

Agenda Item 10.0.

# MBCCG Corporate Risk Register

March 2019

Appendix II

Paper 2 - MBCCG Corporate Risk Register - March 2019 Reporting Period





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|  |    |    |   |
|--|----|----|---|
| <b>RR193:</b> Risk of harm due to Lorenzo information system not supporting maternity provision effectively.....   | 26 | 12 | ↔ |
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| <b>Risk Category – Continuing Health Care</b>  |    |    |   |
| <b>RR175:</b> Continuing Health Care – Need to improve current performance against quality standards, reduce service variation, improve quality and manage cost of care.....   | 29 | 12 | ↔ |
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| <b>RR169:</b> Failure to deliver Elective Care constitutional and operational standards.....   | 31 | 12 | ↔ |
| <b>RR179:</b> 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.....  | 33 | 9  | ↓ |
| <b>Risk Category – Learning Disabilities</b>   |    |    |   |
| <b>RR142:</b> 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.....  | 35 | 12 | ↔ |
| <b>RR162:</b> 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.....  | 37 | 12 | ↔ |
| <b>Risk Category – Mental Health</b>   |    |    |   |
| <b>RR166:</b> 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.....   | 39 | 12 | ↔ |
| <b>RR181:</b> 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..... | 41 | 12 | ↓ |

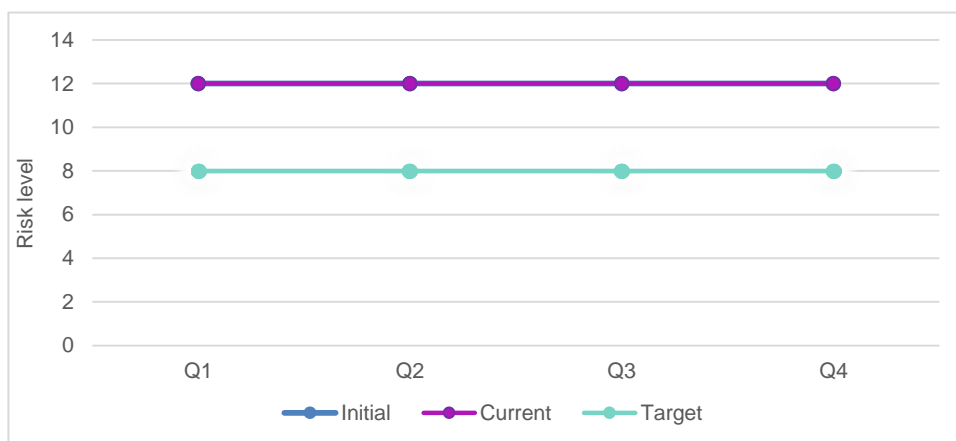
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|  |    |    |   |
|--|----|----|---|
| <b>RR187:</b> Focus on delivery of improved outcomes for people with MH issues but also creating the best care pathways earlier in a person's illness and delivering services sustainably for a strong future..... | 43 | 8  |  |
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| <b>RR138:</b> CCG to Improve General Practice Quality and Efficiency (in partnership with NHS England).....  | 45 | 12 |  |
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Risk Category: Corporate

|   |   |                                   |                                |
|---|---|-----------------------------------|--------------------------------|
| RR56  | Senior Manager: Sue Bishop                        | Executive Lead: Margaret Williams | Date Opened: 01/04/2018        |
|   | Assuring Committee: Quality Improvement Committee |                                   | Date Last Reviewed: 06/03/2019 |
|   | Risk Type: Corporate                              |                                   | Target Risk Date: 01/04/2020   |
| Ability of Morecambe Bay CCG to reduce rate of HCAI across the MB footprint |   |                                   |                                |



|                      | Impact   | Likelihood | Score |
|----------------------|--|------------|-------|
| Initial Risk Rating  | 3  | 4          | 12    |
| Current Risk Rating  | 3  | 4          | 12    |
| Target Risk Score    | 2  | 4          | 8     |
| <b>No change</b><br> | <b>Updates since last reporting period:</b> <ul style="list-style-type: none"> <li>Member of CCG team undergoing training</li> <li>The ONS has realigned the population of Morecambe bay trajectory now set</li> <li>AMR has reconvened with input from NHSI for additional support. Revised TOR for AMR</li> <li>Providers and LCC were asked to share the Gram-Negative action plans.</li> </ul> |            |       |
| Risk Appetite        | TBC  |            |       |

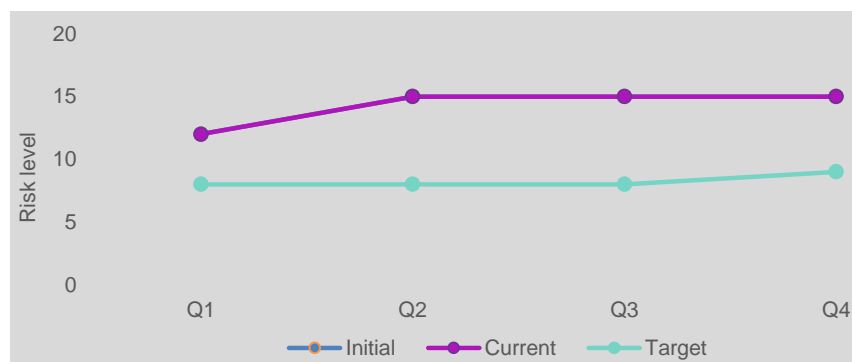
| Controls in place  | Adequacy of Controls: Fully | Further action to achieve target risk score  |
|--|-----------------------------|--|
| <ul style="list-style-type: none"> <li>Governance and reporting framework in place</li> <li>Focus on C-Diff and E. coli in 18/19</li> <li>The recently appointed matron for UHMBT is reviewing processes within UHMBT and actively engaging with the CCG</li> <li>GP Quality Lead in post. A Safeguarding and Quality Practitioner commenced role will support with IPC across the CCG</li> <li>AMR Group has reconvened with a task and finish group.</li> <li>The Gram-negative lead for NHSI is supporting the CCG.</li> <li>The Head of Health Protection  Department of Public Health from Cumbria County Council member of AMR Collaborative.</li> <li>Any learning from PIRs is shared across the whole of MB.</li> </ul> |                             | <ul style="list-style-type: none"> <li>MBCCG undertaking IPC audit and providing info to MIIA</li> <li>Continue to record E. coli and C. Diff data per locality to inform future targeted work</li> <li>Review of provider and LCC gram negative action plans</li> <li>AMR task and finish to review group to commence with objectives to review plan on a page, local Gram-negative action plans and assist with producing an options paper with ICP Leadership Board.</li> </ul> |

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| Assurances   | Links to                    |  |
|--|-----------------------------|--|
| <ul style="list-style-type: none"> <li>Local Acute Trust governance in place. IPC reports and meeting minutes received via AQM</li> <li>IPC reports received from both MH trusts</li> <li>CDIFF Trajectory provided by MBCCG and monitored and shared with AMR Group</li> <li>NHSI gram neg lead supporting in a plan in reducing rates of E. coli within Morecambe Bay</li> <li>Providers and LCC are now sharing E. coli action plans with CCG</li> <li>CCG attend the Regional Infection Prevention Collaborative.</li> </ul> | <b>Triple aim objective</b> | <b>IAF – CCG Improvement &amp; Assessment Framework</b>  |
|  | 3                           | Antimicrobial resistance: appropriate prescribing of antibiotics and broad-spectrum antibiotics in primary care (107a, 107b)<br><b>CCQ Domain</b><br><br>Effective, Safe |
| Gaps in Assurance  |                             |  |
| <ul style="list-style-type: none"> <li>The Head of Health Protection  Department of Public Health from Cumbria County Council is unable to support PIR's for C. diff infection as this isn't a statutory deliverable for local authorities. In addition, the GPs in South Cumbria are not engaging in the PIR process either</li> <li>GPs in South Cumbria are not accustomed to engaging in the PIR process as is LN locality GPs .</li> </ul>  |                             |  |

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|  |   |   |                                |
|--|---|---|--------------------------------|
| RR60   | Senior Manager: Mick Cleary                           | Executive Lead: Kevin Parkinson         | Date Opened: 01/04/2018        |
|  | Assuring Committee: Finance and Performance Committee |   | Date Last Reviewed: 06/03/2019 |
|  | Risk Type: Corporate                                  | CLOSE – Risk not deemed to sit with CCG | Target Risk Date: 31/03/2022   |
| 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. |   |   |                                |



|   | Impact | Likelihood | Score |
|---|--------|------------|-------|
| Initial Risk Rating   | 3      | 5          | 15    |
| Current Risk Rating   | 3      | 5          | 15    |
| Target Risk Score   | 3      | 3          | 9     |
| <p>No change</p> <p>Updates since last reporting period:</p> <ul style="list-style-type: none"> <li>No further progress.</li> </ul> |        |            |       |
| Risk Appetite   | TBC    |            |       |

|  |  |   |
|--|--|---|
| <b>Controls in place</b>   | <b>Adequacy of Controls:</b> Moderately      | <b>Further action to achieve target risk score</b>  |
| <ul style="list-style-type: none"> <li>Strategic Estates plans have been developed</li> <li>The whole health economy, including GP practices, Acute and Community Providers, CCG etc. is actively engaged</li> <li>Bids for capital funding have been submitted to NHS England</li> <li>Health economy-wide Strategic Estates Group</li> <li>NHS England Capital Working Group.</li> </ul> |  | <ul style="list-style-type: none"> <li>Work to be done with NHS England to establish the process for ensuring these bids remain on the agenda for NHS England.</li> </ul>         |
| <b>Assurances</b>  |  | <b>Gaps in Assurance</b>  |
| <ul style="list-style-type: none"> <li>The CCG's proposed schemes are on the local NHS England long-list and have had initial approval</li> <li>All activity aims to improve resilience of Medium term, longer term plans.</li> </ul>  |  | <ul style="list-style-type: none"> <li>National lack of available capital</li> <li>Successful bids will require substantial revenue funding from / sourced by the CCG.</li> </ul> |
| <b>Links to</b>  |  |   |
| Triple aim objectives  | IAF – CCG Improvement & Assessment Framework |   |

