

Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors Meeting

Meeting Date: 25 October 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:

As of 1st October 2017 Risk appetite will be implemented throughout Locality Care Groups and Corporate areas using the Risk Management System. Quarter 3 Risk Management report will reflect these changes.

Pg. 1 There has been a decrease in the total number of BAF/CRR risks held by NTW in the Quarter from 25 to 24.

Pg.3 The highest risk appetite category is Quality Effectiveness with 7 risks.

Pg.3 There are 8 risks which have exceeded a risk appetite tolerance, this is an improvement on last quarter. Quality Effectiveness and Compliance and Regulatory hold the highest number of exceeded risks.

Pg.6 There have been 21 minor amendments to BAF/CRR risks. The addition of timescales contributes to the majority of amendments in the quarter.

Pg.8 There are 4 BAF/CRR risks to be de-escalated.

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

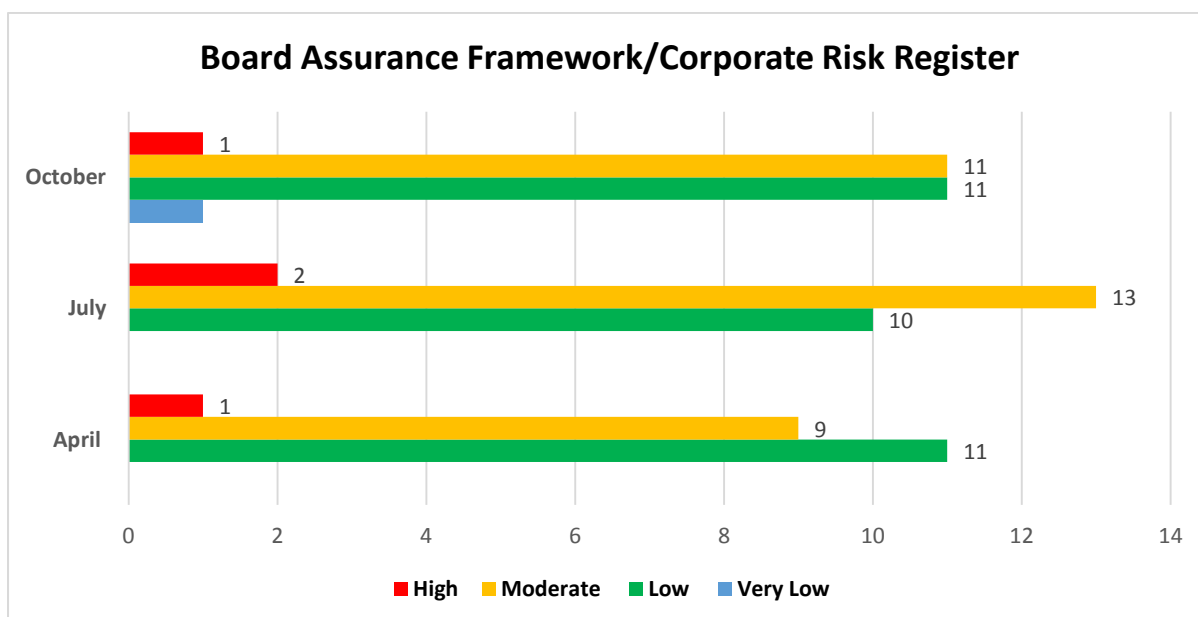
The Northumberland, Tyne & Wear NHS Foundation Trust Board Assurance Framework/Corporate Risk Register identifies the strategic ambitions and key risks facing the organisation in achieving the strategic ambitions.

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 BAF and CRR.
- 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 October 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 October 2017. In the quarter there has been a decrease in the overall number of risks from 25 to 24.

