

Summary of Risk Register - MBCCG August 2017										
ID Datix	Risk Title	Strategic Objectives	Senior Manager	Date Risk Entered	Review Date	Initial Rating	Current Rating	Adequacy of Controls	Status	
Governance										
74	Ineffective administration and finance processes in respect of the provision of CHC / IPA information could result in increased financial pressures for the CCG.	6	Sue Bishop	01/04/2017	01/09/2017	20 (High Risk)	12 (Medium Risk)	Moderately	< >	
89	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	1, 3	Jane Jones	01/04/2017	30/09/2017	12 (Medium Risk)	15 (High Risk)	Moderately	< >	
138	CCG to Improve General Practice Quality and Efficiency (in partnership with NHS England)	6	Hazel Smith	06/06/2017	01/09/2017	12 (Medium Risk)	12 (Medium Risk)	Moderately	< >	
155	The CCGs ability to maintain legal duties i.e. to reduce health inequalities, equality and inclusion and human rights and engaging with the public.	1,2,3,4,5,6	Jacqui Thompson	01/04/2017	01/09/2017	12 (Medium Risk)	12 (Medium Risk)	Moderately	< >	
Contract										
131	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.	TBC	Paul Stevenson	30/09/2015	Closed	9 (Medium Risk)	12 (Medium Risk)	Moderately	Closed	
Strategic										
164	Sustain and develop Regulated Care Sector so it can respond to H&S care transformation	1,2,3,4,5,6	Margaret Williams	01/04/2017	01/09/2017	9 (Medium Risk)	12 (Medium Risk)	Moderately	New	
165	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	1	Jane Jones	01/04/2017	29/09/2017	9 (Medium Risk)	12 (Medium Risk)	Moderately	New	
168	Failure to deliver the right care strategy	1,2,3,4,5,6	Gary O'Neill	01/04/2017	01/09/2017	8 (Low Risk)	12 (Medium Risk)	Moderately	New	
180	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.	1,4	Gary O'Neill	01/04/2017	07/09/2017	15 (High Risk)	12 (Medium Risk)	Moderately	New	
IM&T Service										
Change										
153	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.	1,3	Paul Stevenson	07/06/2016	Closed	12 (Medium Risk)	12 (Medium Risk)	Minimally	Closed	
Operations										
77	CCG's ability to respond to the unfolding additional delegation of work from NHS England without allocated resources to deliver	1,2,3,4,5,6	Margaret Williams	01/04/2017	10/10/2017	12 (Medium Risk)	12 (Medium Risk)	Moderately	< >	
146	The CCG's ability to maintain the running of day to day business in the event of a major incident or event that disrupts normal business plans and onward referral as per statutory guidelines	4,5,6	Jacqui Thompson	01/04/2017	01/03/2017	12 (Medium Risk)	12 (Medium Risk)	Moderately	< >	
174	Failure to deliver Urgent Care constitutional and operational standards	4,5,6	Tim Almond	06/06/2017	01/09/2017	12 (Medium Risk)	20 (High Risk)	Fully	New	
179	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	1,4	Gary O'Neill	01/04/2017	07/09/2017	20 (High risk)	20 (High risk)	Moderately	New	
184	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 undertake 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	5	Liz Dover	06/06/2017	04/09/2017	20 (High risk)	12 (Medium Risk)	Moderately	New	
Clinical										
69	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"	4,5	Julia Westaway	01/04/2017	01/09/2017	20 (High Risk)	12 (Medium Risk)	Minimally	< >	
101	Lack of ASD diagnostic pathway leading to children and families not receiving diagnosis and/or long waiting times for diagnosis plus significant numbers of complaints	3,4,5	Julia Westaway	01/04/2017	05/09/2017	12 (Medium Risk)	20 (High Risk)	Minimally	v	
162	Full detail of out of area placements for specialist placements transforming care not yet known	1, 2, 3, 4, 5	Janette Buckland	01/04/2017	01/09/2017	15 (High Risk)	15 (High Risk)	Moderately	< >	

163	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	3,4,5	Julia Westaway	01/04/2017	02/10/2017	12 (Medium Risk)	12 (Medium Risk)	Moderately	New
166	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.	1,5	Jane Linings	01/04/2017	01/09/2017	12 (Medium Risk)	12 (Medium Risk)	Moderately	New
167	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).	1,5	Jane Linings	04/07/2017	Closed	15 (High Risk)	15 (High Risk)	Moderately	This was a new risk describe in the reporting period but was then closed by Director
169	Failure to deliver Elective Care constitutional and operational standards	4,5,6	Gary O'Neill	17/07/2017	01/09/2017	12 (Medium Risk)	12 (Medium Risk)	Fully	New
181	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.	5	Liz Dover	04/08/2017	04/09/2017	20 (High risk)	20 High risk	Minimally	New
182	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.	5	Liz Dover	04/08/2017	04/09/2017	20 (High risk)	20 High risk	Minimally	New
Finance									
73	SLA over performance: any over performance on contracted activity will have an impact on the CCG's ability to achieve financial balance.	4,5	Mick Cleary	01/04/2017	01/09/2017	12 (Medium Risk)	12 (Medium Risk)	Moderately	< >
156	CCG requires assurance of administration of the provision of CHC/IPA information which may result in increased financial pressures for the CCG.	1,2,3,4,5,6	Sue Bishop	01/04/2017	01/09/2017	16 (High Risk)	12 (Medium Risk)	Moderately	< >

Risk Status	
Risk reviewed this period	26
Risk Description Updated (Minimal change to description)	6
Risk Rating current status not changed	25
Reduction	1
Increased this period	0
Target met this period	0
New significant risks added	13
Closed and removed this period	3

RR

Datix ID	Last Review/Progress Update (Red Risks)		
89	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	15 (High Risk)	JJ
174	Failure to deliver <u>Urgent Care</u> constitutional and operational standards	20 (High Risk)	TA
179	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)	GON
181	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.	20 (High risk)	LD
182	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.	20 High risk)	LD

Strategic Objectives	
1	To improve the health of our population and reduce inequalities in health
2	To reduce premature deaths from a range of long term conditions
3	To develop care closer to home
4	To commission safe, sustainable and high quality Hospital Health Care
5	To commission safe, sustainable and high quality Mental Health Care