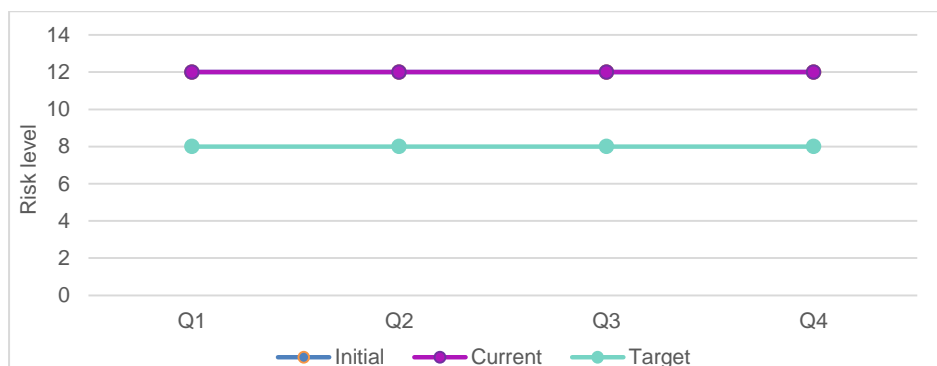
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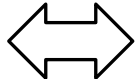
|                          |  |
|--------------------------|--|
| 2                        | Provision of high-quality care: primary medical services (121b)<br>Provision of high-quality care: adult social care (121c)<br>Patient experience of GP services (128b)<br>Primary care access – Proportion of population benefitting from extended access services (128c)<br>Primary care workforce (128d)<br>Percentage of NHS Continuing Healthcare full assessments taking place in an acute hospital setting (131a)<br>Expenditure in areas with identified scope for improvement (145a)<br>Quality of CCG Leadership (165a). |
|                          | <b>CQC Domain:</b>   |
|                          | Effective, Responsive and Safe   |
| <b>Closure rationale</b> | It has been recommended that this risk be closed, this risk is not deemed to be a CCG risk.  |



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|  |   |                                 |                                |
|--|---|---------------------------------|--------------------------------|
| RR73   | Senior Manager: Mick Cleary                           | Executive Lead: Kevin Parkinson | Date Opened: 01/04/2018        |
|  | Assuring Committee: Finance and Performance Committee |                                 | Date Last Reviewed: 06/03/2019 |
|  | Risk Type: Corporate                                  |                                 | Target Risk Date: 31/03/2019   |
| Not being able to achieve financial balance. |   |                                 |                                |



|   | Impact | Likelihood | Score |
|---|--------|------------|-------|
| Initial Risk Rating   | 4      | 3          | 12    |
| Current Risk Rating   | 4      | 3          | 12    |
| Target Risk Score   | 4      | 2          | 8     |
| <p>No change</p>  <p><b>Updates since last reporting period:</b></p> <ul style="list-style-type: none"> <li>The CCG Detailed Scheme of Delegation has been reviewed and references to procurement thresholds are appropriate.</li> </ul> |        |            |       |
| Risk Appetite   | TBC    |            |       |

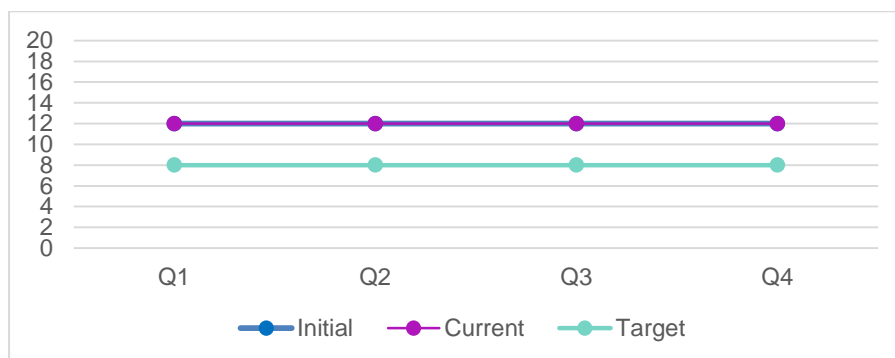
| Controls in place   | Adequacy of Controls: <b>Moderately</b> | Further action to achieve target risk score   |
|---|---|---|
| <ul style="list-style-type: none"> <li>2018/2019 contracts are in place for all Providers, based on 2017/2018 outturn adjusted for known factors</li> <li>Regular contract meetings with high spend Providers are scheduled</li> <li>The CCG has budgeted for activity growth and has a contingency in place to cover over-performance</li> <li>BHCP PMO is in place and monitoring performance against UHMBFT / MBCCG CIP / QIPP plans.</li> </ul> |   | <ul style="list-style-type: none"> <li>Continue monthly reviews of budgets to ensure all savings opportunities are realised.</li> </ul> |

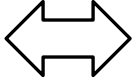
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| Assurances  | Links to                     |  |
|---|------------------------------|--|
| <ul style="list-style-type: none"> <li>The PMO process is in place</li> <li>Finance and Performance Committee receives finance reports and takes necessary action</li> <li>Integrated Business Reports are submitted monthly to Finance and Performance and Governing Body meetings.</li> </ul> | <b>Triple aim objectives</b> | <b>IAF – CCG Improvement &amp; Assessment Framework</b>                        |
| Gaps in Assurance   | 3                            | CCG In-year Financial Performance – (141b)<br>Quality of CCG leadership (165a) |
| <ul style="list-style-type: none"> <li>Savings in respect of QIPP targets have not been fully identified Boundary change has resulted in additional contracts, lack of detailed knowledge.</li> </ul>   |                              | <b>CQC Domain:</b>   |
|   |                              | Effective, Responsive, Safe and Well Led                                       |

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|  |   |                              |                                |
|--|---|------------------------------|--------------------------------|
| RR146  | Senior Manager: Hilary Fordham                          | Executive Lead: Jerry Hawker | Date Opened: 01/04/2018        |
|  | Assuring Committee: Local Health Resilience Partnership |                              | Date Last Reviewed: 06/03/2019 |
|  | Risk Type: Corporate                                    |                              | Target Risk Date: 31/03/19     |
| Lack of emergency preparedness results in major service failure. |   |                              |                                |



|  | Impact   | Likelihood | Score |
|--|--|------------|-------|
| Initial Risk Rating  | 4  | 3          | 12    |
| Current Risk Rating  | 4  | 3          | 12    |
| Target Risk Score  | 4  | 2          | 8     |
| No change<br> | <b>Updates since last reporting period:</b> <ul style="list-style-type: none"> <li>CSU services commissioned to support CCG delivery of statutory responsibilities</li> <li>Annual work plan sign off</li> </ul> |            |       |
| Risk Appetite  | TBC  |            |       |

| Controls in place  | Adequacy of Controls: <b>Moderately</b> | Further action to achieve target risk score  |
|--|---|--|
| <ul style="list-style-type: none"> <li>Lancashire &amp; South Cumbria CCGs work together to ensure procedures and protocols are aligned</li> <li>CCG have submitted its national annual EPRR assessment. Regular updates with NHSE EPRR lead.</li> </ul> |   | <ul style="list-style-type: none"> <li>Start to implement resilience plan as per agreed timeframe</li> </ul> |

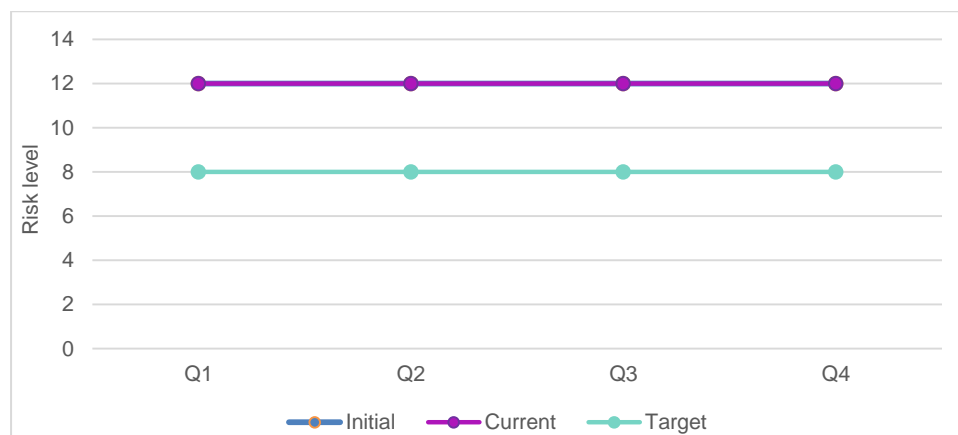
| Assurances   | Links to              |  |
|--|-----------------------|--|
| <ul style="list-style-type: none"> <li>Role being covered at the moment by SM Urgent Care and Admin from Quality Safeguarding Team</li> <li>JDs are being reviewed and options for CCG delivery being mapped.</li> </ul>   | Triple aim objectives | IAF – CCG Improvement & Assessment Framework |
| <b>Gaps in Assurance</b> <ul style="list-style-type: none"> <li>EPRR Policy requires refresh</li> <li>Risk assessments to be reviewed and updated as required</li> <li>Business continuity, incident plans &amp; command/control processes require review</li> </ul> | 1                     | TBC  |
|  |                       | <b>CQC Domain:</b>                           |
|  |                       | TBC  |

