

**Northumberland, Tyne and Wear NHS Foundation Trust
Board of Directors Meeting**

Meeting Date: Board of Directors, 26 July 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:

Pg. 2 There has been an increase in the total number of BAF/CRR risks held by NTW in the Quarter from 21 to 25 following the introduction of the 2017-2022 Trust Strategy and new strategic ambitions.

Pg.5 The highest risk appetite category is Quality Effectiveness with 6 risks.

Pg.5 There are 12 risks which have exceeded a risk appetite tolerance. Quality Effectiveness and Quality Safety hold the highest number of exceeded risks.

Pg.7 There have been 14 minor amendments to BAF/CRR risks.

Pg.8 There has been one BAF/CRR risks closed.

Pg.9 There has been a reduction in the total number of risks held within the clinical groups from 79 to 64.

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

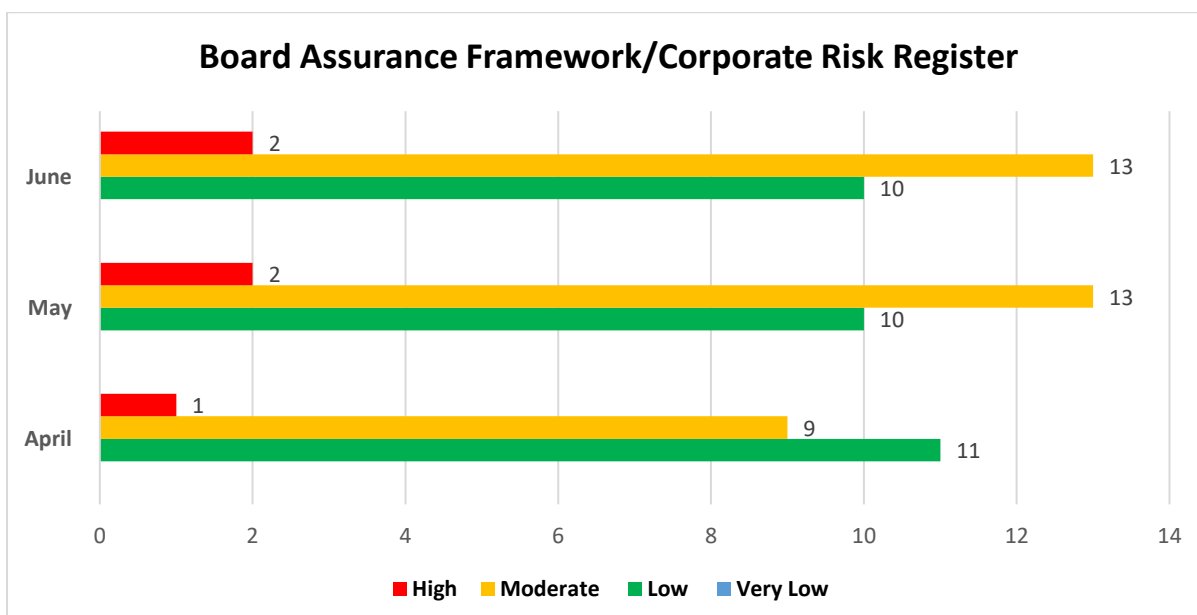
The Northumberland, Tyne & Wear NHS Foundation Trust Board Assurance Framework/Corporate Risk Register identifies the strategic ambitions and key risks facing the organisation in achieving the strategic ambitions.

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 risks which have exceeded a Risk Appetite 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 June 2017.

1.0 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/Corporate Risk Registers as at June 2017. In the quarter there has been an increase in the overall number of risks from 21 to 25 following the introduction of the 2017-2022 Trust Strategy and new Strategic Ambitions.



