Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors Meeting

Meeting Date:28 September 2016

Title and Author of Paper: Board Assurance Framework and Corporate Risk Register -Update September 2016
Lisa Quinn, Executive Director of Commissioning and Assurance

Executive Lead: Lisa Quinn, Executive Director of Commissioning and Assurance

Paper for Debate, Decision or Information: Information

Key Points to Note:
- The paper attached provides an update on:
  -Changes made to the Board Assurance Framework and Corporate Risk Register, since the last update to the Board in June 2016.
  -The red risks which currently feature on the Groups and Corporate Directorates Risk Registers.
  -The Work Programme going forward.

Risks Highlighted to Board :
As highlighted in the paper.

Does this affect any Board Assurance Framework/Corporate Risks?
Please state Yes or No-No
If Yes please outline

Equal Opportunities, Legal and Other Implications:
Addressed in Board Assurance Framework and Corporate Risk Register

Outcome Required: Board to note Board Assurance Framework and Corporate Risk Register and Groups/ Corporate Directorates red risks.

Link to Policies and Strategies:
Risk Management Strategy and Risk Management Policy

Northumberland, Tyne and Wear NHS
NHS Foundation Trust

Board Assurance Framework and Corporate Risk Register
Update September 2016

Purpose

As a part of the refinement of the Trust's Risk Registers, systems and processes the Risk Management Lead has reviewed with each of the lead Executive Directors/Director the Board Assurance Framework and Corporate Risk Register .
The CDT Risk Management Sub Group is also continuing its cycle of reviewing Risk Registers, as a part of the above work.
This paper provides:

- A summary of the changes to the Board Assurance Framework (BAF) and Corporate Risk Register (CRR), following the review meetings with each of the lead Executive Directors/Directors. These changes have been reviewed and agreed by the Corporate Decisions Team and an update has been provided to the Quality and Performance Committee on the changes agreed.
- The risks featured in the Clinical Groups and Corporate Departments Risk Registers with a score of 15 and above as at September 2016;
- An outline of the ongoing programme of work associated with the refinement of the Trust's Risk Registers, systems and processes going forward.

1. Board Assurance Framework and Corporate Risk Register -September 2016

Following meetings with each of the lead Executive Directors/Directors the following amendments to the Board Assurance Framework and Corporate Risk Register have been made. The Corporate Decisions Team have reviewed and agreed the changes and an update has been provided to the Quality and Performance Committee on the changes agreed.
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Principal Risk	Changes to the Board Assurance Framework
SO2.2 That we do not manage our financial resources effectively to ensure long term financial stability (including differential between income and inflation, impact of QIPP and CIP). Lead: Deputy Chief Executive	Risk in likelihood increased from 5x3 to 5x4.

Corporate Risk	Changes to the Corporate Risk Register
SO1.5 That we do not effectively develop, manage and fund the capital development programme, including generating capital and controlling expenditure, in order to deliver 1st class environments. Lead: Deputy Chief Executive	Risk likelihood increased from 5x2 to 5x3. Due to the inability to resource the revenue associated with any new capital schemes.
SO2.6 That we do not follow financial procedures and processes Lead: Deputy Chief Executive	It has been agreed that this risk be removed from the CRR on the premise that there are no gaps in control and the target risk has been met. This risk will sit on the Finance Directorate Risk Register.
SO2.9 That we enter into unsound business partnership arrangements, leading to possible income loss, reputation risk and patient safety. Lead: Deputy Chief Executive	Risk impact and likelihood increased from 3x2 to 4x3 due to the lack of resource to manage multiple tenders. The Trust proposes to procure external bid writer's to improve capacity and mitigate this risk.
S03.2 That we do not sufficiently develop the capacity of the management and clinical team to deliver change, including embedding leadership skills across the Trust. Lead: Executive Director of Workforce and Organisational Development	It has been agreed that this risk (SO3.2) be removed from the Corporate Risk Register as it is incorporated/duplicated into BAF number 4 (SO3.1) "That we do not effectively manage significant workforce & organisational changes and their impact, including increasing staff productivity & staff engagement"
SO3.4 That staff have a lack of key skills and knowledge. Lead: Executive Director of Workforce and Organisational Development	It has been agreed that this risk (SO3.4) be removed from the Corporate Risk Register and now sit on the Groups/Directorates Risk Register in line with devolution and with an overview from Execs through the Accountability Framework.
SO3.5 That staff do not comply with employment legislation, follow Trust HR Policies and management guidance. Lead: Executive Director of Workforce and Organisational Development	It has been agreed that this risk (SO3.5) be removed from Corporate Risk Register as the target risk of 5x1 has been achieved.