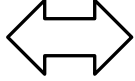
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|   |  |  |
|---|--|--|
| <ul style="list-style-type: none"><li>• Programme of regular training/exercises</li><li>• Availability of staff training.</li></ul> |  |  |
|---|--|--|

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|   |   |                                   |                                |
|---|---|-----------------------------------|--------------------------------|
| RR164   | Senior Manager: Sue Bishop  | Executive Lead: Margaret Williams | Date Opened: 01/04/2018        |
|   | Assuring Committee: Strategic Regulated Care Sector Collaborative |                                   | Date Last Reviewed: 06/03/2019 |
|   | Risk Type: Corporate  |                                   | Target Risk Date: 31/03/2020   |
| Sustain and develop Regulated Care Sector so it can respond to Health and Social care transformation. |   |                                   |                                |



|   | Impact | Likelihood | Score |
|---|--------|------------|-------|
| Initial Risk Rating   | 4      | 3          | 12    |
| Current Risk Rating   | 4      | 3          | 12    |
| Target Risk Score   | 4      | 2          | 8     |
| <p>No change</p>  <p><b>Updates since last reporting period:</b></p> <ul style="list-style-type: none"> <li>• Collaborative work with the sector recognised through short listing of 'Health Heroes' awards</li> <li>• Career pop ups commenced in Lancaster City</li> </ul> |        |            |       |
| Risk Appetite   | TBC    |            |       |

| Controls in place  | Adequacy of Controls: Moderately | Further action to achieve target risk score  |
|--|----------------------------------|--|
| <ul style="list-style-type: none"> <li>• Bay Regulated Sector Group in place. Regulated Sector T&amp;F Groups</li> <li>• CCG Exec Nurse on ICP Regulated Sector Groups</li> <li>• Review undertaken of what makes a regulated care organisation 'outstanding' from a CQC perspective undertaken and to be shared</li> <li>• Regulated Care Quality sub group continues.</li> </ul> |                                  | <ul style="list-style-type: none"> <li>• Care Home Service model to be implemented</li> <li>• Draft LWAB Workforce Strategy to be signed off.</li> <li>• Refresh of progress against EHCH framework</li> </ul> |

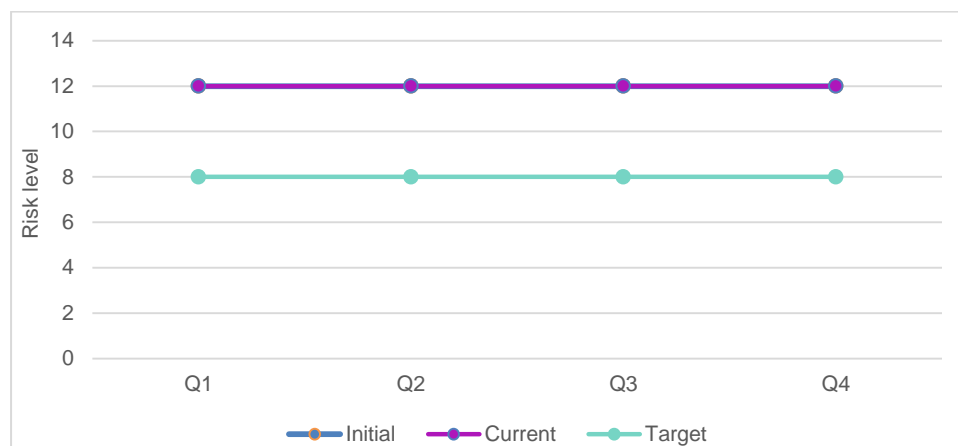
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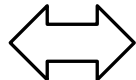
| Assurances  | Links to                     |  |
|---|------------------------------|--|
| <ul style="list-style-type: none"> <li>• Relationships forming with Cumbria CC</li> <li>• Health partners engaging to support, effective links with Stakeholders who provide regulated care and Stakeholders who support regulated care</li> <li>• Collaborative framework agreed.</li> </ul> | <b>Triple aim objectives</b> | <b>IAF – CCG Improvement &amp; Assessment Framework</b>  |
|   | 2, 3                         | Provision of High-Quality Care: Adult Social Care (121a)<br>Effectiveness of working relationship in the local system (164a) |
| Gaps in Assurance   |                              | <b>CQC Domain</b>  |
| <ul style="list-style-type: none"> <li>• Implementation of Reg Care Sector collaborative framework.</li> <li>• Implementation of NHS.mail</li> <li>• Implementation of the L&amp;SC quality improvement tool.</li> </ul>  |                              | Effective, Responsive, Safe, Well Led  |

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|       |   |                                   |                                |
|-------|---|-----------------------------------|--------------------------------|
| RR186 | Senior Manager: Sue Bishop                        | Executive Lead: Margaret Williams | Date Opened: 01/04/2018        |
|       | Assuring Committee: Quality Improvement Committee |                                   | Date Last Reviewed: 06/03/2019 |
|       | Risk Type: Corporate                              |                                   | Target Risk Date: 31/03/2020   |

Mitigation of quality variation in the developing ICP/ ICS.



|  | Impact  | Likelihood | Score |
|--|---|------------|-------|
| Initial Risk Rating  | 4   | 3          | 12    |
| Current Risk Rating  | 4   | 3          | 12    |
| Target Risk Score  | 3   | 2          | 6     |
| No change<br> | <b>Updates since last reporting period:</b> <ul style="list-style-type: none"> <li>Quality Surveillance Meeting reconvened fortnightly with the Quality and safeguarding GPs highlighting any areas of concern.</li> <li>Refresh of ICP leadership structure proposed</li> <li>CCG assurance and accountability framework in place</li> </ul> |            |       |
| Risk Appetite  | TBC   |            |       |

| Controls in place   | Adequacy of Controls: <b>Moderately</b> | Further action to achieve target risk score   |
|---|---|---|
| <ul style="list-style-type: none"> <li>Assuring Quality Governance Framework and reporting processes</li> <li>Multi- organisational forums in place include- RADAR, Early Warning Meetings, 12hr Breach, IPC, NHSE QSG</li> <li>QIPP multi- agency improvement planning processes in place</li> <li>CCGs Chief Nurses telecalls in place to share emerging issues, learning and providing some consistency across the ICS</li> <li>QSM reconvened fortnightly with the Quality and safeguarding GPs highlighting any areas of concern.</li> </ul> |   | <ul style="list-style-type: none"> <li>Review of governance processes and aligning with ICP/ICS continues</li> <li>Review of the CCG Assurance and Accountability Framework.</li> </ul> |

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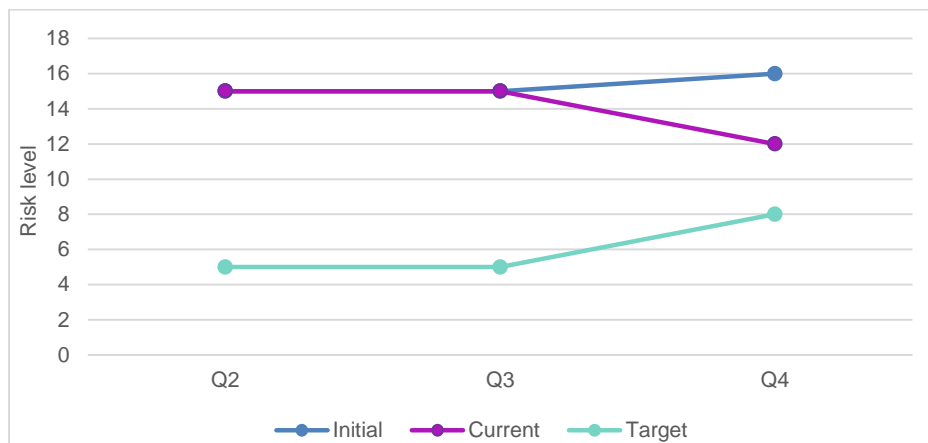
| <b>Assurances</b>   | <b>Links to</b>              |   |
|---|------------------------------|---|
| <ul style="list-style-type: none"> <li>Governance processes developing</li> <li>Collaborative Learning support and improvement actions being undertaken by MBCCG, BCT, BLIC. ICP systems and processes beginning to develop for the Bay wide footprint, providing important but limited assurances that the system is progressing.</li> </ul> | <b>Triple aim objectives</b> | <b>IAF – CCG Improvement &amp; Assessment Framework</b>   |
|   | 1, 2, 3                      | Provision of high-quality care: hospitals (121a)<br>Provision of high-quality care: primary medical services (121b)<br>Provision of high-quality care: adult social care (121c) |
| <b>Gaps in Assurance</b>  | <b>CQC Domain</b>            |   |
| <ul style="list-style-type: none"> <li>Varying approaches to quality monitoring across Local Authorities, NHS and private providers.</li> </ul>   | Safe, Well Led               |   |



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|       |   |                                   |                                |
|-------|---|-----------------------------------|--------------------------------|
| RR203 | Senior Manager: Jane Jones                        | Executive Lead: Margaret Williams | Date Opened: 17/09/2018        |
|       | Assuring Committee: Quality Improvement Committee |                                   | Date Last Reviewed: 06/03/2019 |
|       | Risk Type: Corporate                              |                                   | Target Risk Date: 31/03/2020   |