1.1. Risk Appetite

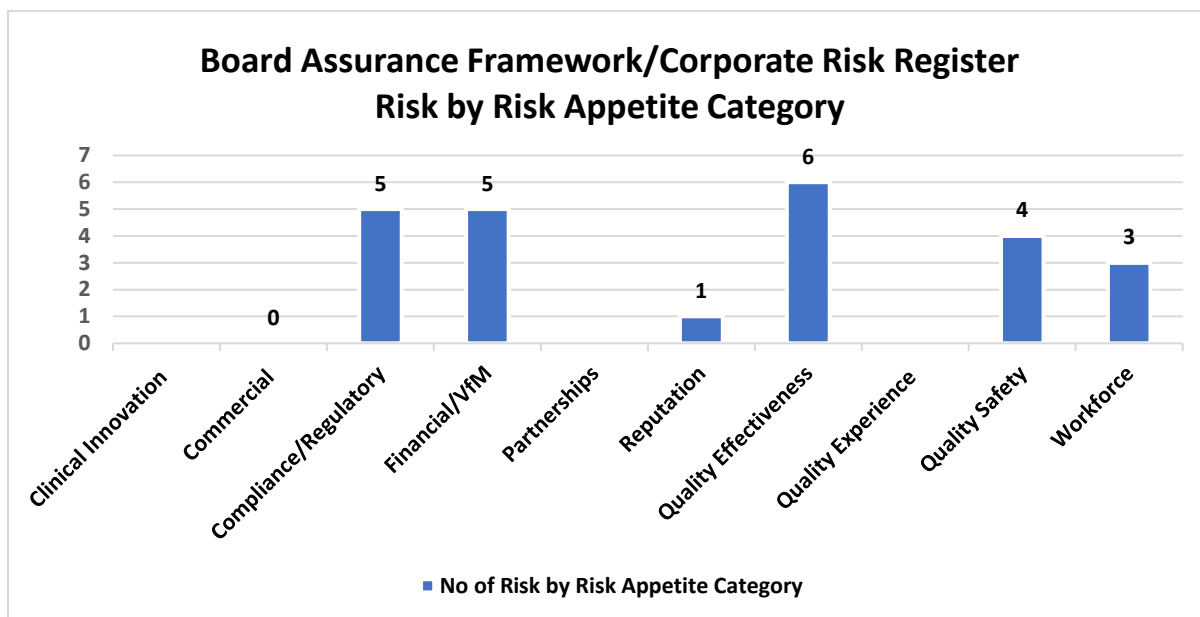
Risk Appetite is the level of risk the Trust Board deem acceptable or unacceptable based on specific risk categories and circumstances/situations facing the Trust. This allows the Trust to measure, monitor and adjust, as necessary the actual risk position against a risk appetite. The

Category	Risk Appetite	Risk Appetite Score
Clinical Innovation	NTW has a MODERATE risk appetite for Clinical Innovation that does not compromise quality of care.	12-16
Commercial	NTW has a HIGH risk appetite for Commercial gain whilst ensuring quality and sustainability for our service users.	20-25
Compliance/Regulatory	NTW has a LOW risk appetite for Compliance/Regulatory risk which may compromise the Trust's compliance with its statutory duties and regulatory requirements.	6-10
Financial/Value for money	NTW has a MODERATE risk appetite for financial/VfM which may grow the size of the organisation whilst ensuring we minimising the possibility of financial loss and comply with statutory requirements.	12-16
Partnerships	NTW has a HIGH risk appetite for partnerships which may support and benefit the people we serve.	20-25
Reputation	NTW has a MODERATE risk appetite for actions and decisions taken in the interest of ensuring quality and sustainability which may affect the reputation of the organisation.	12-16
Quality Effectiveness	NTW has a LOW risk appetite for risk that may compromise the delivery of outcomes for our service users.	6-10
Quality Experience	NTW has a LOW risk appetite for risks that may affect the experience of our service users.	6-10
Quality Safety	NTW has a VERY LOW risk appetite for risks that may compromise safety.	1-5
Workforce	NTW has a MODERATE risk appetite for actions and decisions taken in relation to workforce.	12-16

