

AGENDA ITEM NO: 9.0.

Meeting Title/Date:	Governing Body - 26 September 2017		
Report Title:	Assurance Framework and Risk Register Update		
Paper Prepared By:	Lorraine Evans	Date of Paper:	29 August 2017
Executive Sponsor:	Margaret Williams	Responsible Manager:	Russell Thompson
Committees where Paper Previously Presented:	N/A		
Background Paper(s):	Risk Management Policy and Procedures September 2016		
Summary of Report:	<p>The purpose of this report is to update the CCG Governing Body of changes to Assurance Framework and Risk Register and to provide assurance around Risk Management.</p> <p>On 6 June 2017 following transition MB CCG held a Risk review event involving colleagues from Quality Improvement Committee, Governing Body, Executive members and CCG Commissioning Managers and Clinical Workstream leads. The aim was to align both Assurance Framework and Organisational Risks.</p> <p>The work undertaken led to the development of the MBCCG AF and RR. Each entry has a nominated Senior Manager and Executive Lead to ensure continual management and mitigation of the risks identified.</p>		
Recommendation(s):	<p>The Governing Body is asked to:-</p> <ul style="list-style-type: none"> • Agree that the AF and Risk registers reflect current CCG risks. • Ensure that the RED/ high level risks are being managed, challenging risk owners where mitigating actions are not reducing the risks. • Note assurance provided within the reports and registers. • Challenge risk owners where mitigating actions are not reducing the risks. • Provide the CCG Governing Body with a risk progress update report and summary dashboard to affect the achievement of the CCG's Corporate 		

	Objectives.	
		Please Select Y/N
Identified Risks:	As stated within documents	Y
Impact Assessment: (Including Health, Equality, Diversity and Human Rights)		N
Strategic Objective(s) Supported by this Paper:		Please Select (X)
To Improve the health of our population and reduce inequalities in health		X
To reduce premature deaths from a range of long term conditions		X
To develop care closer to home		X
To commission safe, sustainable and high quality Hospital Health Care		X
To commission safe, sustainable and high quality Mental Health Care		X
To improve capacity and capability of primary care services to respond to the changing health needs of our population		X
Please Contact:	lorraine.evans@lancashirecsu.nhs.uk	