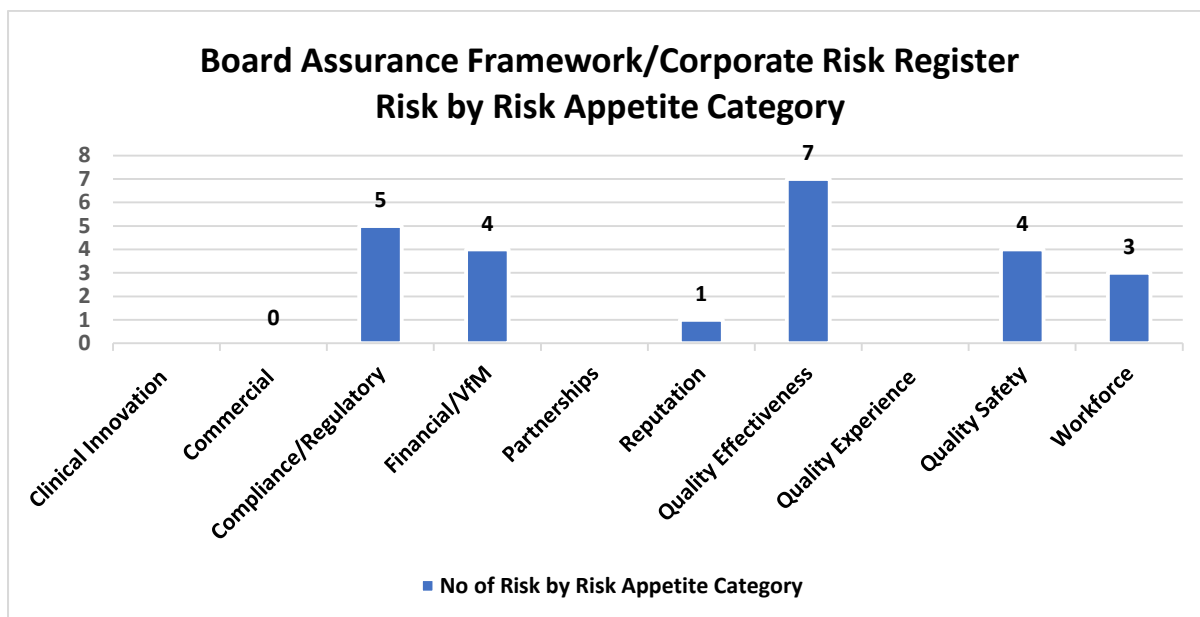


1.1. Risk Appetite

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 below table shows the risk appetite categories and risk appetite scores.

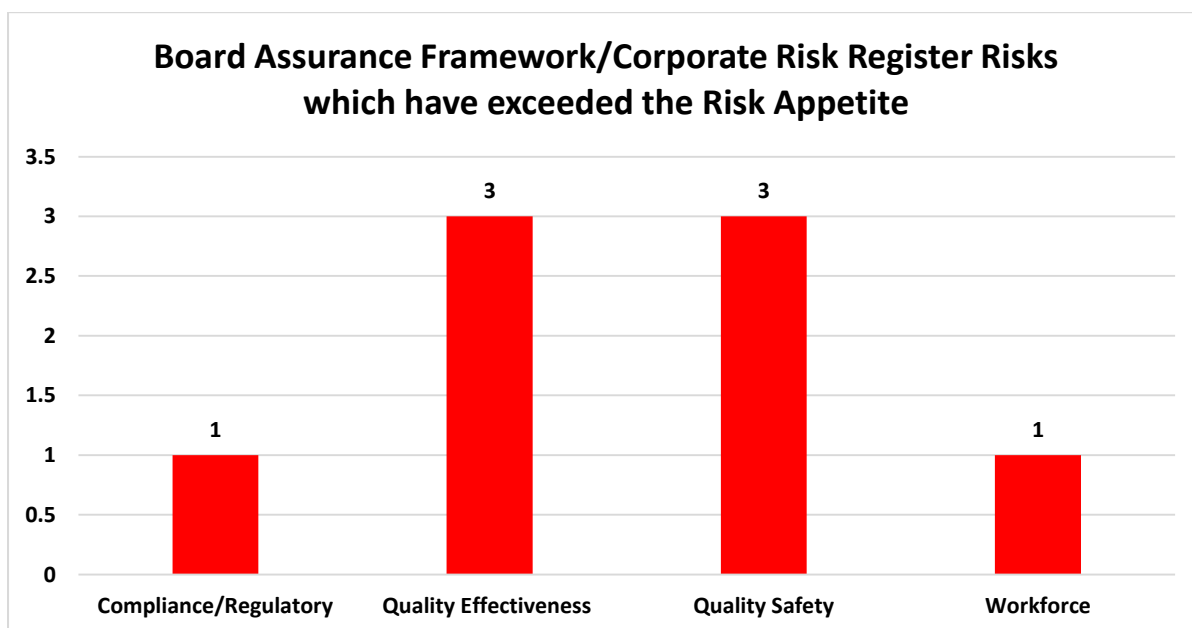
Category	Risk Appetite	Risk Appetite Score
Clinical Innovation	NTW has a MODERATE risk appetite for Clinical Innovation that does not compromise quality of care.	12-16
Commercial	NTW has a HIGH risk appetite for Commercial gain whilst ensuring quality and sustainability for our service users.	20-25
Compliance/Regulatory	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

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 (7) 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 are currently 8 risks which have exceeded a risk appetite tolerance in the quarter. There has been an improvement of 4 risks which have been brought back within the risk appetite tolerance in the quarter.