The below table shows the risk

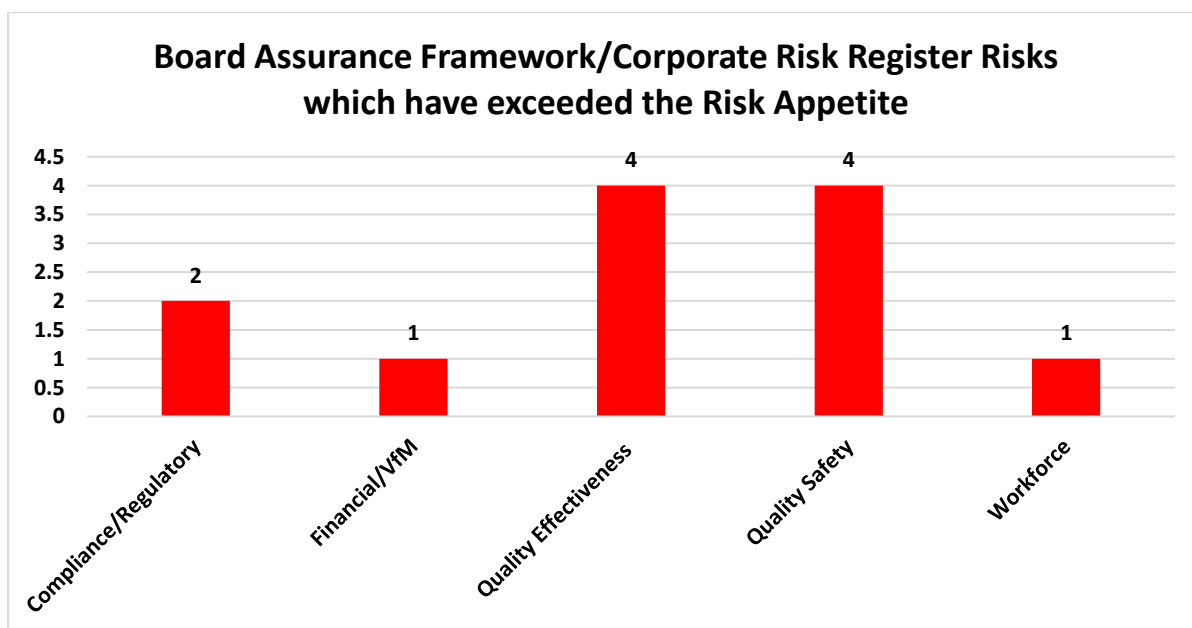
appetite categories and risk appetite scores.

Risk appetite was implemented throughout the Board Assurance Framework/Corporate Risk Register in April 2017. The below table shows risks by Risk appetite category. The highest risk appetite category is Quality Effectiveness (6) which is defined as risk that may compromise the delivery of outcomes.



Each risk category has an assigned risk tolerance score. The risk tolerance score highlights when a risk is below, within or has exceeded a risk appetite tolerance. There 12 risks which have exceeded a risk appetite tolerance.

The below table shows all BAF/CRR risks which have exceeded a risk appetite tolerance.



A detailed description of each BAF/CRR risk which has exceeded a risk appetite can also be found below. Action plans are in place to ensure these risks are managed effectively.

Risk Reference	Risk description	Risk Appetite	Risk score	Executive Lead
SA1.1	That we do not implement service model change as planned, failing to realise the benefits of improved quality and better outcomes.	Quality Effectiveness (6-10)	15	James Duncan
SA1.3	That there are adverse impacts on clinical care due to potential future changes in clinical pathways through changes in the commissioning of services	Quality Effectiveness (6-10)	12	Lisa Quinn
SA1.4	The risk 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 subsequently not sufficiently responsive to demands.	Quality Safety (1-5)	8	Gary O'Hare
SA1.5	That we do not effectively engage public, commissioners and other key stakeholders leading to opposition or significant delay in implementing our service strategy.	Quality Effectiveness (6-10)	12	John Lawlor
SA3.1	That we do not further develop integrated information systems across partner organisations	Quality Safety (1-5)	9	Lisa Quinn
SA3.2	That we do not influence the development of new delivery models (ACO, MCP, ACS) leading to increasing fragmentation of MH service delivery.	Quality Effectiveness (6-10)	12	John Lawlor
SA4.3	That the scale of change and integration agenda across the NHS could affect the sustainability of services & Trust financial position.	Finance/VfM (12-16)	20	John Lawlor
SA5.2	That we do not meet significant statutory and legal requirements in relation to Mental Health Legislation	Compliance/Regulatory (6-10)	12	Rajesh Nadkarni

