

Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors Meeting

Meeting Date: 22nd March 2017

Title and Author of Paper: Board Assurance Framework and Corporate Risk Register – Natalie Yeowart, Risk Management Lead.

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

Paper for Debate, Decision or Information: Information

Key Points to Note:

This report relates to the 16/17 Financial Year. A further report will be written in April to coincide with the launch of the Trust 5 Year Strategy and new strategic ambitions.

- Note the new format of report. This includes an overview of all risks in each clinical group/corporate area and also details of risks scored 15 and above.
- There are currently 11 low risks, 9 moderate risks and 1 high risk on the BAF/CRR with actions in place, Pg. 2.
- Amendments were made to 11 BAF/CRR Risks, Pg. 2.
- Four risks have been closed on the BAF/CRR, Pg. 4.
- Specialist Care Group Risks 1134, 1073, 1061 and 1147 below have been noted by the Group Director and the risk scorings are for further discussion.

Risks Highlighted:

As highlighted in the paper.

Does this affect any Board Assurance Framework/Corporate Risks?

Yes – Report detailing the review of the Board Assurance Framework and Corporate Risk Register.

Equal Opportunities, Legal and Other Implications:

Addressed in Board Assurance Framework and Corporate Risk Register

Outcome Required: To note Board Assurance Framework and Corporate Risk Register and Groups/ Corporate Risks.

Link to Policies and Strategies:

Risk Management Strategy and Risk Management Policy

Board Assurance Framework and Corporate Risk Register

Purpose

The Northumberland, Tyne & Wear NHS Foundation Trust Board Assurance Framework identifies the strategic objectives and key risks facing the organisation in achieving the strategic objectives.

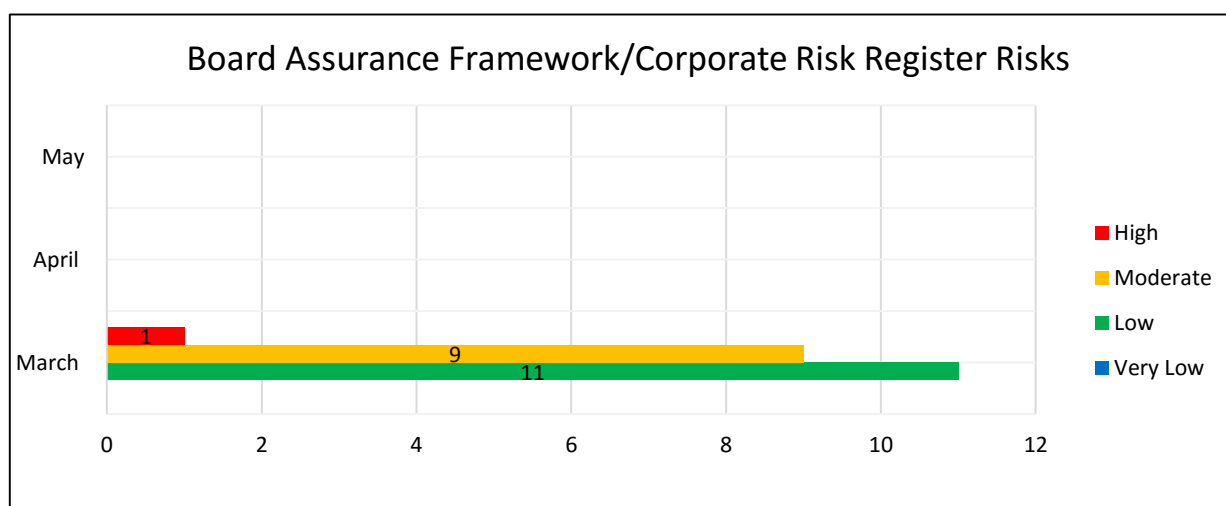
This paper provides:

- A summary of both the overall number and grade of risks contained in the Board Assurance Framework (BAF) and Corporate Risk Register (CRR).
- A detailed description of the high risks included on the BAF/CRR.
- A detailed description of any changes made to the Board Assurance Framework and Corporate Risk Register.
- A detailed description of any BAF/CRR reviewed and agreed risks to close.
- A summary of both the overall number and grade of risks held by each Clinical Group and Executive Corporate Risk Registers on the Safeguard system as at March 2017.
- Individual Clinical Group and Corporate risks scored 15 or above.
- Any Emerging risks reviewed at the CDT Risk Management Sub Committee.

