

**AGENDA ITEM NO: 12.0.**

<b>Meeting Title/Date:</b>	Governing Body - 21 March 2017		
<b>Report Title:</b>	Assurance Framework and Risk Register Update		
<b>Paper Prepared By:</b>	Gregg Peers	<b>Date of Paper:</b>	3 March 2017
<b>Executive Sponsor:</b>	Margaret Williams	<b>Responsible Manager:</b>	Joanne Naylor
<b>Committees where Paper Previously Presented:</b>	Update provided to Audit Committee on 9 February 2017 and Quality Improvement Committee on 7 February 2017		
<b>Background Paper(s):</b>	Risk Management Policy and Procedures September 2016		
<b>Summary of Report:</b>	<p>The purpose of these dashboards is to provide a summary position to the Governing Body of current risks recorded on the Assurance Framework and Risk Register.</p> <p>NB: These documents provide information regarding changes which have occurred December 2016 - February 2017.</p>		
<b>Recommendation(s):</b>	<p>The Governing Body is asked to:-</p> <ul style="list-style-type: none"> <li>• Note the summary of risks and seek clarity of mitigations as required.</li> <li>• Agree to receive updates in line with the reporting calendar.</li> </ul>		
			<b>Please Select Y/N</b>
<b>Identified Risks:</b>	As stated within documents		
<b>Impact Assessment:</b> (Including Health, Equality, Diversity and Human Rights)			N
<b>Strategic Objective(s) Supported by this Paper:</b>			<b>Please Select (X)</b>
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
<b>Please Contact:</b>	Gregg Peers <a href="mailto:gregg.peers@nhs.net">gregg.peers@nhs.net</a>		