Risk Reference	Risk description	Risk Appetite	Risk score	Executive Lead
SA5.4	That there are risks to the safety of service users and others if key components to support good patient safety governance are not embedded across the Trust.	Quality Safety (1-5)	8	Gary O'Hare
SA5.5	That there are risks to the safety of service users and others if we do not have safe and supportive clinical environments.	Quality Safety (1-5)	10	Gary O'Hare
SA5.7	That we do not have effective governance arrangements in place	Compliance/ Regulatory (6-10)	12	Lisa Quinn
SA5.8	Failure to develop NTW Academy resulting in the lack of enhanced future nursing supply.	Workforce (12-16)	20	Gary O'Hare

1.2. Amendments

Following review of the BAF/CRR with each lead Executive Director/Directors, the following amendments have been made:

Risk Reference	Risk description	Amendment	Executive Lead
SA1.1	That we do not implement service model changes as planned, failing to realise the benefits of improved quality and better outcomes.	Assurances and gaps in control added.	James Duncan
SA1.2	That restrictions on capital funding nationally lead to a failure to meet our aim to achieve first class environments to support care, increasing the risk of harm to patients through continuing use of sub-optimal environments.	Controls removed and gaps in control added.	James Duncan
SA1.5	That we do not effectively engage public, commissioners & other key stakeholders leading to opposition or significant delay in implementing our service strategy.	Controls removed, assurances added and gaps in control completed.	John Lawlor
SA1.7	That staff do not follow Information Governance, Caldicott and Informatics Policies and procedures.	Assurances and gaps in control added.	Lisa Quinn
SA3.2	That we do not influence the development of new care delivery models (ACO, MCP, ACS) leading to increasing fragmentation of MH service delivery.	Assurances added.	John Lawlor
SA4.1	That we have significant loss of income through competition, choice and national policy, including the possibility of losing large services & localities.	Controls removed, assurance expired, gap in control complete.	James Duncan
SA4.2	That we do not manage our resources effectively through failing to deliver the required service change or productivity gains required.	Controls amended, assurances added.	James Duncan
SA4.3	That the scale of change & integration agenda across the NHS could affect the sustainability of services & Trust financial position.	Controls added, amendments to assurance and gaps in control added.	John Lawlor

Risk Reference	Risk description	Amendment	Executive Lead
SA4.4	That we enter into unsound business partnership arrangements leading to reputational and patient safety risks.	Assurances Added, gaps in control complete.	James Duncan
SA5.2	That we do not meet significant statutory and legal requirements in relation to Mental Health Legislation	Assurances added, gaps in control added.	Rajesh Nadkarni
SA5.3	That we misreport compliance and quality standards through data quality errors. (Risk Identified Nov 2015)	Actions amended	Lisa Quinn
SA5.4	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.	Assurances added, gaps in control added.	Gary O'Hare
SA5.5	That there are risks to the safety of service users and others if we do not have safe and supportive clinical environments.	Assurances added, gaps in control added.	Gary O'Hare
SA5.7	That we do not have effective governance arrangements in place.	Gaps in control added.	Lisa Quinn