Please note: This report relates to the 16/17 Financial Year. A further report will be written in April to coincide with the launch of the Five Year Strategy and new strategic ambitions.

1. Board Assurance Framework and Corporate Risk Register

The below graph shows a summary of both the overall number and grade of risks held on the Board Assurance Framework and Corporate Risk Registers as at March 2017.



1.1 Key Strategic Risks

High Risks

NTW current hold one high risk on the Board Assurance Framework, that the scale of change and integration agenda across the NHS could affect the sustainability of services & the Trusts financial position. This risk rating has increased from 4x4 (16) to a 5x4 (20). Actions are in place to improve this risk and this will be monitored via the CDT Risk Management Sub Group. The Executive Lead for this risk is John Lawlor.

1.2 Amendments

Following review of the BAF/CRR with each of the lead Executive Directors/Directors the following amendments to the Board Assurance Framework and Corporate Risk Register have been made:

Risk Reference	Risk description	Amendment	Executive Lead
S01.1	That we do not develop & correctly implement service model change.	Gaps in control added.	James Duncan
S02.2	That we do not manage our financial	Risk rating reduced from 5x4 (20) to 5x3 (15)	James Duncan
S05.6	The risk that high quality, evidence based & safe services will not be provided if there are difficulties in accessing services in a timely	Risk description amended to include 'Embedding of services' Risk rating reduced from 4x3 (12) to 4x2 (8) and	Gary O'Hare

	manner & that services are not sufficiently responsive to demands.	target risk reduced to 4x1 (4)	
S05.9	That the scale of change and integration agenda across the NHS could affect the sustainability of services & the Trust financial position.	Risk rating increased from 4x4 (16) to 5x4 (20)	John Lawlor
S01.2	That we do not effectively engage public, commissioners and other key stakeholders leading to opposition or significant delay in implementing our service strategy.	Risk rating reduced from 5x3 (15) to 4x3 (12) Target risk rating reduced from 5x2 (10) to 4x2 (8) Assurances and controls added.	John Lawlor
S01.5	That we do not effectively develop, manage and fund the capital development programme, including generating capital and controlling expenditure, in order to deliver 1 st class environments.	Gaps in control added.	James Duncan.
S02.7	That we do not meet compliance & Quality Standards	Assurance added	Lisa Quinn
S02.1	That we misreport compliance and quality standards through data quality errors.	Assurance and gaps in control added.	Lisa Quinn
S04.1	That we do not deliver effective Trust-wide communication and involvement.	Controls and assurances added.	John Lawlor
S05.8	That there are adverse impacts on clinical care due to potential future changes in clinical pathways through changes in the commissioning of Service.	Gaps in control added.	Lisa Quinn
S07.1	That the Trust fails to effectively support, promote and lobby the needs of people with mental health and disabilities.	Risk rating reduced from 4x3 (12) to 4x2 (8). Target risk rating reduced from 4x2 (8) to 4x1 (4)	John Lawlor

1.3 Risks to be closed.

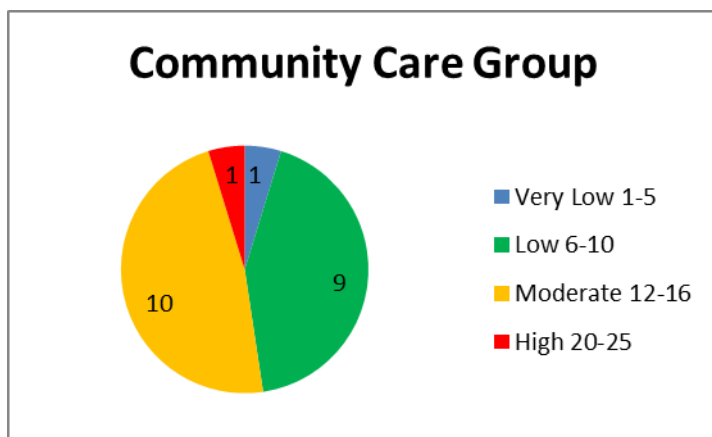
Following review of the BAF/CRR with each of the lead Executive Directors/Directors the following risks are to be closed.