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



|                     | Impact  | Likelihood | Score |
|---------------------|---|------------|-------|
| Initial Risk Rating | 4   | 4          | 16    |
| Current Risk Rating | 3   | 3          | 9     |
| Target Risk Score   | 4   | 2          | 8     |
| Reduction           | <b>Updates since last reporting period:</b> <ul style="list-style-type: none"> <li>Risk summit held and action agreed for short and longer term</li> <li>Increased integration with CSE</li> <li>Urgent review of all open cases requested - BC plan received.</li> </ul> |            |       |
| Risk Appetite       | TBC   |            |       |

| Controls in place   | Adequacy of Controls: <b>Moderately</b> | Further action to achieve target risk score   |
|---|---|---|
| <ul style="list-style-type: none"> <li>Governance arrangements in place across partnership, LSCB's, LGA Peer Review group to inform transition to SG partners with stat guidance on timeframes</li> <li>Further guidance awaited re CDRP's and meeting already held with Boards and PH - meeting planned with NHSE to take forward transition to SGP's and commissioning in ICS</li> <li>CCG's engaged in contract monitoring and service redesign</li> <li>Engagement with UHMB and BTH to ensure appropriate SLA in place for service transfer and to ensure safeguarding arrangements remain consistent through transition</li> <li>Working with providers and IT leads to ensure SISS is implemented safely and does not impact on current systems to share information</li> <li>Partnership meeting at executive level taking place across Cumbria and Lancashire partners, this will include child death review guidelines</li> <li>Work with NHSe continues to develop model for safeguarding and ICS</li> <li>All staffing and tupee arrangements now agreed, recruitment progressing at UHMBT, handover meetings in progress, designated nurse cited on risks</li> </ul> |   | <ul style="list-style-type: none"> <li>Continue to engage in partnership meetings and monitor through Governance arrangements.</li> <li>Due diligence exercise to be concluded</li> </ul> |

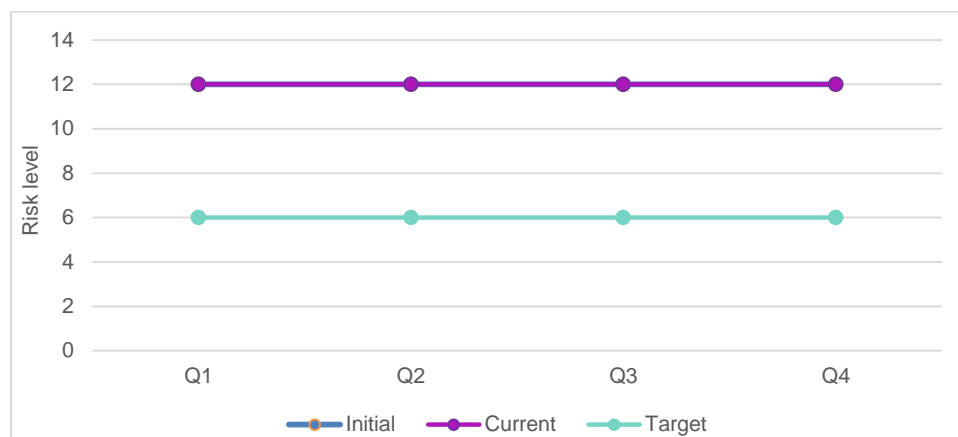
**Paper 2 - MBCCG Corporate Risk Register - March 2019 Reporting Period**

|   |                              |  |
|---|------------------------------|--|
| <ul style="list-style-type: none"> <li>SISS processes now agreed and system being implemented at UHMBT and CCG engaged in 0-19 recommissioning and redesign workshops.</li> </ul>   |                              |  |
| <b>Assurances</b>   | <b>Links to</b>              |  |
| <ul style="list-style-type: none"> <li>Agreement to engage across partners - governance process internally and across partners.</li> </ul>  | <b>Triple aim objectives</b> | <b>IAF – CCG Improvement &amp; Assessment Framework</b>            |
|   | 1, 2, 3                      | Expenditure in areas with identified scope for improvement ( 145a) |
| <b>Gaps in Assurance</b>  |                              | <b>CQC Domain</b>  |
| <ul style="list-style-type: none"> <li>Ability of partners to meet statutory timeframes and progress arrangements to meet deadlines for transition</li> <li>Ability of providers to agree arrangements for transfer of safeguarding services and engage in handover process</li> <li>Interoperability of IT systems for SISS</li> <li>Ability to influence PH commissioning.</li> </ul> | Effective, Safe, Well Led    |  |

Paper 2 - MBCCG Corporate Risk Register - March 2019 Reporting Period

|       |   |                                   |                                |
|-------|---|-----------------------------------|--------------------------------|
| RR204 | Senior Manager: Sue Bishop                        | Executive Lead: Margaret Williams | Date Opened: 05/10/2018        |
|       | Assuring Committee: Quality Improvement Committee |                                   | Date Last Reviewed: 06/03/2019 |
|       | Risk Type: Corporate                              |                                   | Target Risk Date: 31/03/2020   |

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



|                     | Impact | Likelihood | Score |
|---------------------|--------|------------|-------|
| Initial Risk Rating | 3      | 4          | 12    |
| Current Risk Rating | 3      | 4          | 12    |
| Target Risk Score   | 3      | 2          | 6     |

**No change**

**Updates since last reporting period:**

- Quality Team attend the MH Steering Group
- CPFT quality assurance meetings reaffirmed with refreshed ToR
- CPFT – working through presentation of care group activity
- Focussed appraisal of LCFT CQC improvement plan

|               |     |
|---------------|-----|
| Risk Appetite | TBC |
|---------------|-----|

| Controls in place   | Adequacy of Controls: <b>Moderately</b>     | Further action to achieve target risk score  |
|---|---|--|
| <ul style="list-style-type: none"> <li>CCG attendance at the Integrated Healthcare Partnership Quality Assurance Committee (IHPQAC) which is hosted by North Cumbria CCG and where CQC are also invited</li> <li>Morecambe Bay Mental Health Steering Group share ongoing developments and issues Serious Incident process and MBCCG attendance at CPFT SIRI panel</li> <li>CPFT agreement to provide quality performance reports, CQUIN, workforce data and CQC improvement action plans ahead of monthly meetings with the quality team.</li> <li>CCG quality and safeguarding assurance and accountability framework in place</li> </ul> |   | <ul style="list-style-type: none"> <li>Inaugural meeting of Assuring Quality held with CPFT</li> <li>Comparison continues of the 2 MH trusts.</li> <li>Mapping of Primary Care CQC status with a focus on safety domain improvements to be commenced</li> </ul>  |
| Assurances  | Links to                                    |  |
| <ul style="list-style-type: none"> <li>CCG have requested to receive CPFT CQC action plan for assurance of progress and identify areas for further scrutiny. CCG to pursue request</li> <li>CQC are monitoring action plan. Partnership working is ongoing.</li> </ul>  | <b>Triple aim objectives</b><br><br>1, 2, 3 | <b>IAF – CCG Improvement &amp; Assessment Framework</b><br><br>Provision of high-quality care: hospitals (121a)<br>Provision of high-quality care: primary medical services (121b)<br>Improving Access to Psychological Therapies – recovery (123a)<br>Improving Access to Psychological Therapies – access (123b)<br>People with first episode of psychosis starting treatment with a NICE- recommended package of care treated within 2 weeks of referral (123c)<br>Children and young people’s mental health services transformation (123d) |

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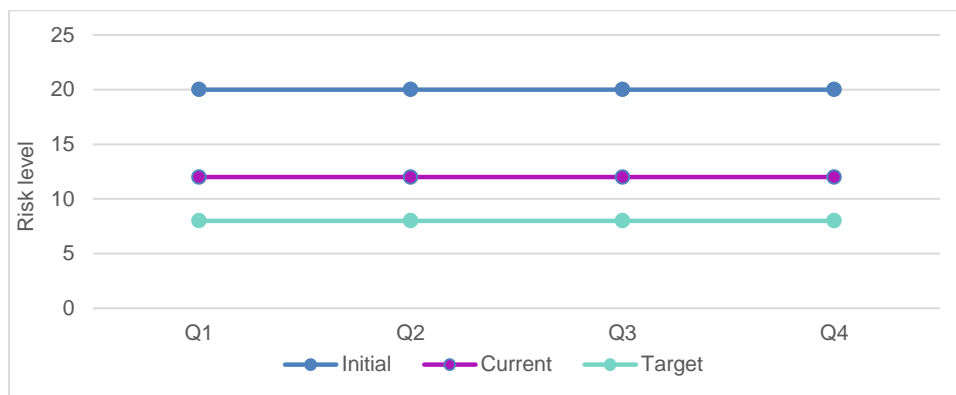
|   |  |   |
|---|--|---|
|   |  | Mental Health crisis team provision ( 123e)<br>Mental Health out of area placements ( 123f) |
| <b>Gaps in Assurance</b>  |  | <b>CQC Domain</b>   |
| <ul style="list-style-type: none"> <li>Although MBCCG receive reports via the IHPQAC there needs to be a process in place to receive reports specific to South Cumbria. Potential gaps in consistency of service provision across Cumbria</li> <li>Reports received via IHPQAC but not consistent or direct to CCG. Quality Team attend the MH Steering Group.</li> </ul> |  | Effective, Safe, Well Led   |

Paper 2 - MBCCG Corporate Risk Register - March 2019 Reporting Period

Risk Category: Children and Young People

|      |  |                                |                                |
|------|--|--------------------------------|--------------------------------|
| RR69 | Senior Manager: Julia Westaway                       | Executive Lead: Hilary Fordham | Date Opened: 01/04/2018        |
|      | Assuring Committee: Women's and Children's Committee |                                | Date Last Reviewed: 06/03/2019 |
|      | Risk Type: Children and Young People                 |                                | Target Risk Date: 31/03/2019   |