1.3. Risks to be closed.

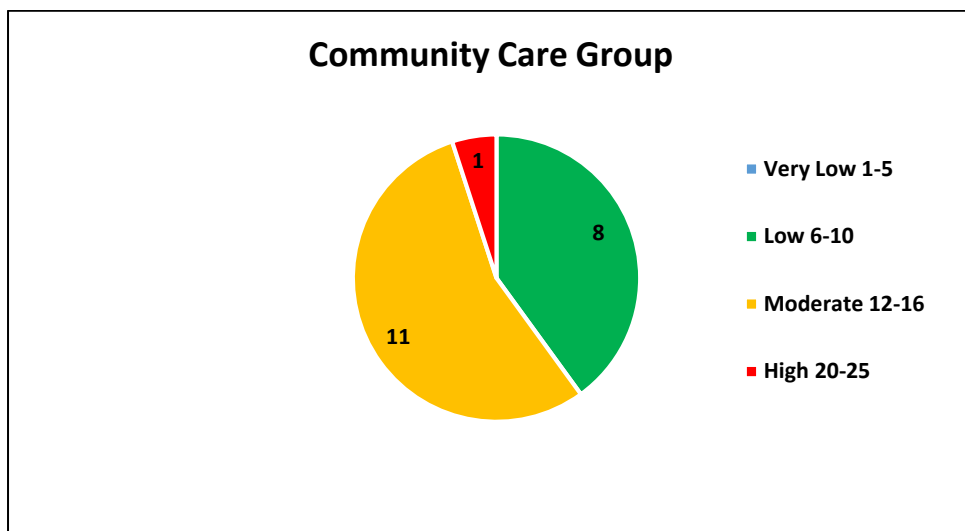
Following review of the BAF/CRR with each of the lead Executive Directors/Directors there has been one risk closed in this quarter.

Risk Reference	Risk description	Risk Appetite	Risk score	Executive Lead
SA5.6	That there are risks to the safety of service users and others if clinical policies and procedures are not accessible, with effective processes in place to ensure they are implemented.	Quality Safety (1-5)	10	Gary O'Hare

2.0. Clinical Groups and Executive Corporate Trust 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. In the quarter there has been a reduction in the total number of risks held by each clinical group, Community Care have seen a reduction from 21 to 20 (-1), Inpatient Care have seen a reduction of 17 to 13 (-4) and Specialist Care have seen a reduction from 41 to 32 (-9). Risk continue to be monitored at the CDT Risk Management Sub Group on a monthly basis. Risk appetite is yet to be applied to the clinical groups and so we will continue to report scores of 15 or above until clinical groups reform into localities.

2.1 Clinical Groups

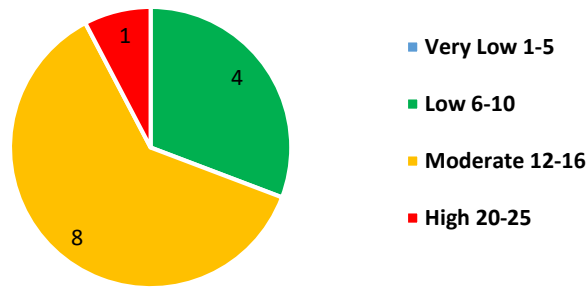


Community Care Group as at June 2017 holds 1 high risk, 11 moderate risks and 8 low risks. All risks are being managed within the Community Care Group and no requests to escalate to BAF/CRR have been received. Risks scored 15 or above are detailed below. (Please note this will be replaced by risk appetite once implemented into the clinical groups.)

Risk Reference	Risk Description	Risk Score	S	L	Owner	Level Managed
1195	Within the Learning Disability teams throughout the Group, there has been the loss of four consultants resulting in a shortage of medical cover for the services	20	4	5	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		Group

Risk Reference	Risk Description	Risk Score	S	L	Owner	Level Managed
1222	Environmental Issues identified for S136 suites SNH via CQC inspection and Royal College of Psychiatry Audit	15	5	3	Tim Docking	Group
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 Improvement required in relation to outcomes.	16	4	4	Tim Docking	Group
1154	Outcome of Transitions Audit CA-15-0045 concludes that overall level is Non-Compliant in relation to 72 hour reviews, care co-ordination review and discharge planning meetings	15	3	5	Gail Kay	Directorate
1157	NTW1516/26 Compliance with Lone Working Device PGN - Internal audit report received identifying that current controls re LWD monitoring do not manage identified risks and senior management action and control measures required	15	5	3	Tony Quinn	Directorate
1213	Risks to the delivery of services due to identified Admin issue. 1 - No support for CMHT 2 - Single point of access not staffed properly 3 - Information being mislaid 4 - Tracker board not being kept up to date	16	4	4	Gail Kay	Directorate