Summary of Assurance Framework - Governing Body March 2017 (Updated: 02/03/2017)									
ID Datix	Risk Title	Strategic Objectives	Senior Manager	Date Risk Entered	Review Date	Initial Rating	Current Rating	Adequacy of Controls	Risk Rating Status
<b>Objective 1 - To Improve the health of our population and reduce inequalities in health</b>									
56	Ability of Morecambe Bay CCG to reduce rate of community-acquired C. difficile infections given inherited higher rates in South Cumbria.	4,5	Margaret Williams	18/04/2013	01/03/2017	12 (Medium Risk)	12 (Medium Risk)	Fully	< >
80	Unknown staffing capacity for delivery of Better Care Together strategy, new models of working care delivery (vanguard).	1,2,3,6	Margaret Williams	01/07/2014	01/03/2017	16 (High Risk)	15 (High Risk)	Moderately	< >
154	Risk of the CCG not meeting the CCG Assurance Standards, QIPP and other key work programmes.	1,2,3,4,5,6	Gary O'Neill	07/06/2016	01/12/2016	12 (Medium Risk)	12 (Medium Risk)	Moderately	< >
159	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.	1,2,3,4,5,6	Gary O'Neill	19/08/2016	01/12/2016	12 (Medium Risk)	12 (Medium Risk)	Moderately	< >
<b>Objective 2 - To reduce premature deaths from a range of long term conditions</b>									
125	Financial sustainability of the CCG.	1,2	Mick Cleary	05/06/2015	28/02/2017	20 (High Risk)	16 (High Risk)	Moderately	< >
<b>Objective 3 - To develop care closer to home</b>									
147	Ability to recruit and retain Registered Professionals across the health economy of providers.	1,2,3,4,5,6	Margaret Williams	12/04/2016	01/03/2017	20 (High Risk)	20 (High Risk)	Minimally	< >
<b>Objective 4 - To commission safe, sustainable and high quality Hospital Health Care</b>									
53	Financial Sustainability of Local Acute Provider	4	Mick Cleary	30/04/2013	28/02/2017	20 (High Risk)	20 (High Risk)	Moderately	< >
58	CCG assurance systems confirm that UHMB are able to sustain improvement as directed	4,5	Paul Magee	30/04/2013	03/01/2017	12 (Medium Risk)	15 (High Risk)	Moderately	< >
123	Risk of not being able to commission a locally sustainable safe maternity service.	4	Julia Westaway	04/06/2015	31/03/2017	20 (High Risk)	15 (High Risk)	Moderately	< >
145	The impact of efficiency plans and financial pressures for LCC and other commissioners may have on LNCCG.	1,2,3,4,5,6	Sarah Bloy	19/01/2016	28/02/2017	12 (Medium Risk)	12 (Medium Risk)	Minimally	< >
<b>Objective 5 - To commission safe, sustainable and high quality Mental Health Care</b>									
85	Failure to achieve the national and local mental health standards.	5	Jane Lingings	12/09/2014	31/03/2017	12 (Medium Risk)	12 (Medium Risk)	Moderately	< >
142	Failure to modernise learning disability services across Lancashire to facilitate repatriation	5	Margaret Williams	01/12/2015	31/10/2016	12 (Medium Risk)	12 (Medium Risk)	Moderately	< >
<b>Objective 6 - To improve capacity and capability of primary care services to respond to the changing health needs of our population</b>									
57	Failure to advance transparency in health care delivery and enhance the learning culture of services we commission (ALL Providers)	4,5,6	Russell Thompson	18/04/2013	28/10/2016	12 (Medium Risk)	15 (High Risk)	Moderately	< >
60	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 workstream.	6	Mick Cleary	30/04/2013	28/02/2017	12 (Medium Risk)	15 (High Risk)	Moderately	< >
<b>Risk Status</b>									
Risk reviewed this period		14							
Risk Description Updated (Not a new risk but requiring minimal change to description)		AF56							
Risk Rating Status		< >							
Reduction		0							
Increased this period		0							
Target met this period		0							
New significant risks added		0							
Closed and removed this period		0							
<b>AF</b>									
<b>Strategic Objectives</b>									
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								
6	To improve capacity and capability of primary care services to respond to the changing health needs of our population								
<b>Datix ID Last Review/Progress Update (Red Risks)</b>									
53	Work is being undertaken to agree a contract and response to QIP.								MC
57	Multiple system multi-organisational, multi professional system groups forming. Regulated Care Sector Lancashire and South Cumbria Transformation in early stages. BCT Antimicrobial Strategy Group.								RT
58	The CQC Inspection Report has rated UHMBT as 'Good' overall and 'Outstanding' for Care. UHMBT remain at 'Requires Improvement' in regards to the Safe category.								MW
60	A plan of building requirements is being drawn up, to be distributed to stakeholders for comment and amendment. Following this, a PID will be finalised for submission to NHS England. Confirmation has been received from NHS England stating the bids remain on the capital pipeline list.								MC
80	HEE receipt letter received - may be allocation of additional funds later in the year								MW
123	Better Care Together Workstream activity and milestones. Working Group responding to RCOG review. Options proposal awaiting final Strategic Clinical Network review.								JW
125	Further work to be undertaken to agree a contract value with UHMFT. The CCG's projected QIPP target needs to be addressed, savings schemes across the whole health economy to be devised and agreed through the BCT Delivery Group								MC
147	Bay wide workforce oversight group and sub group structure in place, also STP workforce workstream								MW

