AGENDA ITEM NO: 10.0.

Meeting Title/Date:	Governing Body - 19 March 2019
Report Title:	Assurance Framework and Risk Register Update

Paper Prepared By:	Lorraine Evans	**Date of Paper:**	5 March 2019
Executive Sponsor:	Margaret Williams	**Responsible Manager:**	Sue Bishop

Committees where Paper Previously Presented:	QIC - review and recommendations 5 February 2019. Audit Committee - verbal progress update 7 February 2019. Executive Management Team - discussion 12 February 2019.
Background Paper(s):	Risk Management Strategy and Policy March 2018.
Summary of Report:	The purpose of this paper is to:- • Present to the Governing Body the CCG High Level Risks recorded within the Assurance Framework that records risk against CCG delivery of its Triple aim objectives the Corporate Risk Register that records risk associated with the delivery of the CCG statutory functions and clinical work streams. • To make transparent to those charged with governance of the CCG, the key risks faced by the organisation and the management actions taken to control and to mitigate them. • To demonstrate our commitment to the continuous improvement of risk management practices. • To provide the final draft refreshed registers.
Recommendation(s):	The Governing Body are requested to:- • Note the registers are reviewed in compliance with the current CCG's Risk Management Strategy and Policy including discussion at Quality Improvement Committee, Audit Committee and Executive Management Team. • Support the recommendation that these refreshed registers and approach to recording, reporting, and

	mitigation of risk compliments the CCG effectiveness of risk management practices.	
		Please Select Y/N
Identified Risks: (Record related Assurance Framework or Risk Register reference number)	Risk that RM processes do not facilitate:- • The provision of appropriate level information for Governing Body to undertake their role in ensuring the organisation manages its risks effectively. • Compliance with External Regulator requirements eg Health and Safety Executive and Information Commissioner. • Challenge or demonstrate the transparency of decision- making processes. Defensibility of legal challenges.	Y
Impact Assessment: (Including Health, Equality, Diversity and Human Rights)		N
Strategic Objective(s) Supported by this Paper:		**Please Select (X)**
Better Health - improve population health and wellbeing and reduce health inequalities		X
Better Care - improve individual outcomes, quality and experience of care		X
Delivered Sustainably - create an environment for motivated, happy staff and achieve our control total		X
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1.0	**Executive Summary**	
		This report presents the CCG High Level Board Assurance Framework and Risk Registers as at 5th March 2019. It reports progress against the eight key strategic risks associated with achieving CCG strategic organisational objectives summarised as the triple aim as approved by the Governing Body (Appendix 1). It reports progress against 25 Corporate and Clinical workstream risks associated with achieving the delivery of the CCG statutory functions (Appendix 2).
		The refreshed Risk Management processes demonstrates improvements in the communication of risk information to those CCG Groups and Committees who have key responsibilities in improvement and risk mitigation. The continuing update of all risk registers is in compliance with the current Risk Management Strategy and Policy. (Risk rating Matrix Appendix 3)
2.0	**Background**	
		The Executive Management Team has directed developmental work to improve risk mitigation and communication over the last few months aiming to: • Enhance the focus of risk reporting on strategic risks for Governing Body reports • Enhance communication to Board members on the management of strategic risks associated with the achievement of our organisational objectives • Re-defining the process to reaffirm the role and level of responsibility for risk reporting to each the responsible Director leads and Senior Managers. It will also support each specific CCG committees and groups to more accurately address the Committees risk information needs.
3.0	**Risk Register Updates**	
		The updating and refresh of the risk registers continues in line with the CCG's Risk Management strategy, this is every month for high level risks: - Assurance Framework risks, corporate and clinical workstream risks are assigned to named Directors and Senior Managers and they have a named committee/ group who have the responsibility to review progress of risk mitigation/improvement. **The summary table below shows which risk entries have been reviewed and updated in the last 3 month leading up to Governing Body.** NB: it should be noted that there may be movement in individual risk elements in terms of the effectiveness of controls and mitigation plans, which may or may not alter the overall risk grading.