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



|                     | Impact  | Likelihood | Score |
|---------------------|---|------------|-------|
| Initial Risk Rating | 4   | 5          | 20    |
| Current Risk Rating | 3   | 4          | 12    |
| Target Risk Score   | 2   | 2          | 8     |
| No change<br>       | <b>Updates since last reporting period:</b> <ul style="list-style-type: none"> <li>Discussions underway with NHSE to establish collaborative commissioning arrangements &amp; processes</li> <li>Feedback from NW T4 CAMHS. Review presented to Commissioners on 21/12/2018.</li> </ul> |            |       |
| Risk appetite       | TBC   |            |       |

| Controls in place   | Adequacy in Controls: <b>Minimally</b> | Further action to achieve target risk score  |
|---|--|--|
| <ul style="list-style-type: none"> <li>National issue regarding access to appropriate Tier 4 beds and intensive home outreach raised with specialist commissioner</li> <li>Other types of "place of safety" needed, often responsibility of social care</li> <li>Protocol agreed for RLI</li> <li>CCG continues to work with local partners to try to ensure appropriate care is provided.</li> </ul> |  | <ul style="list-style-type: none"> <li>Continue work to implement shared care protocol between UHMB and CPFT for FGH</li> <li>Continue implementation of avoiding admissions bid (STP wide)</li> <li>Recruitment underway to S Cumbria crisis service</li> <li>Continue to implement actions from workshop with CPFT and The Cove</li> <li>LCFT proposal re Preston S136 Facility on hold pending further discussion</li> <li>Establish crisis steering group &amp; initiate workshop with 4 Local authorities.</li> </ul> |

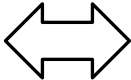
**Paper 2 - MBCCG Corporate Risk Register - March 2019 Reporting Period**

| Assurances  | Links to                     |  |
|---|------------------------------|--|
| <ul style="list-style-type: none"> <li>• Programme of work underway including: - Specialist commissioning programme to establish appropriate inpatient bed provision nationwide</li> <li>• Reducing admissions for LD/complex cases by community CETRs &amp; significant work to avoid admission</li> <li>• Data collection established and now reported to CCG</li> <li>• S136 facility open for Lancashire young people.</li> </ul> | <b>Triple aim objectives</b> | <b>IAF – CCG Improvement &amp; Assessment Framework</b>                  |
|   | 2                            | Children and young people’s mental health services transformation (123d) |
| Gaps in Assurance   |                              | <b>CQC Domain</b>  |
| <ul style="list-style-type: none"> <li>• Complex interdependencies to deliver this agenda locally</li> <li>• Gaps in community provision for LD/complex cases</li> <li>• Further work needed with Specialist Commissioning to develop robust pathway and adequate provision</li> <li>• Lack of alternative places of safety.</li> </ul>   |                              | Caring, Effective, Safe, Responsive, Well Led                            |

Paper 2 - MBCCG Corporate Risk Register - March 2019 Reporting Period

|   |   |                                   |                                |
|---|---|-----------------------------------|--------------------------------|
| RR89  | Senior Manager: Jane Jones                        | Executive Lead: Margaret Williams | Date Opened: 01/04/2018        |
|   | Assuring Committee: Quality Improvement Committee |                                   | Date Last Reviewed: 06/03/2019 |
|   | Risk Type: Children and Young People              |                                   | Target Risk Date: March 2020   |
| 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. |   |                                   |                                |



|   | Impact   | Likelihood | Score |
|---|--|------------|-------|
| Initial Risk Rating   | 4  | 3          | 12    |
| Current Risk Rating   | 4  | 3          | 12    |
| Target Risk Score   | 2  | 3          | 6     |
| <b>No change</b><br> | <b>Updates since last reporting period:</b> <ul style="list-style-type: none"> <li>Cumbria - Be healthy sub group have updated annual action plan and revised plan for 2018/19</li> <li>Summit meetings held with CCC and strengthening families to ensure capacity and ability to deliver on service specification</li> <li>CLA services included in 0-19 service re design work shops</li> <li>Events booked in February and March 2019 to consider re design that will rectify route causes.</li> </ul> |            |       |
| Risk Appetite   | TBC  |            |       |

| Controls in place  | Adequacy of Controls: <b>Moderately</b> | Further action to achieve target risk score  |
|--|---|--|
| <ul style="list-style-type: none"> <li>Contract Monitoring of providers in place</li> <li>CLA Multiagency Action Plan in place to increase joint working and efficiency in processes CCG's collectively working with CC Children's Services to manage gaps and risk.</li> <li>Placement and Performance Board reporting to DCS in CSC in Lancs and in Cumbria Be Health Sub group of LSCB</li> <li>Weekly monitoring calls now in place with BTH/CPFT and CSC to track and monitor placements and monthly meetings in place with CPFT in Cumbria.</li> </ul> |   | <ul style="list-style-type: none"> <li>Engage in 0-19 commissioning re-design in Cumbria and engage in health project re-design in Lancs.</li> </ul> |

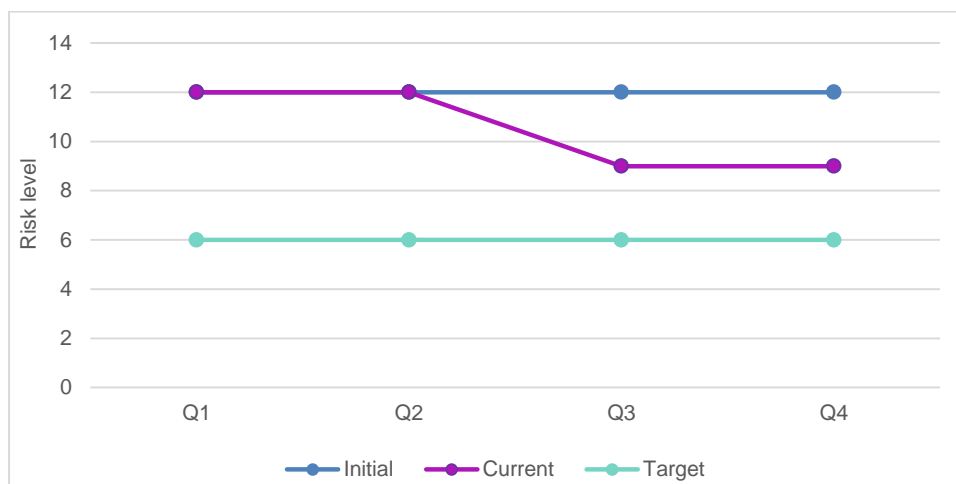
**Paper 2 - MBCCG Corporate Risk Register - March 2019 Reporting Period**

| <b>Assurances</b>   | <b>Links to</b>              |   |
|---|------------------------------|---|
| <ul style="list-style-type: none"> <li>• Improvement in outcomes and timeliness of health assessments continues to feature within the Lancashire and Cumbria Safeguarding and LAC recovery action plan</li> <li>• Task and Finish Groups have been established with partners to improve efficiency through increased integrated working</li> <li>• Monthly meetings are in place with providers, governance arrangements have been strengthened</li> <li>• Compliance rates with timeliness of health assessments improving.</li> </ul> | <b>Triple aim objectives</b> | <b>IAF – CCG Improvement &amp; Assessment Framework</b>           |
|   | 1, 2                         | Effectiveness of working relationships in the local system (164a) |
| <b>Gaps in Assurance</b>  |                              | <b>CQC Domain</b>   |
| <ul style="list-style-type: none"> <li>• DN to monitor the impact of revised governance arrangements and joint working initiatives</li> <li>• CCG needs to work with providers to develop robust system of placement tracking, high risk individuals and to collect outcomes data that demonstrates impact of provision/ gaps/ risks</li> <li>• Health engagement in placement planning needs to be strengthened.</li> </ul>  |                              | Caring, Effective, Responsive, Safe                               |



Paper 2 - MBCCG Corporate Risk Register - March 2019 Reporting Period

|  |  |                                |                                |
|--|--|--------------------------------|--------------------------------|
| RR185  | Senior Manager: Julia Westaway                       | Executive Lead: Hilary Fordham | Date Opened: 01/04/2018        |
|  | Assuring Committee: Women's and Children's Committee |                                | Date Last Reviewed: 06/03/2019 |
|  | Risk Type: Children and Young People                 |                                | Target Risk Date: 31/03/2021   |
| Delivery of transformational programmes - Children's Mental Health Services. |  |                                |                                |



|                     | Impact  | Likelihood | Score |
|---------------------|---|------------|-------|
| Initial Risk Rating | 3   | 4          | 12    |
| Current Risk Rating | 3   | 3          | 9     |
| Target Risk Score   | 3   | 2          | 6     |
| Reduction<br>       | <b>Updates from last reporting period:</b> <ul style="list-style-type: none"> <li>Cumbria Transformation Plan signed off by HWBB</li> <li>Merged S Cumbria and Lancashire Transformation Planning governance structures into a single ICS-wide approach.</li> </ul> |            |       |
| Risk Appetite       | TBC   |            |       |

| Controls in place  | Adequacy of Controls: <b>Moderately</b> | Further action to achieve target risk score  |
|--|---|--|
| <ul style="list-style-type: none"> <li>Significant CCG engagement in and contribution to the Transformation Programme</li> <li>Programme has been combined to cover both Lancashire and South Cumbria with effect from January 2019</li> <li>Annual refresh of plan required by NHS England &amp; is agreed by CCG Executive</li> <li>2018 Refreshed Transformation Plan for Cumbria has been signed off by Cumbria HWBB.</li> </ul> |   | <ul style="list-style-type: none"> <li>Work commencing to refresh the combined Lancashire &amp; South Cumbria Plan by April 2019</li> <li>Complete work to embed S Cumbria Transformation planning and governance processes within ICS approach</li> <li>CAMHS Redesign implementation phase underway</li> <li>Work underway to establish S Cumbria Eating Disorders service and Recruitment to S Cumbria Eating Disorders CYP provision to continue.</li> </ul> |

| Assurances  | Links to                     |  |
|---|------------------------------|--|
| <ul style="list-style-type: none"> <li>Reporting and transparency of project plans and deliverables via Lancashire &amp; South Cumbria Transformation Board.</li> </ul> | <b>Triple aim objectives</b> | <b>IAF – CCG Improvement &amp; Assessment Framework</b>                  |
|   | 2                            | Children and young people's mental health services transformation (123d) |