Summary of Risk Register - GOVERNING BODY MARCH 2017									
(Updated: 02/03/2017)									
ID Datix	Risk Title	Strategic Objectives	Senior Manager	Date Risk Entered	Review Date	Initial Rating	Current Rating	Adequacy of Controls	Status
<b>Governance</b>									
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	Mick Cleary	01/07/2014	28/02/2017	20 (High Risk)	12 (Medium Risk)	Moderately	< >
138	CCG to Improve General Practice Quality and Efficiency (in partnership with NHS England)	6	Margaret Williams	06/11/2015	01/03/2017	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	07/06/2016	01/03/2017	12 (Medium Risk)	12 (Medium Risk)	Moderately	< >
<b>Contract</b>									
<b>IM&amp;T Service</b>									
<b>Change</b>									
81	Nursing Home capacity and capability to respond to new models of care (vanguard)	3	Margaret Williams	12/03/2015	01/03/2017	12 (Medium Risk)	12 (Medium Risk)	Moderately	< >
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	01/12/2016	12 (Medium Risk)	12 (Medium Risk)	Minimally	< >
<b>Operations</b>									
77	CCGs 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	01/07/2014	01/03/2017	12 (Medium Risk)	12 (Medium Risk)	Moderately	< >
146	The ability of the CCG to maintain business continuity.	4,5,6	Jacqui Thompson	25/01/2016	01/03/2017	12 (Medium Risk)	12 (Medium Risk)	Moderately	< >
<b>Clinical</b>									
69	Adolescents with MH problems are being managed on acute paediatric wards either whilst awaiting a Tier 4 bed or needing a "place of safety" e.g. because home placement broken down.	4,5	Julia Westaway	01/12/2013	31/03/2017	20 (High Risk)	15 (High Risk)	Minimally	↓
144	OFSTED inspection inadequate rating for the Local Authority and good for the LSCB.	1,4,5	Jane Jones	16/02/2016	22/11/2016	12 (Medium Risk)	9 (Medium Risk)	Moderately	↓
150	CLOSED - F&W CCG has given CCG notice to withdraw from Safeguarding Shared arrangement.	1,2,3,4,5,6	Margaret Williams	08/04/2016	CLOSED	12 (Medium Risk)	8 (Low Risk)	Moderately	CLOSED
151	Current Safeguarding Funding does not cover minimum team structure requirements	1,2,3,4,5,6	Margaret Williams	08/04/2016	01/03/2017	15 (High Risk)	8 (Low Risk)	Moderately	↓
157	How CCG will manage the increasing LD Patient identifiable information CCG is expected to handle within stated legal constraints	1,2,3,4,5,6	Margaret Williams	12/07/2016	01/03/2017	12 (Medium Risk)	6 (Low Risk)	Moderately	↓
161	Ensuring quality standards maintained, assessed and managed throughout the period of boundary change	1,2,3,4,5,6	Margaret Williams	27/09/2016	01/03/2017	12 (Medium Risk)	12 (Medium Risk)	Moderately	< >
<b>Finance</b>									
72	Cost pressure post Cheshire West DoLs High Court ruling.	4,5	Margaret Williams	09/09/2014	27/02/2017	12 (Medium Risk)	12 (Medium Risk)	Moderately	< >
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	09/01/2015	28/02/2017	12 (Medium Risk)	12 (Medium Risk)	Moderately	< >
149	2016/2017 QIPP: the QIPP target is likely to be c£6.9m, with schemes for delivery of £2.75m proposed. If schemes to cover the remaining target are not identified, the CCG's ability to achieve its financial targets will be compromised.	5	Mick Cleary	29/04/2016	28/02/2017	16 (High Risk)	16 (High Risk)	Moderately	< >
156	CCG requires assurance of administration in respect of the provision of CHC/IPA information, this may result in increased financial pressures for the CCG.	1,2,3,4,5,6	Margaret Williams	01/07/2016	01/03/2017	16 (High Risk)	12 (Medium Risk)	Moderately	< >
160	The transfer of Specialised Services back to the CCG could result in a financial pressure.	4,5	Mick Cleary	19/08/2016	28/02/2017	12 (Medium Risk)	12 (Medium Risk)	Moderately	< >

Risk Status	
Risk reviewed this period	16
Risk Description Updated (Minimal change to description)	
Risk Rating Status	< >
Reduction	↓ 4 (with one closed)
Increased this period	↑
Target met this period	2
New significant risks added	
Closed and removed this period	1



Datix ID	Last Review/Progress Update (Red Risks)
69	UHMB have appointed an Executive Lead Director for MH and have established a Listening Into Action Initiative. LIA action plan developed and implementation commencing. Significant programme of transformation work underway both locally and Lancashire-wide
149	The Finance Delivery Group (FDG) is meeting regularly. Continuation of budget, reserves, allocation reviews to identify further additional QIPP savings, as well as continued monitoring of current QIPP schemes via the Finance Delivery Group (FDG) to ensure delivery.

Risks Transferred to AF Last Period
0

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
5	To commission safe, sustainable and high quality Mental
6	To improve capacity and capability of primary care