Inpatient Care Group

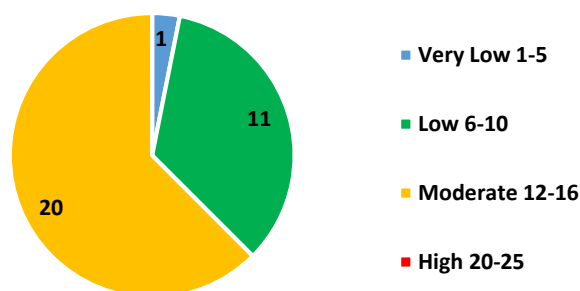


Inpatient Care Group as at June 2017 hold 1 High risk, 8 Moderate Risks and 4 low risks. All risks are being managed within the Inpatient Care Group and no requests to escalate to BAF/CRR have been received. Risks scored 15 or above are detailed below. (Please note this will be replaced by risk appetite once implemented into the clinical groups.)

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.	20	4	5	Jane Carlile	Group
576	The provision of safe and effective care within inpatient wards on non NTW sites (Tranwell/Hadrian) is compromised due to the location of the facilities resulting in little direct control over environmental issues	16	4	4	Robin Green	Group
1038	Medication pages on RiO are not being kept up to date as per NTW policy. Information transferred to the MHDS may not be accurate.	16	4	4	Jane Carlile	Group

Risk Reference	Risk Description	Risk Score	S	L	Owner	Level Managed
857	Internal doors have been identified as a potential ligature risk following incidents across the Group.	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 Hatley	Directorate
1189	Overspending on ward areas due to sickness absence, restrictions to practice causing use of overtime, bank and agency staff.	16	4	4	Robin Green	Directorate

Specialist Care Group



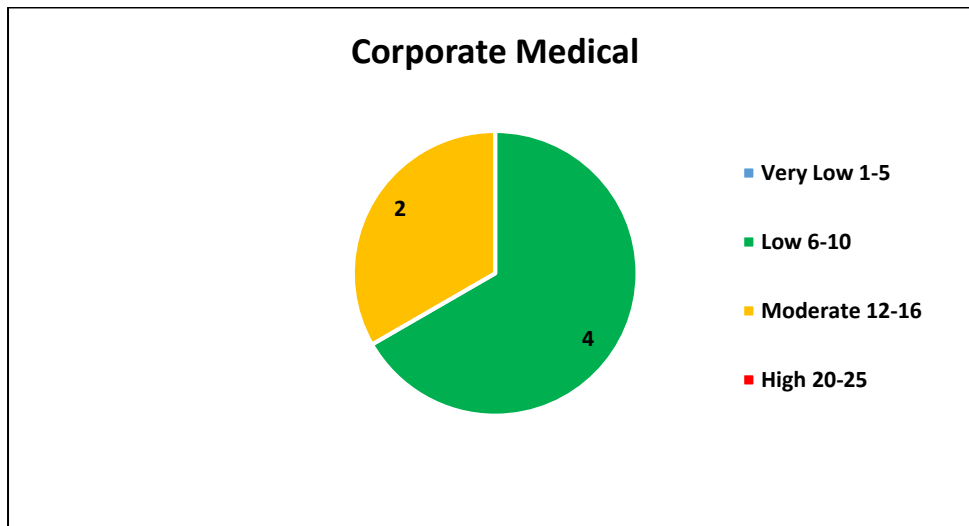
Specialist Care Group as at June 2017 hold 20 Moderate Risks, 11 low risks and 1 very low risk. All risks are being managed within the Inpatient Care Group and no requests to escalate to BAF/CRR have been received. Risks scored 15 or above are detailed below. (Please note this will be replaced by risk appetite once implemented into the clinical groups.)