Risk Reference	Risk Description	Details	Executive Lead
S03.1	That we do not effectively manage significant workforce & organisational changes and their impact, including increasing staff productivity, staff engagement and embedding of leadership skills.	Actions completed and target achieved. Further discussion at Workforce Group to explore the need for a new risk around the volume and complexity of organisational change across NTW.	Lisa Crichton-Jones.
S04.2	That we do not effectively communicate with and involve service users and carers.	Actions are now complete and robust processes in place, target achieved. Risk to be closed.	Gary O'Hare
S04.3	That we do not effectively communicate with and involve our COG and Foundation Trust members.	Actions completed, Target Achieved. Effective Communication in place. Risk to be closed.	John Lawlor
S05.7	The risk that high quality, evidence based and safe services will not be provided if we do not have robust clinical effectiveness processes in place, including the implementation of NICE Guidance.	Final action achieved, Target achieved. Risk to be closed.	Gary O'Hare

2.0 Clinical Groups and Executive Corporate Trust-wide Risk Registers.

The below charts show a summary of both the overall number and grade of risks held within each clinical group and Executive Corporate Trust-wide risk registers. Risks are monitored at the CDT Risk Management Sub Group on a monthly basis.

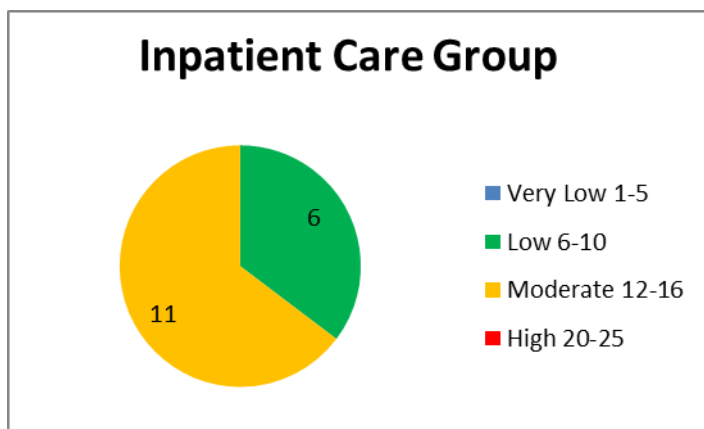
2.1 Clinical Groups



Community Care Group as at March 2017 holds 1 High Risk, 10 Moderate Risks, 9 low risks and 1 very low risk. All Risks with a score above 15 are being managed within the Community Care Group and no requests to escalate to BAF/CRR have been received. Risks scored 15 or above are detailed below.

Risk Reference	Risk Description	Risk Score	S	L	Owner	Level Managed
1157	Internal audit report received identifying that current controls re Lone working device monitoring do not manage identified risks.	15	5	3	Tony Quinn	Directorate
1154	Transitions Audit CA-15-0045 undertaken to measure compliance to standards in relation to 72 hour reviews, care co-ordination review and discharge planning meetings has concluded that the compliance is non-compliant.	15	3	5	Tony Quinn	Directorate

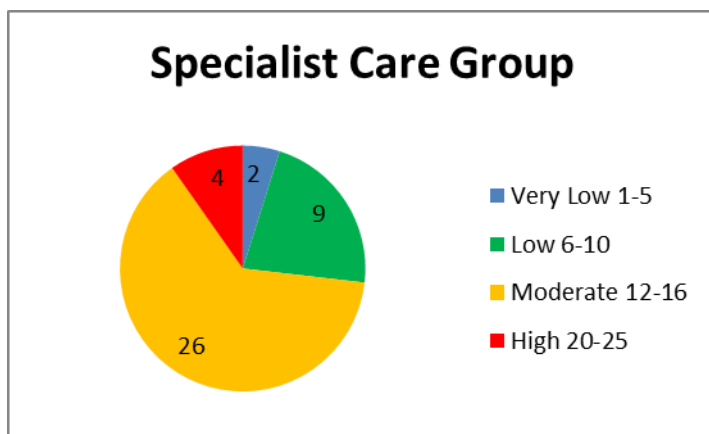
Risk Reference	Risk Description	Risk Score	S	L	Owner	Level Managed
1181	Outcome of the initial EIP Audit (July 2016) highlights some areas for improvement and potential risk that Trust will not be compliant with Nice Guidelines and/or national targets	16	4	4	Tim Docking	Group
1087	There is a gap between the service provided by the PD hub and patients are being referred to CMHTs who do not have the relevant training for patients who do not fit the criteria for acceptance into the PD forensic team	16	4	4	Tim Docking	Group
1195	Within LD Team throughout Community Services there has been the loss of four consultants over a period of from September 2016 to December 2016 (including the Lead Consultant) resulting in a shortage of medical cover for the services, potential impact on patient care, potential for local media coverage and workforce, uncertain delivery of key objectives/service due to lack of staff.	20	4	5	Tim Docking	Group