The table below 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
SA1.4	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
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)	15	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
SA5.5	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)	10	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.	Gaps in control amended, timescales added where possible.	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.	Gaps in control amended, timescales added where possible.	James Duncan
SA1.3	That there are adverse impacts on clinical care due to potential future changes in clinical pathways through changes in commissioning of services.	Actions complete, timescales added, risk scores reduced and back within risk appetite.	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.	Timescales added.	Gary O'Hare
SA1.5	That we do not effectively engage public, commissioners & other key stakeholders leading to opposition or significant delay in implementing our service strategy.	Risk rating reduced from 4x3 to 3x3. Risk appetite now within tolerance. Decision to de-escalate to CEO Risk register.	John Lawlor
SA1.7	That staff do not follow Information Governance, Caldicott and Informatics Policies and procedures.	Timescales added.	Lisa Quinn
SA1.8	Failure to participate and influence STP workforce developments may reduce our control over future regional workforce changes.	Strategic ambition changed from SA1 to SA6.	Lisa Crichton-Jones
SA2.1	That we do not sufficiently engage with GP's Communities, stakeholders and system partners in supporting, enabling effective interventions.	Actions amended, timescales added.	James Duncan

Risk Ref	Risk description	Amendment	Executive Lead
SA3.1	That we do not further develop integrated information systems across partner organisations.	Timescales 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.	Risk scores increased from 4x3 (12) to 4x4 (16)	John Lawlor
SA3.3	Failure to participate and influence regional developments relating to carter and back office functions resulting in imposed changes to corporate functions and arising recruitment and retention issues.	Strategic ambition changed from SA3 to SA6, actions updated controls added.	Lisa Crichton-Jones
SA3.4	NTW being marginalised in STP leading to impact on integration agenda.	Assurance added.	James Duncan
SA4.1	That we have significant loss of income through competition, choice and national policy, including the possibility of losing large services & localities.	Gaps in control amended, Timescales added.	James Duncan
SA4.2	That we do not manage our resources effectively through failing to deliver the required service change or productivity gains required.	Completion of gaps in control. Decision to de-escalate to Deputy chief executive risk register.	James Duncan
SA4.3	That the scale of change & integration agenda across the NHS could affect the sustainability of services & Trust financial position.	Current risk score reduced from 5x4 to 5x3. Gaps in control added, assurance added.	John Lawlor
SA4.4	That we enter into unsound business partnership arrangements leading to reputational and patient safety risks.	Gaps in control complete, to be de-escalated to Finance directorate risk register.	James Duncan
SA5.1	That we do not meet compliance & Quality Standards	Actions updated, risk impact scores updated from 4-5.	Lisa Quinn
SA5.3	That we misreport compliance and quality standards through data quality errors.	Action amended	Lisa Quinn
SA5.4	That there are risks to the safety of service users and others if key components to support good patient safety	Actions complete, target achieved. De-escalate to patient safety.	Gary O'Hare.
Risk	Risk description	Amendment	Executive Lead

Reference			
SA5.7	That we do not have effective governance arrangements in place.	Gaps in control complete, gaps in control added, timescales added, and current risk score changed from 4x3 to 5x2. Target risk score changed from 4x2 to 5x1.	Lisa Quinn
SA5.8	Failure to develop NTW academy resulting in the lack of enhanced further nursing supply	Gaps in control updated.	Gary O'Hare