Risk Reference	Risk Description	Risk Score	S	L	Owner	Level Managed
1202	Significant risk of non-delivery of Control Total due to excessive expenditure within some service lines.	16	4	4	Russell Patton	Group
1203	Internal audit report has identified service level issues in the low use of identicom lone working devices.	15	5	3	Anne Moore	Group
1169	Coordination and communication pathways between Lifeline and NTW are not functional and do not reflect the Service Level Agreement. Timeliness of treatment interventions may be compromised affecting patient safety.	15	5	3	David Muir	Directorate

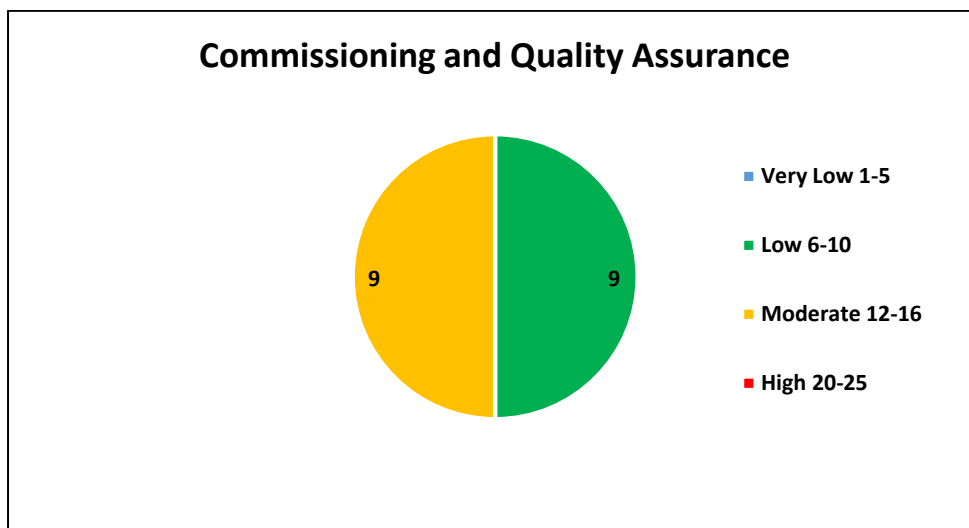
Risk Reference	Risk Description	Risk Score	S	L	Owner	Level Managed
1179	Impact upon service delivery during re-modelling of services in line with National Transforming LD Services Programme: Sustainability of service, safety & quality as well as reduction in revenue.	15	3	5	David Muir	Directorate
1180	Non-compliance to actions identified during CQC - MHA Compliance Visits.	15	3	5	David Muir	Directorate
423	Current 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
990	The typical clinical profile of patients with 1) ASD and 2) PD admitted to wards at both Alnwood and Ferndene are clearly linked to high levels of "clinical activity", in particular in regards to high levels of violence and aggression and self-harm / suicide.	16	4	4	John Padget	Directorate
1061	Recruitment and retention of qualified nursing staff to Redburn. Outstanding Band 5 vacancies remain an operational issue for Redburn Ward.	16	4	4	John Padget	Directorate

Risk Reference	Risk Description	Risk Score	S	L	Owner	Level Managed
1072	Productive ward data indicates that Band 6 and Band 7 staff are spending significant amounts of their working week in the maintenance of the electronic rostering system and Web Based Reporting. This leads to reduced time with patients and staff (leadership and management)	16	4	4	John Padget	Directorate
1095	Significant demand on the gender dysphoria service means that there is a waiting list and risk for reputational damage and critical media coverage. Now 12 months.	16	4	4	David Muir	Directorate
1134	Significant staff vacancies across a number of areas across Directorate which may impact on quality of service, patient safety and experience as well as possibility of increased workplace stress.	16	4	4	David Muir	Directorate
1124	Lack of RGN's on Ward 3 and 4, Neuro Rehab, Walkergate Park	16	4	4	Elaine Fletcher	Service Line