Inpatient Care Group Risk as at March 2017 hold 11 Moderate Risks and 6 low risks. All Risks with a score above 15 are managed within the Inpatient Care Group and no requests to escalate to BAF/CRR have been received. Risks scored 15 or above are detailed below.

Risk Reference	Risk Description	Risk Score	S	L	Owner	Level Managed
1207	Staffing pressures due to vacancies and difficulties recruiting and retaining medical staff within the Inpatient Care Group.	16	4	4	Jane Carlile	Group
1189	Overspending on ward areas due to sickness absence, restrictions to practice causing use of overtime, bank and agency staff. To meet increasingly higher levels of clinical activity / complexity. No reduction of admissions since advent of PCP Community Services. Limited access to services to support earlier discharge resulting in extended lengths of stay.	16	4	4	Robin Green	Directorate

Risk Reference	Risk Description	Risk Score	S	L	Owner	Level Managed
1100	There is currently a national shortage of Junior Doctors from Psychiatry and VTS schemes. This is likely to be ongoing and impact on patient care and ward both physical and psychiatric.	16	4	4	David Hately	Directorate
857	Internal doors have been identified as a potential ligature risk following incidents across the Group.	16	4	4	Vida Morris	Group
702	The available number of qualified nursing staff within some of the Inpatient Care wards remains less than the clinically optimum in terms of experience, gender and head count.	16	4	4	Vida Morris	Group
652	Some service users continue to smoke in ward areas despite efforts of staff. This causes potential fire safety risk to both themselves and other patients.	16	4	4	David Hately	Directorate
576	The provision of safe and effective care within inpatient wards on non NTW sites (Tranwell/Hadrian) is compromised due to the location of facilities resulting in little direct control over environmental issues.	16	4	4	Gail Bayes	Group



Specialist Care Group Risk as at March 2017 hold 4 high risks and 26 Moderate Risks. All Risks with a score above 15 are managed within Specialist Care Group and no requests to escalate to BAF/CRR have been received. Risks scored 15 or above are detailed below.

Please Note: Specialist Care Group Risks 1134, 1073, 1061 and 1147 below have been noted by the Group Director and the risk scorings are for further discussion.

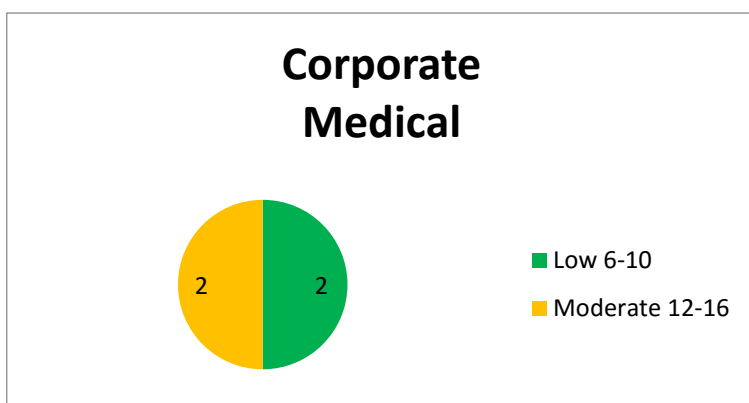
Risk Reference	Risk Description	Risk Score	S	L	Owner	Level Managed
1203	Internal audit report has identified service level issues in the low use of identicom lone working devices.	15	5	3	Anne Moore	Group
1180	Non-compliance to actions identified during CQC - MHA Compliance Visits.	15	3	5	David Muir	Directorate
1179	Impact upon service delivery during re-modelling of services in line with National Transforming LD Services Programme	15	3	5	David Muir	Directorate
1169	Coordination and communication pathways between providers are not fully functional and do not reflect the Service Level Agreement.	15	5	3	David Muir	Directorate

