in draft) sets out the requirements for the effective recognition, management and oversight of risks across the organisation.
It sets out the responsibility of all staff in ensuring that risks are identified, assessed and managed.
The Eclipse system is the vehicle for recording and scoring risks as well as setting out the actions to be taken to mitigate them.

It is the role of his committee to review all risks with a score of 15 or more to determine whether they will compromise the Trust's ability to deliver its corporate objectives and business plan.

The Corporate Objectives are:

1. Improving our **Quality and Safety**
2. Developing our **People** and our culture
3. Transforming our **Clinical Services**
4. Creating **Sustainability**
5. Addressing Equality, Diversity and Inclusion

All risks which could significantly compromise the Trust's ability to deliver its corporate objectives and business plan will be reviewed on a quarterly basis by the Integrated Quality Committee, People Committee and FPP and will inform the Board Assurance Framework.
The Trust Board will review the Board Assurance Framework inclusive of the high scoring risks compromising delivery of strategic objectives on a quarterly basis.

Board Assurance Framework

The current focus areas of the Board Assurance Framework are:

Table 1 - Integrated Quality Committee

Quality and Clinical services	
IQC1	Improving service user experience
IQC2	Preventing harm
IQC3	A patient safety culture
IQC4	Quality Assurance
IQC5	Leader in mental health
IQC6	Major public health incident
IQC7	Clinically effective

Table 2 - People Committee

People	
P1	Transforming our culture
P2	High performing workforce
P3	Communication, inclusion and wellbeing
P4	Modernising our people practice
P5	Flexible. transformative workforce models

Table 3 - Finance Performance and Productivity Committee

Sustainability	
FPP1	System finances and partnership working
FPP2	Transforming with Digital
FPP3	Caring for the environment – Social Responsibility
FPP4	Caring for the environment – Safety and Quality of Therapeutic Env.

Risks Summary

There are currently 27 corporate risks open (rated at 15 or above) the full details of which are held in appendix 1 (Risk Register Summary). There are also three BAF risks rated 15 or above.
Many of the risks can be linked thematically in terms of their affect on specific services or their focus (i.e. capacity and demand).

There has been movement since Quarter 2 reporting with six risks being regraded below 15 (see table 4 below) and therefore no longer on the corporate risk register. In addition one risk has been regraded above 15 and five new risks added to the register. New risks are indicated in the associated table for each board committee below.

Table 4 - Risks Removed from the Corporate Risk Register

Risk no.	Risk Description	Directorate
1584	There is a risk to patient safety, experience and the efficacy of treatment due to medic caseloads in the eating disorders outpatient service having increased significantly in the last 3 years, whilst the capacity has not increased in line with that. The outpatient consultant is able to see 2 new patients and 5 follow ups per week and the specialty doctor is able to see 2 new patients and 10 follow ups per week. The current specialty doctor is leaving the service and whilst the job went out to advert, no suitable candidates were able to be shortlisted, the job has gone back out to advert but there will be a gap between the current specialty doctor leaving and any new appointment. Even prior to this demand in the service has been outpacing capacity significantly and caseloads have tripled in the last 3 years. The consultant's clinics are fully booked until November 2021 and there are an additional 40 patients on the waiting list for follow up. Due to the nature of eating disorder	Barberry Spec.
1441	There is a risk that the requirement to wear masks significantly impairs the communication between patients and staff. This is because for patients and staff who use BSL or lip read, reading lip patterns and non-manual features are a critical aspect of effective communication. This could lead to vital information about a patients needs, care and treatment being missed, misunderstood or miscommunicated. This in turn could mean that vital information to manage crisis's, incidents and risks is missed.	Barberry Spec.