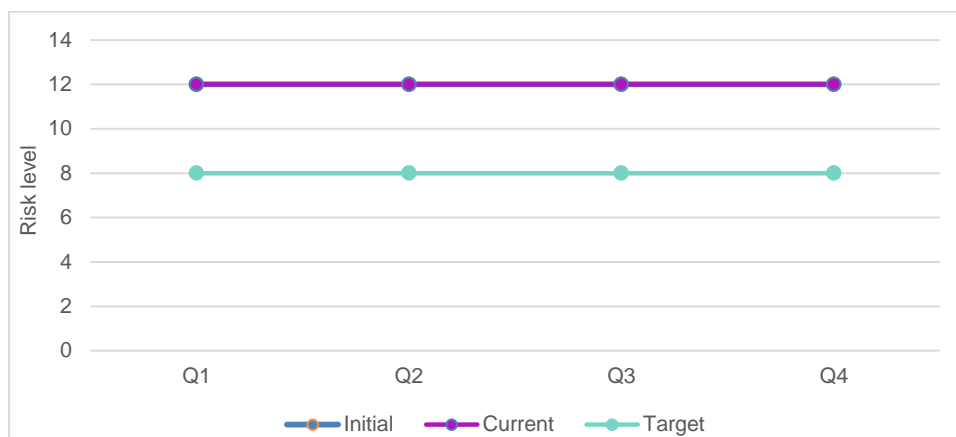
**Paper 2 - MBCCG Corporate Risk Register - March 2019 Reporting Period**

| Gaps in Assurance   |  | CQC Domain                                    |
|---|--|---|
| <ul style="list-style-type: none"> <li>Programme monitoring of Cumbria transformation Plan requires improvement.</li> </ul> |  | Caring, Effective, Safe, Responsive, Well Led |

Paper 2 - MBCCG Corporate Risk Register - March 2019 Reporting Period

|       |  |                                |                                |
|-------|--|--------------------------------|--------------------------------|
| RR190 | Senior Manager: Julia Westaway                       | Executive Lead: Hilary Fordham | Date Opened: 04/07/2018        |
|       | Assuring Committee: Women's and Children's Committee |                                | Date Last Reviewed: 06/03/2019 |
|       | Risk Type: Children and Young People                 |                                | Target Risk Date: 31/03/2019   |

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



|                     | Impact | Likelihood  | Score |
|---------------------|--------|---|-------|
| Initial Risk Rating | 3      | 4   | 12    |
| Current Risk Rating | 3      | 4   | 12    |
| Target Risk Score   | 4      | 2   | 8     |
| No change<br>       |        | <b>Updates since last reporting period:</b> <ul style="list-style-type: none"> <li>Service proposal not yet received</li> <li>Proposal made to CPFT to consider what OT could provide.</li> </ul> |       |
| Risk Appetite       | TBC    |   |       |

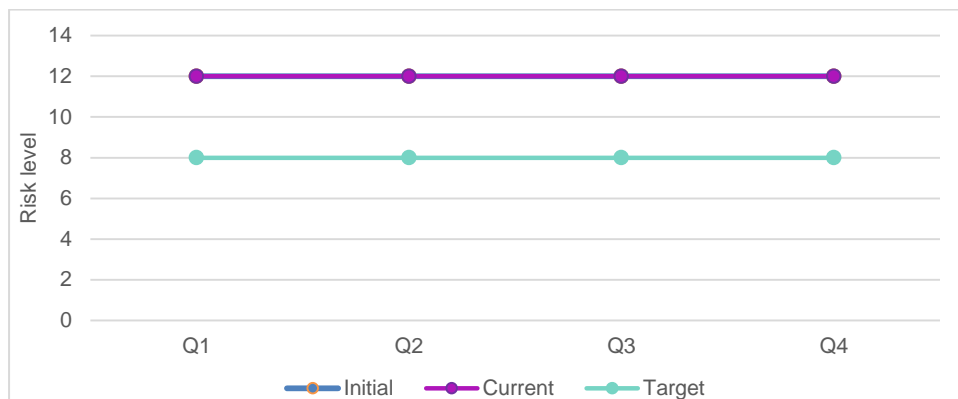
| Controls in place  | Adequacy of Controls: <b>Minimally</b> | Further action to achieve target risk score   |
|--|--|---|
| <ul style="list-style-type: none"> <li>LD/ASD Dynamic Risk Register &amp; Case management meetings.</li> </ul> |  | <ul style="list-style-type: none"> <li>Service development proposal to be submitted by CPFT</li> <li>Currently considering potential for OT delivery of service.</li> </ul> |

| Assurances  | Links to              |  |
|---|-----------------------|--|
| <ul style="list-style-type: none"> <li>Ability to use IFR process to commission on individual basis.</li> </ul>                                   | Triple aim objectives | IAF – CCG Improvement & Assessment Framework                             |
|   | 2                     | Children and young people's mental health services transformation (123d) |
| Gaps in Assurance   |                       | CQC Domain   |
| <ul style="list-style-type: none"> <li>Service available to provide therapeutic interventions and coordination for those most at risk.</li> </ul> |                       | Caring, Effective, Safe, Responsive                                      |

Paper 2 - MBCCG Corporate Risk Register - March 2019 Reporting Period

|       |  |                                |                                |
|-------|--|--------------------------------|--------------------------------|
| RR193 | Senior Manager: Julia Westaway                       | Executive Lead: Hilary Fordham | Date Opened: 04/07/2018        |
|       | Assuring Committee: Women's and Children's Committee |                                | Date Last Reviewed: 06/03/2019 |
|       | Risk Type: Children and Young People                 |                                | Target Risk Date: 31/03/2019   |

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



|                     | Impact | Likelihood | Score |
|---------------------|--------|------------|-------|
| Initial Risk Rating | 4      | 3          | 12    |
| Current Risk Rating | 4      | 3          | 12    |
| Target Risk Score   | 4      | 2          | 8     |

No change

**Updates since last reporting period:**

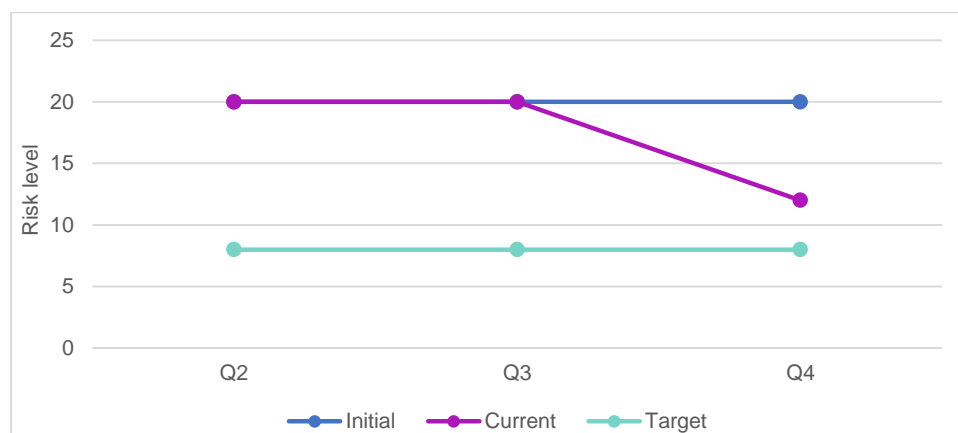
- Work continues to improve system and mitigate against risks.


| Controls in place   | Further action to achieve target risk score   |
|---|---|
| <ul style="list-style-type: none"> <li>Issue raised with Information System leads.</li> </ul> | <ul style="list-style-type: none"> <li>Continued work to resolve issues with maternity dashboard. Pilot to be completed and decision made re: roll out</li> <li>Work continues to improve system and mitigate against risks.</li> </ul> |

| Assurances  | Links to |  |
|---|----------|--|
| <ul style="list-style-type: none"> <li>Assurance from UHMB that work I underway to address system issues.</li> <li>CCG Clinical lead for maternity working with UHMB.</li> </ul>  | 2        | <b>IAF – CCG Improvement &amp; Assessment Framework</b><br>Women's experience of maternity services (125b) |
| <b>Gaps in Assurance</b> <ul style="list-style-type: none"> <li>Lorenzo currently unable to support effective joint working between GP and midwife to ensure safety</li> <li>Lorenzo not effectively feeding accurate data to the Maternity dashboard for management and performance monitoring.</li> </ul> |          | <b>CQC Domain</b><br>Caring, Effective, Responsive, Safe, Well Led   |