2.2. Executive Corporate.



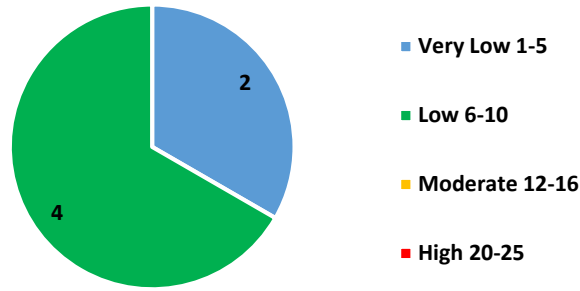
The Executive Medical Director as at June 2017 holds 2 Moderate Risks and 4 low risks within his portfolio. All Risks are managed within Pharmacy and no requests to escalate to BAF/CRR have been received. There are no risks which have scored 15 or above. (Please note this will be replaced by risk appetite once implemented into the clinical groups.)



The Executive Director of Commissioning and Quality Assurance as at June 2017 holds 9 Moderate Risks and 9 low risks within her portfolio. All Risks 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. (Please note this will be replaced by risk appetite once implemented into the clinical groups.)

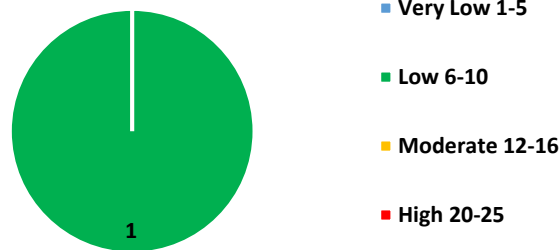
Risk Reference	Risk Description	Risk Score	S	L	Owner	Level Managed
458	Informatics Infrastructure are reliant on individuals to carry out skilled job roles. If we were to experience major staff absence this would result in limited service; loss of income; and difficulties in providing a high quality service.	16	4	4	Jon Gair	Department
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	Department
1183	Commissioning and Quality Assurance Team are reliant on individuals to carry out skilled job roles. If we were to experience major staff absence this would result in limited service; loss of commissioner income; and difficulties in performance and assurance reporting.	16	4	4	Anna Foster	Department

Deputy Chief Executive



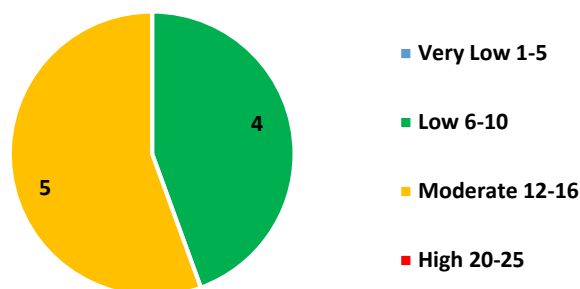
The Deputy Chief Executive as at June 2017 holds 4 low risks and 2 very low risks within his portfolio. All Risks are managed within Finance and no requests to escalate to BAF/CRR have been received. There are no risks which have scored 15 or above. (Please note this will be replaced by risk appetite once implemented into the clinical groups.)

Corporate Workforce and Organisational Development



The Executive Director of Workforce and Organisational Development as at June 2017 holds 1 low risks within her portfolio. There are no risks scored 15 or above and no requests to escalate to BAF/CRR have been received. (Please note this will be replaced by risk appetite once implemented into the clinical groups.)

Corporate Nursing and Operational



The Executive Director of Nursing as at June 2017 holds 5 Moderate Risks and 4 low risks within his portfolio. All Risks 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. (Please note this will be replaced by risk appetite once implemented into the clinical groups.)

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

3. Emerging Risks.

Emerging Risks are reviewed at the CDT Risk Sub Committee 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 risks which have exceeded a risk appetite.
- Note the summary of risks in the clinical/corporate trust wide risk registers.
- Note the risk 15 or above.

Natalie Yeowart
Risk Management Lead
June 2017