	At the same time if staff and patients used other alternative PPE that does not conform to the required standard as surgical masks, or they remove their PPE in order to communicate effectively at times of need, this risks spreading Covid 19. Clients are requesting that staff remove their masks for the purpose of effective communication. This is also an Equalities issue, as this affects the specific communication needs of patient's and staff with a protected characteristic under the Equalities Act	
1588	Reduced medical staffing and vacancies at Lyndon Clinic CMHT are impacting on the ability of the team to provide all required services. The intended medical workforce is 2 WTE Consultants and 2 WTE Specialty Doctors. However, currently there is only 1.0 WTE agency Locum Consultant (without AC Approval) and 1.0 WTE substantive Specialty Doctor in post. This is due to lack of applicants to the substantive consultant posts and middle grade posts and a scarcity of locum agency doctors available. The team currently carries caseloads of 1106 and 968 leading to a combined high caseload of 2074. This is creating the following risks: One caseload uncovered. Delays seeking Approved Clinician/Responsible Clinician for Section 37/41 (Ministry of Justice) and Community Treatment Order patients Reduced ability to respond to crises, HTT step downs, new assessments and duty patients Insufficient medical workforce in place to see routine patients Long waiting times Impact on other profession	ICC
1611	Medical RC cover to the North sites is not sufficient to cover the statutory needs of service users currently placed there. Currently the post for Rookery Gardens and Endeavour Court oversees 39 service users, 27 of them MHA detained in 7.5 sessions, including 37/41 cases. The current 2 session provision to cover Forward House oversees 12 service users, 10 of them MHA detained including 37/41 cases. The consequence of this is that statutory requirements are missed, audits of compliance across the 3 sites has been poor, in terms of MH monitoring and pharmacy related obligations. Risk of illegal detention and practice through lack of response through non compliance of statutory responsibilities.	Recovery
1603	Citrine, Coral and Tourmaline have floor to ceiling wooden cupboard and shelving units in service user bedrooms. At the top are cupboards that are not in use due to their height. It was noted in a ligature risk assessment, that there is a gap	Secure

Risk no.	Risk Description	Directorate	Current Risk Rating
	between the cupboard door and the frame, where a cord could be threaded through, to make a anchor point for a suspended ligature. Due to the height of the structure, and the shelving providing service users a way of accessing this, this creates a concerning environmental ligature risk.		
1476	Internet Connectivity Issue: Service site in Perry Barr Police Custody has had poor internet connection which has caused significant disruption to the service the Liaison & Diversion Team is commissioned to deliver.	Secure	

Tables 5-7 set out those risks aligned to each of the three board committees and clusters these risks into groups where there are synergies:

Table 5 - IQC

Risk no.	Risk Description	Directorate	Current Risk Rating
New Risks			
1634	There is a significant risk to patient safety and the appropriate management of women who present in an acute mental health crisis. This specifically relates to women under the care of the perinatal community - SWB and who have a Sandwell GP, as in a crisis they would require the support of the Sandwell Crisis Team. Since approx. Sept 2021 all of the crisis referrals made to this team have been rejected, as the current Medic within that team is insisting that a medic review be carried out by the perinatal community team first - which is neither the agreed process nor practical and appropriate. This could lead to women in significant crisis not receiving the right support, from the right team at the right time.	Specialties	15
1636	There is currently no provision for Solar patients outside of 8am - 8pm, resulting in a gap in clinical services for our children and young people.	ICCR	15
1638	Staffing shortages on lavender ward due to vacancies and sickness- unable to safely staff the ward	Acute & Urgent Care	15
1639	There is a risk that there is not sufficient resource within the team to manage peaks in referrals and to provide an equitable service across the Central Region (East and West Mids and Wales). This is caused by the delays in the tender process (future service delivery model is not clarified, insufficient financial resource is available to recruit sufficient staff)	Secure	15

	and delays in recruitment. This introduces risk in terms of missed cases, poor information sharing, increased inefficiencies and ineffective multiagency working as well as increased staff stress and burn out.		
Regraded Risks (escalation)			
950	There is a risk that CMHT caseloads will continue to be above 35 which will breach regulation 18 HSCA (RA) Regulations 2014 Staffing. Caused by CMHT having 3 workstreams being: primary care talking therapies, memory drug prescribing & monitoring and core secondary mental health provision. This may result in higher risk of clinical incidents, increase in staff sickness, poor work-home-life balance, service users not receiving a quality service and increased waiting lists and waiting times for service users.	Specialties D&F	16
Existing Risks			
BAF2_0015	If the Trust does not have effective measures in place to manage the containment and treatment of a Pandemic outbreak or a Terrorist Attack then the effectiveness of services provided to service users and the health and well-being of staff may be compromised.	BAF	16
1263	If BSMHFT does not sufficiently plan for and respond to an outbreak of Coronavirus (COVID-19), then it may cause negative impacts to the health and safety of patients, staff and visitors as well as causing widespread service disruption.		15
276	There is a risk that there is insufficient capacity across Acute Care pathway to manage patient demand.	Acute Care	20
877	For several years from the 2015 BSMHFT New Dawn Service Redesign and loss of the 0-25 Mental Health Services, there has been a steady increase in the clinical demand that is in excess of the workforce capacity (across multiple professional groups including medical, nursing, psychological and allied health professionals). A number of strategies have been tried to mitigate the risks associated with this including Intensive Caseload Management across CMHTs and the Primary Care Liaison Pilot (supported for a limited time period by the CCG, but not funded recurrently).