Risk Register and Assurance Framework

1.0	Assurance Framework and Organisational Risks															
	1.1	Assurance Framework - Changes														
	1.1.1	<p>New Risks: There have been 5 new risks of level 12 and above added to the Assurance Framework in this reporting period.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Ref & Category of Risk</th> <th style="width: 85%;">Risk Description</th> </tr> </thead> <tbody> <tr> <td>AF171</td> <td>Delivery of transformational programmes - Urgent Care</td> </tr> <tr> <td>AF175</td> <td>Delivery of transformational programmes - CHC</td> </tr> <tr> <td>AF185</td> <td>Delivery of transformational programmes - Children's Mental Health Services</td> </tr> <tr> <td>AF186</td> <td>Mitigation of quality variation in the developing ACS.</td> </tr> <tr> <td>AF187</td> <td>Delivery of transformational programmes in order to ensure achievement of national and local Mental Health standards and targets.</td> </tr> </tbody> </table>			Ref & Category of Risk	Risk Description	AF171	Delivery of transformational programmes - Urgent Care	AF175	Delivery of transformational programmes - CHC	AF185	Delivery of transformational programmes - Children's Mental Health Services	AF186	Mitigation of quality variation in the developing ACS.	AF187	Delivery of transformational programmes in order to ensure achievement of national and local Mental Health standards and targets.
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	1.1.2	<p>Reduced Risks: 1 risk has been reduced on the Assurance Framework in this reporting period.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Ref & category of Risk</th> <th style="width: 25%;">Risk Description</th> <th style="width: 10%;">Previous Risk</th> <th style="width: 10%;">Current Rate</th> <th style="width: 45%;">Reason for reduction</th> </tr> </thead> <tbody> <tr> <td>AF58</td> <td>CCG assurance systems confirm that UHMB are able to sustain improvement as directed</td> <td style="background-color: red; color: white; text-align: center;">20 (High Risk)</td> <td style="background-color: yellow; text-align: center;">8 Low Risk</td> <td>AF58 had a current risk of 15 (High risk) In view of UHMB demonstrating ability to maintain and improve as per CQC inspection and CCG Assurance System is now reduced (Low Risk)</td> </tr> </tbody> </table>			Ref & category of Risk	Risk Description	Previous Risk	Current Rate	Reason for reduction	AF58	CCG assurance systems confirm that UHMB are able to sustain improvement as directed	20 (High Risk)	8 Low Risk	AF58 had a current risk of 15 (High risk) In view of UHMB demonstrating ability to maintain and improve as per CQC inspection and CCG Assurance System is now reduced (Low Risk)		
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	1.1.3	<p>Increased Risks: No risks have been increased on the Assurance Framework in this reporting period.</p>														
	1.1.4	<p>Closed Risks: 4 risks have been closed on the Assurance Framework in this reporting period.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Ref & Category of Risk</th> <th style="width: 45%;">Risk Description</th> <th style="width: 40%;">Reason for closure</th> </tr> </thead> <tbody> <tr> <td>AF85</td> <td>Failure to achieve the national and local mental health standards.</td> <td>New AF raised that covers this and is more extensive – AF187</td> </tr> <tr> <td>AF123</td> <td>Risk of not being able to commission a locally sustainable safe maternity service.</td> <td>Executive Director Lead request risk to be closed, maternity transformation plans have progressed, no longer a significant risk</td> </tr> <tr> <td>AF154</td> <td>Risk of the CCG not meeting the CCG Assurance Standards, QIPP and other key work programmes.</td> <td>Risk is too broad and overlaps several agendas</td> </tr> </tbody> </table>			Ref & Category of Risk	Risk Description	Reason for closure	AF85	Failure to achieve the national and local mental health standards.	New AF raised that covers this and is more extensive – AF187	AF123	Risk of not being able to commission a locally sustainable safe maternity service.	Executive Director Lead request risk to be closed, maternity transformation plans have progressed, no longer a significant risk	AF154	Risk of the CCG not meeting the CCG Assurance Standards, QIPP and other key work programmes.	Risk is too broad and overlaps several agendas
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	AF159	Inability to produce bay wide data on activity, finance and performance results in poor planning and impacts on the delivery of better Care together and the development of the ACS.	No longer a risk.	
1.1.5	Changes to Wording: There have been 4 changes to wording in this reporting period.			
	Ref & category of Risk	Updated wording	Previous wording	
	AF53 Finance	Financial Sustainability of Morecambe Bay ACS	Financial Sustainability of Local Acute Provider	
	AF145 Clinical	The impact of efficiency plans and financial pressures on Cumbria & Lancs CC.	The impact of efficiency plans and financial pressures for LCC and other commissioners may have on LNCCG.	
	AF147 Clinical	Ability to recruit and retain Registered Professionals across the health economy to ensure standards and quality of care is maintained and improved.	Ability to recruit and retain Registered Professionals across the health economy of providers and care	
	AF171 Change	Delivery of transformational programmes in urgent care to enable delivery of A&E 4 hour target	Delivery of transformational programmes - Urgent Care	
1.1.6	Changes to Manager: There have been 5 changes to a Manager/ Executive on the Assurance Framework in this reporting period.			
	Ref & category of Risk	Updated Manager/Executive	Previous Manager/Executive	
	AF60 Operations	Russell Thompson	Mick Cleary	
	AF142 Clinical	Janette Buckland	Margaret Williams	
	AF175 Clinical	Margaret Williams	No one assigned to risk previously	
	AF186 Clinical	Russell Thompson	Margaret Williams	
1.1.7	Changes/Updates to Adequacy of Controls: (reference to dashboard) There were 2 changes to Adequacy of Control in the reporting period.			
	Risk Owner	Assurance Framework Reference	Current Adequacy of Control	Previous Adequacy of Control

MW	AF56	Fully	Moderately
MW	AF147	Moderately	Minimally

1.2 Assurance Framework – Gaps in Control and Assurance (Risk Level 15 and Above)

1.2.1

Ref & category of Risk	Risk Description	Current Rate	Notes
AF53	Financial Sustainability of Local Acute Provider	20 (High Risk)	Risk updated in reporting period

Gaps:

Seeking transitional support and/or amendments to control total

Assurance:

Regular meetings with NHSE and NHSI to share understanding of issues in Morecambe Bay. CEP process in place across the MB health economy. ACS Steering Board meets monthly.

1.2.2

Ref & category of Risk	Risk Description	Current Rate
AF60 Operations	Estates: lack of development opportunity and funding re Out of Hospital services, which will have an impact on the implementation of Better Care Together as it is a key enabling work stream.	15 (High Risk)

Gaps:

Funds are required to develop the necessary business cases.