Risk Registers Reviewed (G)					
Risk Registers not Reviewed (R)					
Overview of Registers Reviewed in this period					
	Dec	Jan	Feb	No. risks recorded	Comments
Assurance Framework	G	G	G	9	NB: 2 new entries in Feb
Corporate Risks	G	G	G	8	1 reduced
Children & Young People	G	G	G	6	1 reduced
Continuing Health Care	G	G	G	1	
Elective Care	G	G	G	2	
Learning Disability	G	G	G	2	
Mental Health	R	R	G	3	
Primary Care	G	G	G	1	
Urgent Care	R	R	G	3	

4.0	**Exceptions and Improvement Actions to note**	
4.1	Committee Oversight	
		Each Risk has been allocated a Committee and or Group to oversee the management of the risk. It is the responsibility of the Senior Risk owner to ensure the risks are placed on the agenda for discussion as part of the review process. Each Committee administrator has received an annual plan of when Risks need to be discussed, the dates of which align to monthly updates. It is hoped this will increase the ownership of risk, remove duplication of effort, improve efficiency and reduce the number of reminder emails the quality team are currently undertaking.
4.2	Senior Responsible Officer/Risk Owners	
		Each risk has a named Senior Responsible Offer and a Senior Manager responsible for the updates and escalation of risk action. Risk escalation processes sit across a number of areas, these are in place to facilitate prompt response, they include raising at:- • Director Management Group • Verbally into chairs of Committees/ Groups • Via Risk review process • Part of the 'Deep Dive' discussion • Operational Groups • 1:1s
4.3	Deep Dive Presentations	
		The Governing Body members will start to note the outputs of Risk 'Deep Dive' discussions being held at the various Committees and CCG key groups who have responsibility for mitigating risk. This will ensure the Committee/Group is made aware what is either hindering or preventing delivery of specific element of a work programme or what may be delaying improvement action. The outcome of the 'Deep Dives', will be recorded in minutes and aim to reaffirm, realign risk actions, rating ratings and expedite to resolve issues, add actions as required. The Governing Body will also feature 'Deep Dive' discussions as required
4.4	Risk Appetite	
		Risk Appetite is the level, amount or degree of risk that the CCG or a particular delegated authority is willing to accept. Risk Appetite is measured through the Risk Maturity Matrix. The CCG is in the process of developing this through the Executive Management Team.
4.5	Risk Policy and Procedures	
		To reflect the above changes the current Risk Management Strategy and Policy is under review. This will include a revised risk management descriptor and an additional matrix to determine risk appetite.
5.0	**Maturing the Risk Management Conversations**	
		Future reports will summarise for the Governing Body where the CCG has noted successful mitigation and or where we note issues that are contributing to a risk remaining static or attributing to escalation.
		The CCG is aware that the risk needs to be managed within a number of interdependencies/ constraints on the CCG:- • to deliver against the must do aspects of the NHS 10 year plan • deliver the NHS constitutional targets • to commission services that can recruit workforce and change the care environment in which our workforce work. • achieve triple aim objectives

		It is important that the Governing Body understand what and how this level of risk is being managed. In regard to workforce the Governing Body need to have an understanding of the short term actions, medium and long term trajectories that are being worked towards. At one level they may need to be made aware of immediate actions that focus on services updating business continuity plans due to the impact of e.g. higher than usual maternity leave or sickness absence. At another level risk discussion may feature the need to move clinical, nursing and allied health professional expertise out into the community settings. Finally, there will be elements of understanding how global recruitment and maximising apprenticeship campaigns support us to increase workforce numbers into fragile services.
		Going forward risk management processes will to be recognised as a valuable part of improvement methodology. The risk ratings set against each risk will form part of performance monitoring. The difference between the initial, current and target risk will act as a proxy measure of improvement and will support to direct and or review improvement action as appropriate.
6.0	**Conclusion**	
		The aim of maturing the AF and RRs in this way is to build the registers as a useful tool not only to mitigate risk and support delivery of CCG objectives but also as a tool that supports the CCG to demonstrate success.