In recent months, we have started a CMHT | ICC | 16 |

	Caseload Stratification project to develop a Decision Support Tool to help teams and clinicians identify the levels of acuity and needs of the patients on the large caseloads to then stream the patients into the appropriate clinical care pathways. Additionally, as part of the Long Term Plan's Transforming Community Mental Health Services, there is an opportunity to bid for the Trans		
1486	Increasing caseloads in all CMHT teams and issues with recruiting staff across all disciplines is leading concerns about the timeliness of care being provided to service users. Several teams are seeing lengthening waits for Care Coordinators and Medic appointments. This is of particular concern in the teams based at Northcroft where 50% of referrals are waiting at least 9 months for an appointment. This is leading to a risk of delays in follow-up appointments, patient reviews and a risk of poorer outcomes for patients.	ICC	16
1545	There is a risk to patient safety, the quality of care and patient experience due to high waits across all Older Adult CMHTs, this includes waits for new assessments, follow ups and patients awaiting care coordination.

These waits are due to capacity issues and high referral rates for all teams.   There are currently 593 patients who are currently waiting to be seen across all 5 Older Adult CMHT Hubs and in some teams, for some of these patients there limited (if any) clinic capacity for these patients to be seen until September / October 2021.

Some patients have been waiting for a considerable amount of time and this in itself poses a risk as potentially their mental health or cognition may have deteriorated whilst they have been waiting to be seen and as a service we may not be aware of any change in their presentation that would present a risk to their wellbeing or safety that would require an intervention. | Dementia & Frailty | **Increased** 20 |
| 909 | MSU Womens service hold a high risk patient group who are at risk of serious harm to self due to ingesting risk items. This could lead to unintentional/unavoidable death. This will also have an impact on staff morale and well being | Secure Care | 15 |

	and have an impact on institutional reputation.		

Table 6 - People Committee

Risk no.	Risk Description	Directorate	Current Risk Rating
Existing Risks			
BAF2_0007	We will be unable to recruit future staff if our current staff feel undervalued as a result of a failure to: -Recognise and address negative working behaviours such as bullying and harassment -Promote a culture of openness, transparency and fairness -Deliver a diverse workforce that representative of the population that it serves. -Address the demand and capacity in the system.	BAF	16
1049	Failure to recruit and retain staff to enable safe staffing levels could result in a breach of HCSA regulation 18 (staffing). Risk of increasing reliance on agency and temporary workforce, will result in poor continuity of care and impact on safer staffing requirements.	People & OD	16
1058	Shrinking supply of mental health nurse nationally. Additionally, Difficulties in recruiting to and retaining Band 5 Registered Mental Health Nurse and shortage of experienced Band 6 Registered Mental Health Nurses continues to be a challenge. Nearly a third of all leavers are band 5 nurses and band 3 HCAs from inpatient settings (including secure services) .Additionally recent intelligence is showing that the bursary is impacting Nursing in particular Mental Health Nursing which historically attracted a mature workforce (e.g. the potential impact on living standards).	People & OD	16
1059	Shrinking supply of Junior Drs (Core Trainees) nationally specialising in Psychiatry and recruitment and retention of certain Consultant and SAS doctor roles continues to be a challenge. This poses a risk to medical capacity and clinical expertise of the workforce.	People & OD	16
1544	There is a risk to patient safety, experience and treatment efficacy due to vacancies and sickness amongst consultants. Clinic appointments already arranged have had to be cancelled and re-booked, unfortunately at present clinics are fully booked up until the start of October and therefore patients will be facing longer waits to be seen. This also means that there is a gap in Senior Medic leadership in	Dementia & Frailty	20