1.3. Risks to be de-escalated or closed.

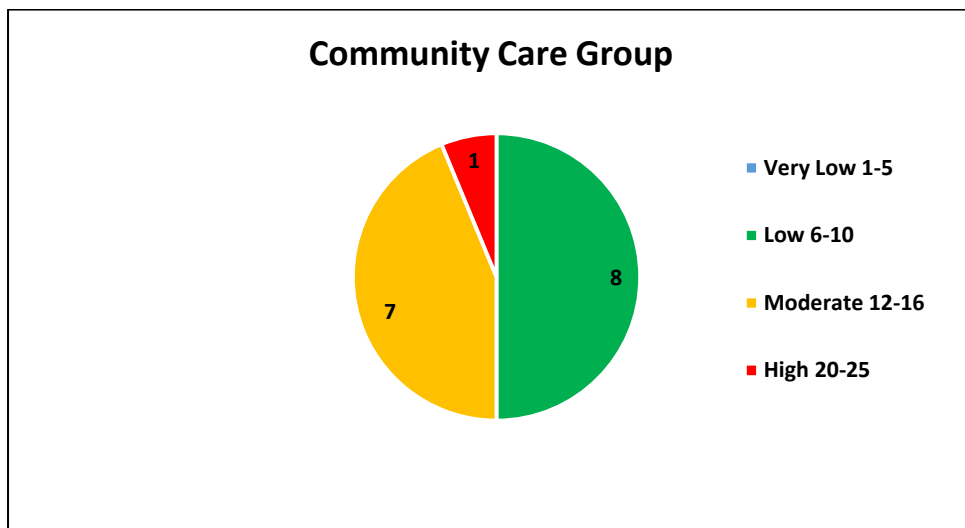
Following review of the BAF/CRR with each of the lead Executive Directors/Directors there has been 4 risks de-escalated in this quarter.

Risk Reference	Risk description	Risk Appetite	Risk score	Executive Lead
SA1.5	That we do not effectively engage public, commissioners & other key stakeholders leading to opposition or significant delay in implementing our service strategy.	Quality Effectiveness	9	John Lawlor
SA4.2	That we do not manage our resources effectively through failing to deliver the required service change or productivity gains required.	Finance/VfM	15	James Duncan
SA4.4	That we enter into unsound business partnership arrangements leading to reputational and patient safety risks.	Reputation	12	James Duncan
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.	Quality Safety	4	Gary O'Hare

2.0. Clinical Locality Care 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 Care 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 care group, Community Care have seen a reduction from 20 to 16 (-4), Inpatient Care have seen an increase from 13 to 14 (+1) and Specialist Care have seen a reduction from 32 to 26 (-6). Risk continue to be monitored at the CDT Risk Management Sub Group on a monthly basis. Risk appetite will be applied to the clinical groups from 1st October and so quarter 2 continues to show scores of 15 or above. The Quarter 4 report will show risk appetite fully implemented.

2.1 Clinical Groups

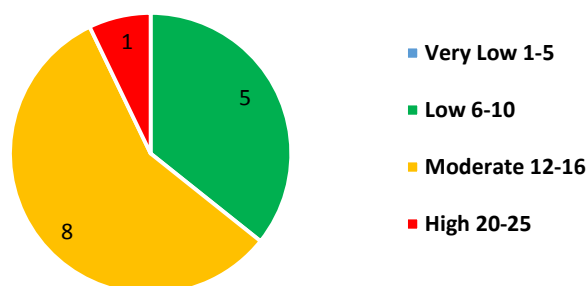


Community Care Group as at October 2017 holds 1 high risk, 7 moderate risks and 8 low risks. All risks are being managed within the Community Care Group and no requests to escalate to BAF/CRR have been received. Risks scored 15 or above are detailed below. (Please note this will be replaced by risk appetite once implemented into the clinical groups.)

Risk Reference	Risk Description	Risk Score	S	L	Owner	Level Managed
1176	There are increasing difficulties recruiting and retaining clinical staff within the Northumberland Locality (Nursing, medics, Locums) Operational Risk - significant effect in care / some loss of local service	20	4	5	Tim Docking	Group
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	

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 Improvement required in relation to outcomes.	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		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

Inpatient Care Group

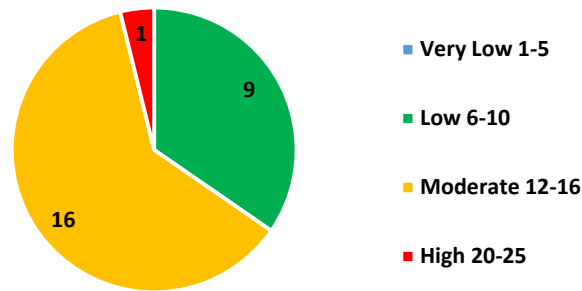


Inpatient Care Group as at October 2017 hold 1 High risk, 8 Moderate Risks and 5 low risks. All risks are being managed within the Inpatient Care Group and no requests to escalate to BAF/CRR have been received. Risks scored 15 or above are detailed below. (Please note this will be replaced by risk appetite 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
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