SO5.1 That there are risks to the safety of service users and others if the key components to support good patient safety governance are not embedded across the Trust. Lead: Executive Director of Nursing and Operations	Target risk increased from 4x0 to 4x1. Actions associated with the Well Led Review Action Plan to be completed and a re-audit of Medical Devices.
SO5.8 That there are adverse impacts on clinical care due to potential future changes in clinical pathways through changes in the commissioning of Services. Lead: Executive Director of Commissioning and Quality Assurance	Risk likelihood increased from 4x2 to 4x3. Further gap in control identified (Horizon Scanning).
SO6.3 That we do not further develop integrated information systems across partner organisations. Lead: Executive Director of Commissioning and Quality Assurance	Risk likelihood reduced from 3x4 to 3x3 and target risk likelihood reduced from 3x3 to 3x2. Further gaps in control identified including completion of MIG and wifi internet for partners.

2. Clinical Groups and Corporate Departments Risk Registers- Summary of risks with a score of 15 and above

The Table below summarises the risks with a score of 15 and above in the Clinical Groups and Corporate Departments Risk Registers (Pharmacy, Workforce and Estates) as at September 2016.

Risk Group	Risk Ref	Risk	RAG rating	Target Risk	Addressed in existing Corp Risk Register/BAF?
Community Services Group					
Op	1086	Bank and Agency Costs due to vacancy factors and transformational change/inconsistent delivery of care	4X4 16	4X1 4	Yes BAF SO3.1 That we do not effectively manage significant workforce and organisational changes

Op	1087	Changes to funding for Forensic Community PD Team/impact on CMHTs	4X4 16	4X1 4	Yes CRR SO5.8 That there are adverse impacts on clinical care due to potential future changes in clinical pathways through changes in the commissioning of Services.
Strategic	411	Lone Workers devices roll out /use	5X3 15	5X1 5	Was covered by CRR SO3.5 That staff do not comply with employment legislation and follow Trust HR policies – but Workforce have now removed this risk from the CRR.
Inpatient Group					
Op	576	Provision of safe and effective care within some inpatient wards ie Tranwell/Hadrian (Linked to "Deciding Together")	4X4 16	3X2 6	Yes BAF SO1.1 That we do not develop and correctly implement service model changes. Yes-CRR SO5.1 That there are risks to the safety of service users and others if the key components to support good patient safety governance are not embedded across the Trust

Op	702	Available number of qualified nursing staff within inpatient wards less than clinically optimum in terms of experience gender and head count	4X4 16	2X2 4	Yes BAF SO3.3 That we are unable to recruit and retain staff in key areas.
Op	857	Internal doors have been identified as potential ligature issues following incidents	4X4 16	3X3 9	Yes CRR SO5.2 There are risks to the safety of service users and others if we do not have safe and supportive clinical environments
Specialist Services Group					
Finance	1158	SCG Control Total 2016/17 Key pressure areas eg CYPS,Neuro	5X4 20	5X3 15	Yes BAF SO2.2 That we do not manage our financial resources effectively to ensure long term financial stability
Op	763	Low use of Lone Workers devices	5X3 15	5X1 5	Was covered by CCR SO3.5 That staff do not comply with employment legislation and follow Trust HR policies- but Workforce have now recommend that this risk be removed from the CRR.
Pharmacy and Medicines Management					
Op	1057	Unable to provide regular patient specific clinical pharmacy services to community teams due to limited resources and the prioritisation of inpatient services	4X4 16	3X3 9	Yes BAF SO6.6 That high quality evidence based and safe services will not be provided if there are difficulties in accessing services in a timely manner and that services are not sufficiently responsive to demands

Op	1151	Case mix activity, acuity and complexity within CHRTs is increasing in line with Transforming Services Programme and consequent demand for pharmacy and medicines management support is growing –pharmacy unable to provide a comprehensive and equitable service.	4X4 16	3X3 9	Yes BAF SO6.6 That high quality evidence based and safe services will not be provided if there are difficulties in accessing services in a timely manner and that services are not sufficiently responsive to demands
Workforce Directorate					
		None			
Estates					
		None			

Work on reviewing other Corporate Departments/Directorate Risk Registers is progressing and future reports will include reference to these.

3. Work Programme going forward

The Trust's Risk Management Lead took up her post on the 1st July and the work programme relating to supporting the review and refinement of the Trust's Risk Registers, systems and processes includes the following:

- Visits to Mental Health Trusts regarding research into risk systems/processes and best practice.
- Risk Management Policy redrafted-to be shared with members of the CDT Risk Management Sub Group for comment, prior to circulation as a part of the Trust's formal consultation processes.
- Development of Safeguard, including ongoing development with Ulysses system provider regarding Board Assurance Framework/Corporate Risk Register formats and reports to reflect the Trust's needs.
- Potential implementation of web based Risk Management reporting.
- Liaison with individual Department/Directorate Leads regarding their Risk Registers.

4. Recommendation

The Board are asked to:

- Note the changes to the Board Assurance Framework and Corporate Risk Register.

- Note the risks with a score of 15 and above in the Clinical Groups and Corporate Departments Risk Registers (Pharmacy, Workforce and Estates).

- Note the Work Programme going forward.

Lisa Quinn
Executive Director of Commissioning and Quality Assurance
September 2016