Risk Reference	Risk Description	Risk Score	S	L	Owner	Level Managed
1079	Environment on Alnwood is not conducive to the long inpatient stays of young people with mental health and behavioural problems.	16	4	4	Mark Knowles	Directorate
738	High levels of medical staffing vacancies and associated locum usage along with historical silo working practices is having a negative impact upon achieving quality standards, meeting KPIs and maintaining user satisfaction.	16	4	4	Mark Knowles	Directorate
1134	Significant staff vacancies across areas in each Specialist Adult service line which may impact on quality of service, patient safety and experience.	20	4	5	David Muir	Directorate
1073	High use of bank and agency staff leading to negative impact on the continuity of care in CYP MH T4 Medium Secure.	20	4	5	John Padget	Service Line
1061	Recruitment and Retention of staff leading to negative impact on patient	20	4	5	John Padget	Service Line

	behaviour and impact on effective management of staff in CYP MH T4 Medium Secure.				
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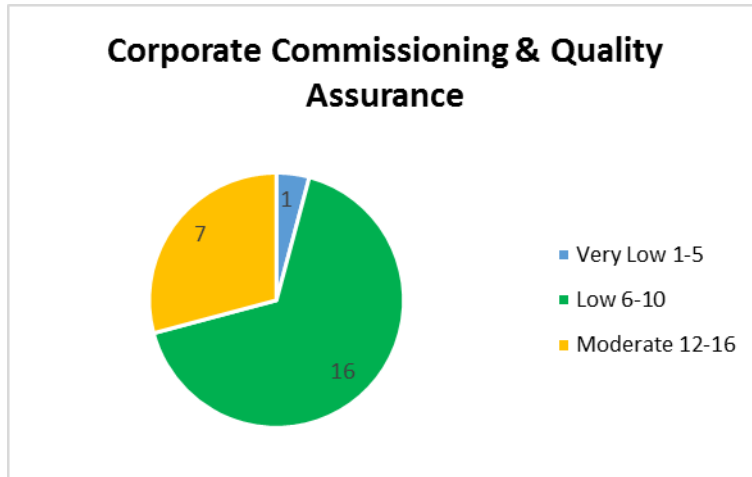
Risk Reference	Risk Description	Risk Score	S	L	Owner	Level Managed
1147	Problems with the recruitment and retention of B5 Inpatient Staff and B6 Community Staff in CYPS Services.	25	5	5	Mark Knowles	Directorate

2.2. Executive Corporate.



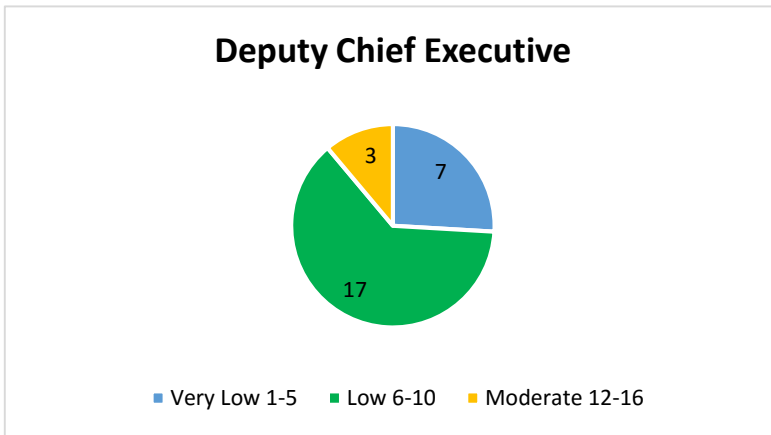
The Executive Medical Director as at March 2017 hold 2 Moderate Risks and 2 low risks within his portfolio. All Risks with a score above 15 are managed within Pharmacy and no requests to escalate to BAF/CRR have been received. Risks scored 15 or above are detailed below.