Margaret Williams
Chief Nurse

7 March 2019

Appendix I

– Please note that only CCG internal members of staff will be able to access the hyperlinks.

Assurance Framework

CONTENTS:

AF196: Successful delivery of population health strategy contingent on both partnerships with local authorities and other stakeholders as well as sufficient leadership

AF197: CCG unable to deliver against NHS Constitutional standards

AF198: CCG is unable to specify how it will deploy its resources and deliver its functions across the Integrated Care Partnership (ICP) and Integrated Care System (ICS) from 01/04/19

AF199: Failure to instil a culture of continuous improvement to achieve quality outcomes

AF200: Financial sustainability of the CCG

AF201: Inability to deliver effective service change and improvement in commissioned services particularly based on patient experience and outcomes

AF202: Need to build a flexible sustainable and effective workforce to support transformation. (CCG will focus on Primary and Regulated Care Provision)

AF206 – Inability to effectively manage the commissioning services as a result of Brexit

Risk Rating Matrices

Appendix II

HYPERLINKED – Please note that only CCG internal members of staff will be able to access the hyperlinks.

Risk Register

CONTENTS:

Risk Category – Corporate

RR56: Ability of Morecambe Bay CCG to reduce rate of HCAI across the MB footprint

RR60: Lack of availability of capital funding to develop Out of Hospital services may have an impact on the implementation of Better Care Together as it is a key enabling workstream

RR73: Not being able to achieve financial balance

RR146: Lack of emergency preparedness results in major service failure

RR164: Sustain and develop Regulated Care Sector so it can respond to Health and Social care transformation

RR186: Mitigation of quality variation in the developing ICP/ ICS

RR203: Risk of instability in safeguarding arrangements due to significant system wide transition and timelines for implementation

RR204: Quality of care below expected standard may impact patient outcome and experience

Risk Category – Children and Young People

RR69: Adolescents with MH problems are being managed on acute paediatric wards either whilst awaiting a Tier 4 bed or needing a "place of safety"

RR89: Potential to not meet the health needs of looked after children placed in and out Lancashire and South Cumbria due to delayed notifications, delayed health assessments, lack of health influence on placement decisions and lack of robust tracking of placements

RR185: Delivery of transformational programmes - Children's Mental Health Services

RR190: Lack of service for high risk children with challenging behaviour/ASD who are over 12 in S Cumbria

RR193: Risk of harm due to Lorenzo information system not supporting maternity provision effectively

RR205: Gaps in service due to business continuity plan in CPFT Strengthening Families service leads to Looked After Children and CYP with safeguarding risks not receiving appropriate care

Risk Category – Continuing Health Care

RR175: Continuing Health Care – Need to improve current performance against quality standards, reduce service variation, improve quality and manage cost of care

Risk Category – Elective Care

RR169: Failure to deliver Elective Care 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

Risk Category – Learning Disabilities

RR142: Failure to modernise all-age learning disability services across Morecambe Bay to include provision for people with ASD (as per Transforming Care Plan) and to facilitate repatriation of patients with LD and/or ASD from hospitals and residential care facilities out of area

RR162: Full detail of Morecambe Bay out of area placements for LD/ASD transforming care cases not yet known. Still some residual gaps in knowledge re out of area adult placements for people with LD/ASD

Risk Category – Mental Health

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

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

RR187: Focus on delivery of improved outcomes for people with MH issues but also creating the best care pathways earlier in a person's illness and delivering services sustainably for a strong future

Risk Category – Primary Care

RR138: CCG to Improve General Practice Quality and Efficiency (in partnership with NHS England)

Risk Category – Urgent Care

RR145: The impact of efficiency plans and financial pressures on Cumbria & Lancs CC

RR171: Delivery of transformational programmes in urgent care to enable delivery of A&E 4-hour target

RR207: Provision of MH services in South Cumbria

Risk Rating Matrices