Risk no.	Risk Description	Directorate	Current Risk Rating
	MDTs. This has already led to a number of informal and formal patient complaints, especially from patients who have experienced multiple cancellations and rebooking of later clinic appointments. Referral rates have also been increasing and this exacerbates the problem further.		
1021	The delivery of OD interventions to prevent and reduce the negative impact of bullying and harassment in the organisation are impacted by the level of OD resource and investment.	People & OD	15

Table 7 - FPP

Risk no.	Risk Description	Directorate	Current Risk Rating
New Risks			
1637	High level security Risk from NHS Digital: LOG4J (Care Cert CVE-2021-44228)	Resources Directorate	16
Existing Risks			
BAF2_0012	Failure of the medium to long term financial sustainability of the Trust due to: -Shortfall of funding for capital projects -Failure to achieve planned annual surplus -Shortfall in cash leading to adverse SOF score	BAF	**Reduced** 15
108	Savings schemes are not delivered in full meaning the Trust may fail to meet its financial plan leading to a deficit in year, a fall in financial risk rating or inability to fund capital programme	Resources Dir.	16
1225	Availability of Capital Funding for all capital projects including Minor, Major, SSBM and ICT projects	Resources Dir.	16
1507	Trust capital priorities cannot be fully accommodated due to competing demands across the BSOL STP.	Resources Dir.	16
1478	There is an increased risk of catastrophic event (fatality/ significant harm to self/ significant harm to staff) due to the current lack of purpose built seclusion facility within the womens secure blended service acute wards. There is increased need to seclude patients within none designated rooms which impacts upon risk, safety and their dignity and also breaches Code of Practice requirements. The lack of seclusions on site has resulted in us transferring patients to our male secure sites which increases risk on transfer but also impacts upon the quality of care that our patient receives as they are within an unfamiliar environment and we are not in a position to be	Secure	20

	able to safely assess gradual exposure back into the ward environment as the patient is away from their 'home' ward. We have experienced female pts requiring seclusion who also engage in significant self injurious behaviour and seclusion within a none purpose room has resulted in poor line of sight of observing staff		
789	There is a risk that patients may be secluded in an area outside a seclusion suite due to physical capacity constraints. This could conflict with the Mental Health Act code of practice and impact privacy and dignity issues for service users. There are also issues in relation to the safety of the patient and the staff.	Acute	15
1615	There is a risk that patients may be secluded in an area outside a seclusion suite due to physical capacity constraints. This could conflict with the Mental Health Act code of practice and impact privacy and dignity issues for service users. There are also issues in relation to the safety of the patient and the staff.	Acute	15
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888	There is an on going risk of a patient using the top of doors as a ligature point, which can result in death by strangulation. Due to the nature of observation bathroom doors are considered a higher risk than bedroom doors, though both viable ligature points.	Acute	15
1220	Increased risk of cyber security threat by using unsupported software for business critical systems (sharepoint used for intranet and collaboration). See Risks (1024 and 1025) and decommissioning of sharepoint	Resources Dir.	16
1547	There is a risk that both Good Hope hospital and Heartland's hospital staff are not able to access clinical documentation from Rio and have access to risk documentation due to poor reliability of connection between 2 IT systems (challenges of logging onto computers and trust IT systems through remote access).	Urgent	16

Note: * it is possible that risks 1615 and 1616 are duplicates of the same risk as they are identical.
Two risks have been re-rated since last quarter's report; Risk 1545 has increased from 15 to 20, and Risk BAF_0012 has reduced from 20 to 15.

Summary

Notable reduction in risks is the downgrading of two medical staffing risks. Whilst this demonstrates an improved position this remains an issue in some services and others have managed the shortfall through temporary staffing arrangements. This will require close monitoring through the safer staffing group and reporting to this Committee from local CGC escalation.

Resolution of specialist PPE (clear face masks) to support communication is a success since the last quarterly review of risks.

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