Risk Reference	Risk Description	Risk Score	S	L	Owner	Level Managed
1151	Case mix activity, acuity and complexity within Crisis Resolution and Home Treatment teams (CHRTs) increasing, in line with the Transforming Services Programme. Consequent demand for pharmacy and medicines management support is growing. Pharmacy is unable to provide comprehensive and equitable clinical pharmacy services to teams (five) across the organisation due to resource constraints and the prioritisation of inpatient services	16	4	4	Vanessa Echanique	Service Line Pharmacy



The Executive Director of Commissioning and Quality Assurance as at March 2017 holds 7 Moderate Risks, 16 low risks and 1 very low risk within her portfolio. All Risks with a score above 15 are managed within Commissioning and Quality Assurance and no requests to escalate to BAF/CRR have been received. Risks scored 15 or above are detailed below.

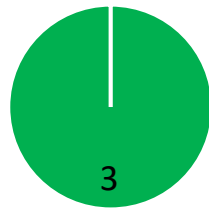
Risk Reference	Risk Description	Risk Score	S	L	Owner	Level Managed
538	Information governance issues, particularly relating to manual HR records/high levels of filing which could result in information being misplaced or lost.	16	4	4	Angela Fail	Service Line Information Governance



The Deputy Chief Executive as at March 2017 holds 3 Moderate Risks, 17 low risks and 7 very low risk within his portfolio. All Risks with a score above 15 are managed within Finance, Estates and Facilities and no requests to escalate to BAF/CRR have been received. Risks scored 15 or above are detailed below.

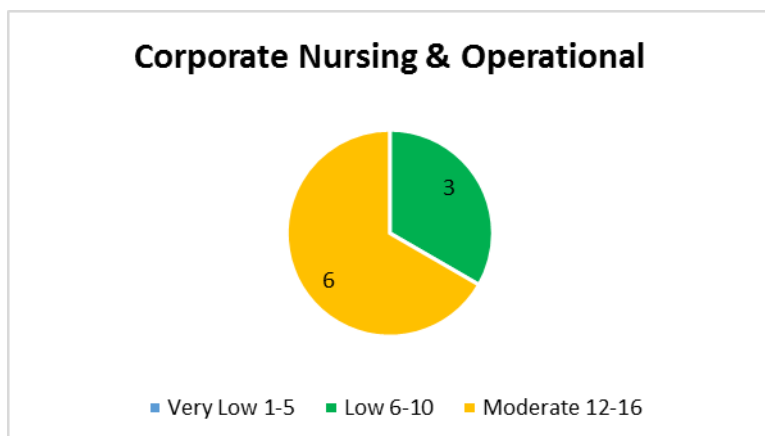
Risk Reference	Risk Description	Risk Score	S	L	Owner	Level Managed
STR052	Bacterial/Physical Chemical Contamination :- Food Poisoning Contamination choking risk	16	4	4	Tony Wealleans	Service Line Facilities

Corporate Workforce and Organisational Development



■ Low 6-10

The Executive Director of Workforce and Organisational Development as at March 2017 holds 3 low risks within her portfolio. There are no risks scored 15 or above and no requests to escalate to BAF/CRR have been received.



The Executive Director of Nursing as at March 2017 holds 6 Moderate Risks and 3 low risks within his portfolio. All Risks with a score above 15 are managed within Nursing and Operational and no requests to escalate to BAF/CRR have been received. Risks scored 15 or above are detailed below.

Risk Reference	Risk Description	Risk Score	S	L	Owner	Level Managed
478	Unable to recruit required number of career grade doctors	16	4	4	Gary O'Hare	Group
428	Failure to manage medical devices effectively	15	5	3	Anne Moore	Group
302	The Trust does not have the capacity to interpret ECG readings for patients being screened who may be prescribed antipsychotics.	15	5	3	Anne Moore	Group
1023	High use of bank and agency Nursing and Medical staff to support clinical areas with vacancies and high levels of acuity.	15	3	5	Anne Moore	Group

3. Emerging Risks.

The Trust wide risk registers are reviewed at the CDT Risk Sub Committee bi-monthly. Any emerging risks identified by the committee will be detailed below.

4. Recommendation

The Board of Directors are asked to:

- Note the changes and approve the BAF and CRR.
- Note the summary of risks in the clinical/corporate trust wide risk registers.
- Note the risk 15 or above.
- Provide any comments on the new report format.

Lisa Quinn
Executive Director of Commissioning and Quality Assurance
March 2017