Paper 2 - MBCCG Corporate Risk Register - March 2019 Reporting Period

|   |   |                                   |                                |
|---|---|-----------------------------------|--------------------------------|
| RR205   | Senior Manager: Jane Jones                        | Executive Lead: Margaret Williams | Date Opened: 12/10/2018        |
|   | Assuring Committee: Quality Improvement Committee |                                   | Date Last Reviewed: 06/03/2019 |
|   | Risk Type: Children and Young People              |                                   | Target Risk Date: March 2020   |
| 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. |   |                                   |                                |



|  | Impact  | Likelihood | Score |
|--|---|------------|-------|
| Initial Risk Rating  | 4   | 5          | 20    |
| Current Risk Rating  | 4   | 3          | 12    |
| Target Risk Score  | 4   | 2          | 8     |
| Reduction<br> | <b>Updates since last reporting period:</b> <ul style="list-style-type: none"> <li>Risk summit held and action agreed for short- and longer-term increased integration with CSC</li> <li>Urgent review of all open cases requested - BC plan received.</li> </ul> |            |       |
| Risk Appetite  | TBC   |            |       |

| Controls in place  | Further action to achieve target risk score  |
|--|--|
| <ul style="list-style-type: none"> <li>Joint commissioning meetings led by CCC and involving MBCCG and NCCCG.</li> </ul> | <ul style="list-style-type: none"> <li>Risk mitigations requested</li> <li>Business continuity plan to be developed if required following receipt of risk mitigations</li> <li>Urgent commissioning meeting held in October, implementation of short and long-term plan agreed.</li> </ul> |

| Assurances  | Links to              |   |
|---|-----------------------|---|
|   | Triple aim objectives | IAF – CCG Improvement & Assessment Framework                      |
| <ul style="list-style-type: none"> <li>Options paper received from CPFT</li> <li>Joint response agreed by MBCCG, NCCCG &amp; CCC requesting detail of clinical risk and risk mitigations (sent 5/10/18)</li> <li>Joint commissioning review established urgently for 12/10/18</li> <li>Cumbria County Council holding summit meetings with short and long-term action plans developed for partners to work more effectively together. 0-19 redesign will address some capacity issues.</li> </ul> | 1, 2, 3               | Effectiveness of working relationships in the local system (164a) |

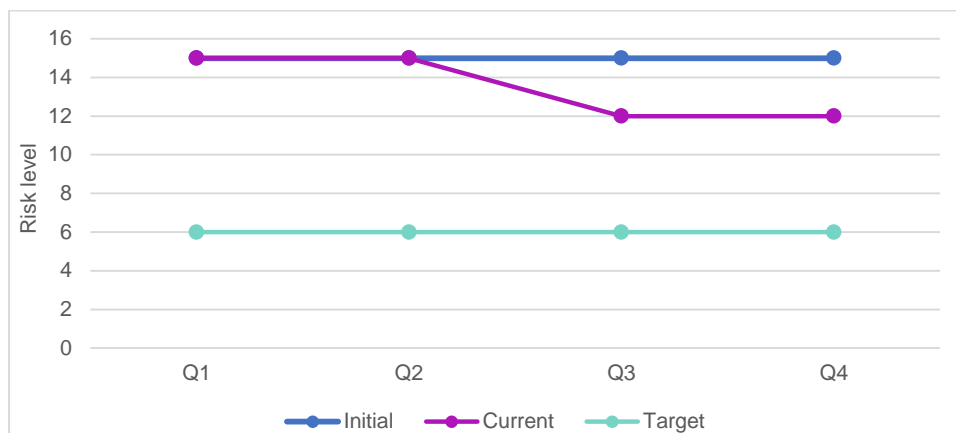
**Paper 2 - MBCCG Corporate Risk Register - March 2019 Reporting Period**

| Gaps in Assurance   |  | CQC Domain                                    |
|---|--|---|
| <ul style="list-style-type: none"> <li>• Understanding of risks &amp; risk mitigations</li> <li>• Whole system Business Continuity Plan.</li> </ul> |  | Caring, Effective, Responsive, Safe, Well Led |

Paper 2 - MBCCG Corporate Risk Register - March 2019 Reporting Period

Risk Category: Continuing Healthcare

|  |                                       |                                   |                                |
|--|---------------------------------------|-----------------------------------|--------------------------------|
| RR175  | Senior Manager: Sue Bishop            | Executive Lead: Margaret Williams | Date Opened: 01/04/2018        |
|  | Assuring Committee: CHC Project Group |                                   | Date Last Reviewed: 11/03/2019 |
|  | Risk Type: Corporate                  |                                   | Target Risk Date: 31/03/2020   |
| Continuing Health Care – Need to improve current performance against quality standards, reduce service variation, improve quality and manage cost of care. |                                       |                                   |                                |



|                     | Impact  | Likelihood | Score |
|---------------------|---|------------|-------|
| Initial Risk Rating | 3   | 5          | 15    |
| Current Risk Rating | 3   | 4          | 12    |
| Target Risk Score   | 3   | 2          | 6     |
| <p>No change</p>    | <p>Updates since last reporting period:</p> <ul style="list-style-type: none"> <li>Discharge to assess pilot evaluation commenced</li> <li>Overdue review business case approved</li> <li>Data collections systems aligned, providing more robust data.</li> <li>Dedicated Finance/BI resource allocated to IPA.</li> </ul> |            |       |
|                     | Risk Appetite   | TBC        |       |

| Controls in place   | Adequacy of Controls: <b>Moderately</b> | Further action to achieve target risk score   |
|---|---|---|
| <ul style="list-style-type: none"> <li>ICS Individual Patient Activity Programme Board in place</li> <li>Programme of interactive workshops being undertaken with front line services</li> <li>MLCSU CHC nominated individual in place for MB CCG</li> <li>Commissioning Decision Group panel- high cost packages</li> <li>MB Project group monthly</li> <li>FDG monitor expenditure and QIPP performance.</li> </ul> |   | <ul style="list-style-type: none"> <li>Review of KPIs and Performance data sources</li> <li>Services to confirm activity/capacity including a review of CHC activity in the community services</li> <li>Table top exercise to review cases with longest delayed 28-day decision</li> <li>Shadowing DST review.</li> </ul> |

| Assurances  | Links to              |  |
|---|-----------------------|--|
|   | Triple aim objectives | IAF – CCG Improvement & Assessment Framework   |
| <ul style="list-style-type: none"> <li>Review of KPIs and Performance data sources</li> <li>Services to confirm activity/capacity including a review of CHC activity in the community services</li> <li>Table top exercise to review cases with longest delayed 28-day decision</li> <li>Shadowing DST review.</li> </ul> | 1, 2, 3               | Percentage of NHS Continuing Healthcare full assessments taking place in an acute hospital setting (131a)<br>Effectiveness of working relationships in the local system (164a) |

**Paper 2 - MBCCG Corporate Risk Register - March 2019 Reporting Period**

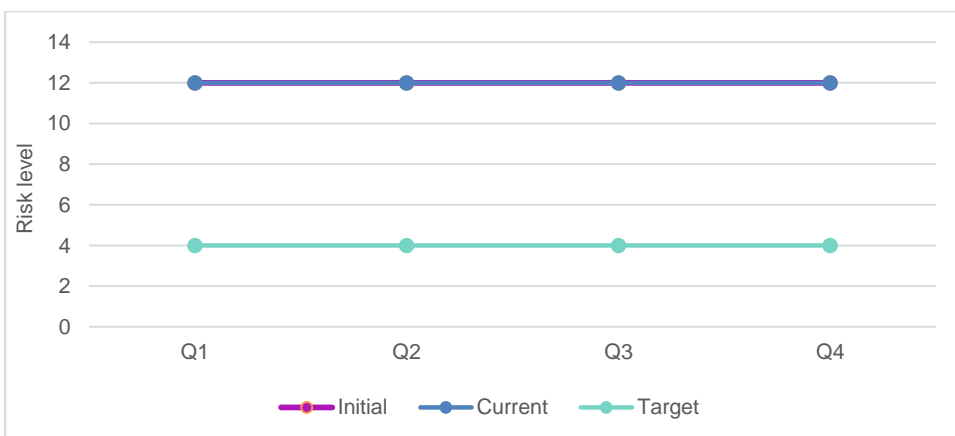
| Gaps in Assurance  |  | CQC Domain           |
|--|--|----------------------|
| <ul style="list-style-type: none"> <li>• CHC delivered differently across MBCCG i.e. team of providers commissioned to deliver various aspects of the CHC pathway. No end to end service</li> <li>• CPFT District Nursing team capacity in some areas, impacting their overdue reviews</li> <li>• Performance data not supporting to direct improvement action.</li> </ul> |  | Well Led, Responsive |



Paper 2 - MBCCG Corporate Risk Register - March 2019 Reporting Period

**Risk Category: Elective Care**

|   |  |  |                                       |
|---|--|--|---------------------------------------|
| RR169   | <b>Senior Manager:</b> Gary O'Neill                          | <b>Executive Lead:</b> Anthony Gardner | <b>Date Opened:</b> 01/04/2018        |
|   | <b>Assuring Committee:</b> Finance and Performance Committee |  | <b>Date Last Reviewed:</b> 06/03/2019 |
|   | <b>Risk Type:</b> Elective Care                              |  | <b>Target Risk Date:</b> 01/04/2020   |
| Failure to deliver Elective Care constitutional and operational standards |  |  |                                       |



|                     | Impact   | Likelihood | Score |
|---------------------|--|------------|-------|
| Initial Risk Rating | 4  | 3          | 12    |
| Current Risk Rating | 4  | 3          | 12    |
| Target Risk Score   | 4  | 1          | 4     |
| No change<br>       | <b>Updates since last reporting period:</b><br><ul style="list-style-type: none"> <li>•</li> </ul> |            |       |
| Risk Appetite       | TBC  |            |       |