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
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
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

Specialist Care Group

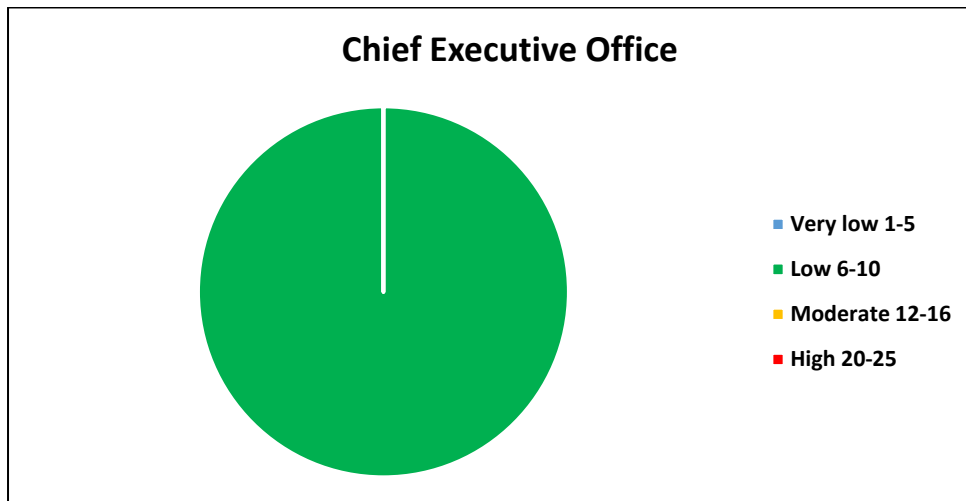


Specialist Care Group as at October 2017 hold 1 High Risk, 16 Moderate Risks, 9 low risks. All risks are being managed within the Inpatient Care Group and no requests to escalate to BAF/CRR have been received. Risks scored 15 or above are detailed below. (Please note this will be replaced by risk appetite once implemented into the clinical groups.)

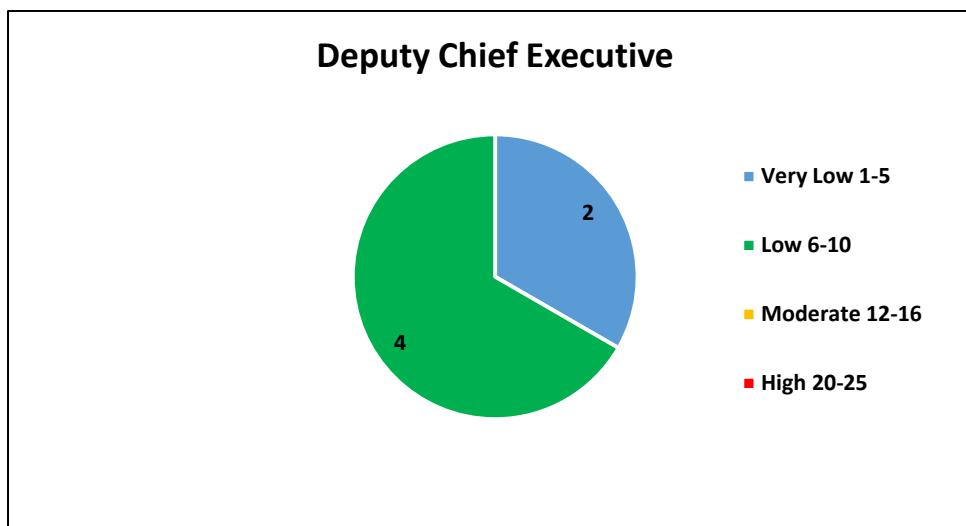
Risk Reference	Risk Description	Risk Score	S	L	Owner	Level Managed
1124	Lack of RGN's on ward 3 and 4	20	5	4	Elaine Fletcher	Directorate
1202	Significant risk of non-delivery of Control Total due to excessive expenditure within some service lines.	16	4	4	Russell Patton	Group
423	Current environment on Alnwood is not conducive to the long inpatient stays of young people with mental health and behavioural problems.	16	4	4	John Padget	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