Assurance:

The CCG has bids for Capital Funding lodged with NHSE and is awaiting the outcome of national funding decisions.

1.2.3

Ref & category of Risk	Risk Description	Current Rate
AF80 Operations	Unknown staffing capacity for delivery of Better Care Together strategy, new models of working care delivery (vanguard)	15 (High Risk)

Gaps:

Bay Health & Care Partners picture of workforce not yet available.
 HEE commissioning of trainees changed in view of bursary.
 Population Health map not fully complete which may hinder workforce mapping

Assurance:

		Strong collective community of providers with momentum to drive change is evident at all workforce groups. Development of Apprenticeship Strategy for the Bay Health & Social Care Careers framework being developed- aimed at signposting access to health and social care careers									
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	1.3	Risk Register – Changes									
	1.3.1	<p>New Risks:</p> <p>There have been 13 new risks of level 12 and above added to the Risk Register in this reporting period.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #e0e0e0;"> <th style="width: 15%;">Ref & Category of Risk</th> <th style="width: 85%;">Risk Description</th> </tr> </thead> <tbody> <tr> <td>RR163</td> <td>Transfer of continuing care and complex needs packages for S Cumbria children's cases to CSU leading to delays in children receiving care, disruption to packages of care, inadequate CSU provision to meet additional need</td> </tr> <tr> <td>RR164</td> <td>Sustain and develop Regulated Care Sector so it can respond to H&S care transformation</td> </tr> <tr> <td>RR165</td> <td>Morecambe Bay CCG does not yet have full understanding of commissioning</td> </tr> </tbody> </table>		Ref & Category of Risk	Risk Description	RR163	Transfer of continuing care and complex needs packages for S Cumbria children's cases to CSU leading to delays in children receiving care, disruption to packages of care, inadequate CSU provision to meet additional need	RR164	Sustain and develop Regulated Care Sector so it can respond to H&S care transformation	RR165	Morecambe Bay CCG does not yet have full understanding of commissioning
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RR165	Morecambe Bay CCG does not yet have full understanding of commissioning										

		and service delivery across the partnerships for children and young people that may lead to service gaps for vulnerable children							
	RR166	Mental Health Services are unable to respond to patient needs in a timely and clinically effective manner due to the low number of out of hours psychiatric provision.							
	RR167	Response of timely assessment and timely access to appropriate provision of care (when provision is agreed there is a delay in accessing it due to existing demand).							
	RR168	Failure to deliver the NHS Right Care Process							
	RR169	Failure to deliver Elective Care constitutional and operational standards							
	RR174	Failure to deliver <u>Urgent Care</u> constitutional and operational standards							
	RR179	There is a risk that Acute Provider elective care activity will not be sufficient to meet demand and RTT targets; conversely, there is also a risk that if providers do meet demand that it is unaffordable to the system given the CCG financial position							
	RR180	There is a risk that the CCG does not achieve the opportunities set out in the RightCare programme and/or that we are not able to demonstrate delivery to NHSE.							
	RR181	Current system gap in availability of Section 12 Doctors. Impacted further by changes in regulation for Police when managing individuals who require a section 136 and they require a section 12 doctor to intervene in the assessment. Position exacerbated by CPFT support due to pressure in the on call consultant psychiatrist rotas.							
	RR182	MH commissioners in response to the Five Year Forward View strategy are required to increase the number of staff working in IAPT MH services and further develop local IAPT and LTC services. Our STP submitted a bid for funding to NHS England to deliver this as a wave 2 system; Morecambe Bay CCG has clarified to STP that whilst supportive it cannot confirm recurrent funding in 2018/19 due to CEP. NHS England and STP programme leads have expressed concern given bid accepted nationally and national priority.							
	RR184	Ineffective commissioning of complex adult mental health care packages. Management of cases is being undertaken by North Cumbria CCG pending transfer to M&L CSU (who undertakes LN cases) by 31st August. However, CSU not making sufficient progress against programme plan which could lead to lack of service or problems with individual packages							
1.3.2	Reduced Risks:								
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1.3.3	Increased Risks:								
	There have been no risks increased in this reporting period.								

1.3.4 Closed Risks:

Three risks have been closed during this reporting period.