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
1203	Internal audit report has identified service level issues in the low use of identicom lone working devices.	15	5	3	Anne Moore	Group
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
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

2.2. Executive Corporate.

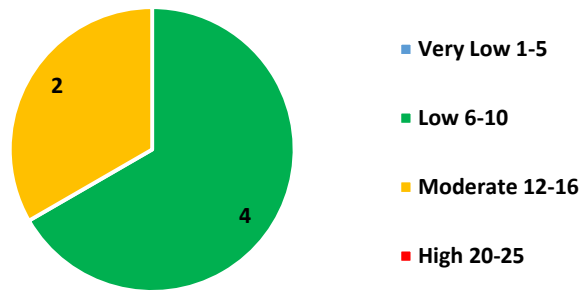


The Chief Executive as at October 2017 holds 1 low risk within his portfolio. This risk is managed within the Chief Executive Office and no requests to escalate to BAF/CRR have been received.



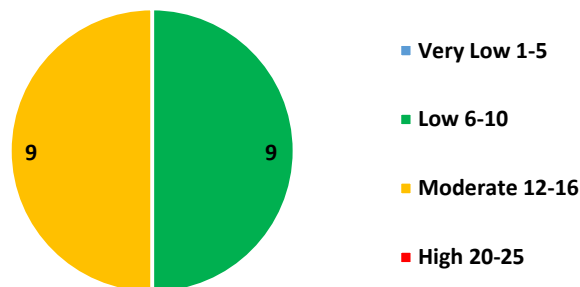
The Deputy Chief Executive as at June 2017 holds 4 low risks and 2 very low risks within his portfolio. All Risks are managed within Finance and no requests to escalate to BAF/CRR have been received. There are no risks which have scored 15 or above. (Please note this will be replaced by risk appetite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

Corporate Medical



The Executive Medical Director as at October 2017 holds 1 Moderate Risks and 5 low risks within his portfolio. All Risks are managed within the Medical Directorate 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.)

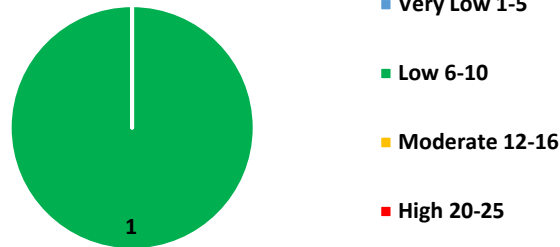
Commissioning and Quality Assurance



The Executive Director of Commissioning and Quality Assurance as at October 2017 holds 10 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.)

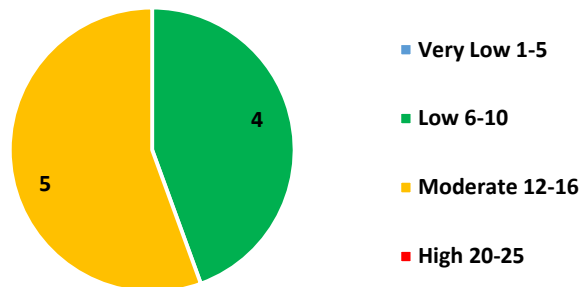
Risk Reference	Risk Description	Risk Score	S	L	Owner	Level Managed
458	Informatics Infrastructure are reliant on individuals to carry out skilled job roles. If we were to experience major staff absence this would result in limited service; loss of income; and difficulties in providing a high quality 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
1251	There is a potential risk to non-compliance to the implementation of GDPR in May 2018.	16	4	4	Angela fail	department

Corporate Workforce and Organisational Development



The Executive Director of Workforce and Organisational Development as at October 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/Chief Operating Officer



The Executive Director of Nursing and Chief Operating Officer as at October 2017 holds 1 High Risk, 3 Moderate Risks, 4 low risks and 4 very 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 medical staff to support clinical areas resulting in inability to provide safe, effective, high class services	16	4	4	Gary O'Hare	Nursing/Chief Operating Officer
1087	Changes to funding for Forensic Community Personality Disorder Team CMHT's have received an increased number of referrals for forensic service users with Antisocial Personality Disorder, psychopathy and risk behaviours. 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	20	5	4	Gary O'Hare	Nursing/Chief Operating officer

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.
- Provide any comments of feedback.

Natalie Yeowart
Risk Management Lead
October 2017