Ref & Category of Risk	Risk Description	Reason for closure
RR131 Contract	Contracts have been put in place were the initial procurement decisions may be challengeable because they did not fully comply with EU law, UK law or section 75 of the Health and Social Care Information act.	The risk is no longer required. Executive Director requests closure.
RR153 Change	F&W CCG are at the pre-tender stage for all community health services currently provided by BTH. Should this be awarded to an alternative provider there could be stability issues for BTH teams operating in Lancashire North.	The risk is no longer required. Director requests closure.
RR167 Clinical	Response of timely assessment and timely access to appropriate provision of care (when provision is agreed there is a delay in accessing it due to existing demand).	Duplicate of RR166.

1.3.5 Changes to Wording:

There have been 6 changes to wording in this reporting period.

Ref & category of Risk	Updated wording	Previous wording
RR69 Clinical	There is a risk that adolescents with MH problems are being managed on acute paediatric wards either whilst awaiting a Tier 4 bed or needing a "place of safety"	Adolescents with MH problems are being managed on acute paediatric wards either whilst awaiting a Tier 4 bed or needing a "place of safety" eg because home placement broken down.

Ref & category of Risk	Updated wording	Previous wording
RR89 Governance	Potential for health assessments for looked after children placed in Lancashire to be delayed including onward referral as per statutory guidelines due to LCC no longer contributing to administration required to support prompt sending of referrals	Reduction of funding and impact of 0-19 Service Commissioning review in Lancashire could lead to no or delayed health assessments for looked after children placed in Lancashire and delay in health care plans and onward referral as per statutory guidelines

Ref & category of	Updated wording	Previous wording

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1.3.7	Changes/Updates to Adequacy of Controls: There have been no changes to adequacy of controls in the reporting period.											
1.4	Risk Register – Gaps in Control and Assurance (Risk Level 15 and Above)											
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	<ul style="list-style-type: none"> - System wide A&E improvement plan developed monitored via the A&E delivery board - Daily monitoring of performance by the CCG - Refreshed operational escalation process. 						
1.4.4	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Ref & category of Risk</th> <th style="width: 60%;">Risk Description</th> <th style="width: 20%;">Current Rate</th> </tr> </thead> <tbody> <tr> <td>RR179</td> <td>There is a risk that Acute Provider elective care activity will not be sufficient to meet demand and RTT targets; conversely, there is also a risk that if providers do meet demand that it is unaffordable to the system given the CCG financial position</td> <td style="background-color: red; color: white; text-align: center;">20 (High Risk)</td> </tr> </tbody> </table> <p>Gaps: There is still further work with clinicians on cultural change and to establish deliverability of RightCare targets (see RightCare risk). RightCare and local clinical leadership meetings essential in further change. Also, NHSI GIRFT programme will support provider efficiency, but not yet being reported to system.</p> <p>Assurance: Monitoring through ECB, BH&CPs Delivery Group and CCG governance/performance reporting (eg FPG, GB meetings).</p>	Ref & category of Risk	Risk Description	Current Rate	RR179	There is a risk that Acute Provider elective care activity will not be sufficient to meet demand and RTT targets; conversely, there is also a risk that if providers do meet demand that it is unaffordable to the system given the CCG financial position	20 (High Risk)
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		<p>Our STP submitted a bid for funding to NHS England to deliver this as a wave 2 system; Morecambe Bay CCG has clarified to STP that whilst supportive it cannot confirm recurrent funding in 2018/19 due to CEP. NHS England and STP programme leads have expressed concern given bid accepted nationally and national priority.</p>	
<p>Gaps: We are still concerned that there is a gap in understanding and acceptance of Morecambe Bay's position by both STP and NHS England at programme level. We have been challenged further by NHS E and STP and this will be raised at CCB in the STP later in August, our response is to confirm our position. There is a potential gap in STP governance and gap between NHSE teams leading on CEP and MH. We will raise through CEP meetings with NHSE.</p> <p>Assurance: MB MH Work stream considers priorities such as IAPT and will oversee development of local plan. Finance & Performance group consider overall progress on developing QIPP plans and CEP impact on services.</p>			
2.0	Recommendation		
	2.1	<p>The Executive Management Team</p> <ul style="list-style-type: none"> • Agree that the AF and Risk registers reflect current CCG risks • Ensure that the RED/ high level risks are being managed, challenging risk owners where mitigating actions are not reducing the risks. 	
	2.2	<p>The Quality improvement Committee is asked to:</p> <ul style="list-style-type: none"> • Note assurance provided within the reports and registers • Challenge risk owners where mitigating actions are not reducing the risks • Provide the CCG Governing Body with a risk progress update report and summary dashboard to affect the achievement of the CCG's Corporate Objectives. 	

Margaret Williams
Chief Nurse
29th August 2017