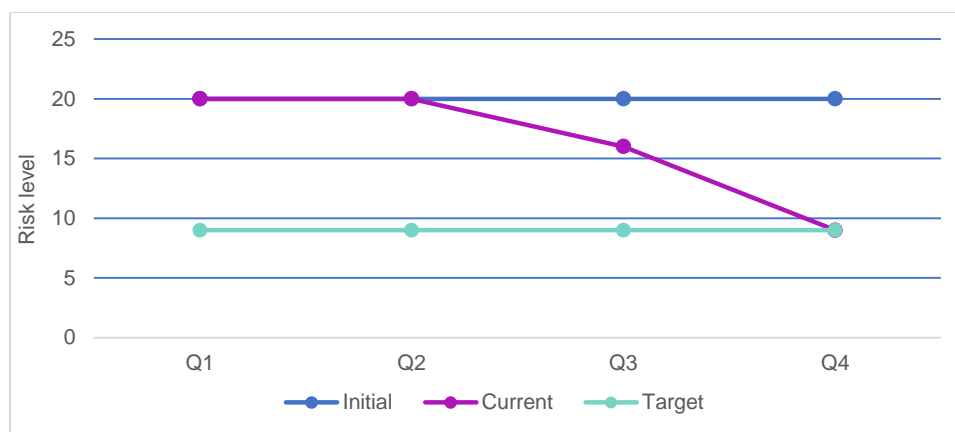
| Controls in place  | Adequacy of Controls: <i>Moderately</i> | Further action to achieve target risk score   |
|--|---|---|
| <ul style="list-style-type: none"> <li>• Daily and weekly monitoring of patient target lists (PTLs)</li> <li>• Action plans are in place for improvement on all key constitutional targets that are under performing</li> <li>• Performance is monitored via the Elective Care Board that oversees monitoring of elective care standards and has established a work programme of key priorities, including pathway review work (e.g. in MSK and other RTT risk pathways), PIFU, advice &amp; guidance and electronic referrals</li> <li>• The CCG is attending, when required, the UHMB internal performance meetings to discuss potential operational actions in which the CCG can support</li> <li>• ICS/ICP Performance review meetings are now established</li> <li>• Fortnightly and monthly meetings with the Cancer Alliance to review Cancer target improvement plans and delivery.</li> </ul> |   | <ul style="list-style-type: none"> <li>• Exploration of options for increasing Ophthalmology capacity, including the use of the Independent Sector</li> <li>• Development of an ICS level workplan to address high volume and high-risk clinical pathways</li> <li>• Working with the Cancer Alliance for an ICS level understanding of diagnostic gaps.</li> </ul> |


Paper 2 - MBCCG Corporate Risk Register - March 2019 Reporting Period

| Assurances  | Links to             |   |
|---|----------------------|---|
| <ul style="list-style-type: none"> <li>Acknowledgement in planning guidance for 18-19 that focus will reduce on RTT targets, focus shifting to waiting list size</li> <li>CCG is working with UHMB on RTT recovery actions ensure that the capacity and demand issues are fully addressed</li> <li>Intensive Support Team supporting with Capacity and Demand Analysis in Morecambe Bay Service redesign actions, initiated through Better Care Together are underway and the impact of these are being modelled to estimate the impact on RTT Performance</li> <li>A revised cancer target improvement plan has been developed with a focus on reducing diagnostic and outpatient delays.</li> </ul> | Triple aim objective | IAF – CCG Improvement & Assessment Framework                                  |
| <b>Gaps in Assurance</b>  | 2                    | Patients waiting 18 weeks or less from referral to hospital treatment ( 129a) |
| <ul style="list-style-type: none"> <li>Performance below standard on the RTT and 62 Day Cancer Targets.</li> </ul>  |                      | <b>CQC Domain</b>   |
|   |                      | Caring, Effective, Responsive, Safe, Well Led                                 |

Paper 2 - MBCCG Corporate Risk Register - March 2019 Reporting Period

|   |   |                                 |                                |
|---|---|---------------------------------|--------------------------------|
| RR179   | Senior Manager: Gary O'Neill                          | Executive Lead: Anthony Gardner | Date Opened: 01/04/2018        |
|   | Assuring Committee: Finance and Performance Committee |                                 | Date Last Reviewed: 06/03/2019 |
|   | Risk Type: Elective Care                              |                                 | Target Risk Date: 01/04/2020   |
| 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. |   |                                 |                                |



|  | Impact   | Likelihood | Score |
|--|--|------------|-------|
| Initial Risk Rating  | 4  | 5          | 20    |
| Current Risk Rating  | 3  | 3          | 9     |
| Target Risk Score  | 3  | 3          | 9     |
| Reduction<br> | <b>Updates since last reporting period:</b> <ul style="list-style-type: none"> <li>Provider activity levels have increased but Elective inpatients remain below plan, the 18 week waiting list size has fluctuated around the March 2018 level.</li> </ul> |            |       |
| Risk Appetite  | TBC  |            |       |

| Controls in place  | Adequacy of Controls: Moderately | Further action to achieve target risk score   |
|--|----------------------------------|---|
| <ul style="list-style-type: none"> <li>Daily and weekly monitoring of patient target lists (PTLs)</li> <li>Action plans are in place for improvement on all key constitutional targets that are under performing</li> <li>Performance is monitored via the Elective Care Board that oversees monitoring of elective care standards and has established a work programme of key priorities, including pathway review work (e.g. in MSK and other RTT risk pathways), PIFU, advice &amp; guidance and electronic referrals</li> <li>The CCG is attending, when required, the UHMB internal performance meetings to discuss potential operational actions in which the CCG can support</li> <li>ICS/ICP Performance review meetings are now established.</li> </ul> |                                  | <ul style="list-style-type: none"> <li>Delivery of revised activity plans further to launch of Vanguard mobile theatre at WGH</li> <li>Exploration of options for increasing Ophthalmology capacity, including the use of the Independent Sector</li> <li>Development of an ICS level workplan to address high volume and high-risk clinical pathways</li> <li>Reduction in risk score as CCG is maintaining overall waiting list size and has mitigating actions in place for 52-week breaches. Risk remains &gt;12 as the national target of 92% RTT compliance remains in place constitutionally, although de-prioritised through the annual planning guidance.</li> </ul> |

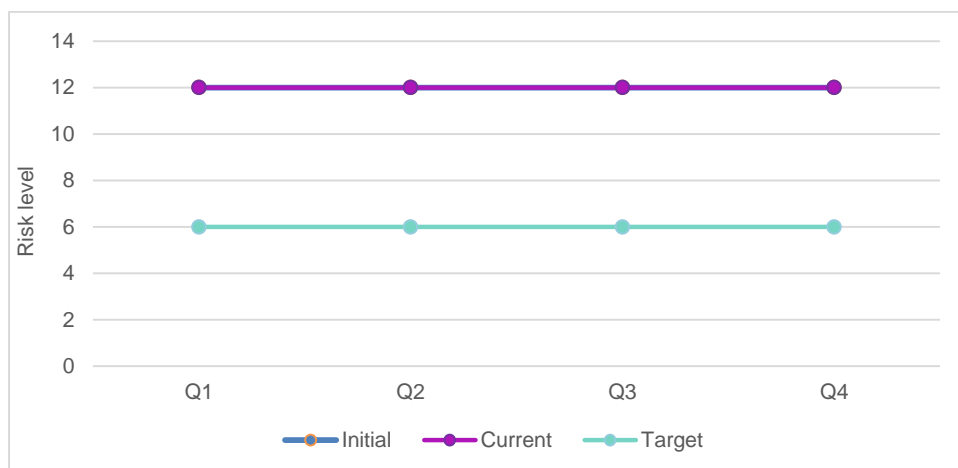
**Paper 2 - MBCCG Corporate Risk Register - March 2019 Reporting Period**

| Assurances   | Links to                    |   |
|--|-----------------------------|---|
| <ul style="list-style-type: none"> <li>CCG is working with UHMB on RTT recovery actions ensure that the capacity and demand issues are fully addressed</li> <li>Intensive Support Team supporting with Capacity and Demand Analysis in Morecambe Bay Service redesign actions, initiated through Better Care Together are underway and the impact of these are being modelled to estimate the impact on RTT Performance</li> <li>52-week breaches have reduced and waiting list size at UHMB remains close to local trajectory.</li> </ul> | <b>Triple aim objective</b> | <b>IAF – CCG Improvement &amp; Assessment Framework</b>                       |
|  | 2                           | Patients waiting 18 weeks or less from referral to hospital treatment ( 129a) |
| <b>Gaps in Assurance</b>   |                             | <b>CQC Domain</b>   |
| <ul style="list-style-type: none"> <li>Loss of Elective Theatre capacity due to estate issues and lack of capital investment at UHMB</li> <li>Workforce cultural change ongoing to establish deliverability of RightCare targets (see RightCare risk)</li> <li>RightCare and local clinical leadership meetings essential in further change. Also, NHSI GIRFT (Getting It Right First Time) programme will support provider efficiency, but not yet being reported to system.</li> </ul>   |                             | Caring, Effective, Responsive, Safe   |

Paper 2 - MBCCG Corporate Risk Register - March 2019 Reporting Period

Risk Category: Learning Disabilities

|   |  |                                |                                |
|---|--|--------------------------------|--------------------------------|
| RR142   | Senior Manager: Janette Buckland                     | Executive Lead: Hilary Fordham | Date Opened: 01/04/2018        |
|   | Assuring Committee: Transforming Care Steering Group |                                | Date Last Reviewed: 06/03/2019 |
|   | Risk Type: Learning Disabilities                     |                                | Target Risk Date: March 2020   |
| 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. |  |                                |                                |



|                     | Impact   | Likelihood | Score |
|---------------------|--|------------|-------|
| Initial Risk Rating | 4  | 3          | 12    |
| Current Risk Rating | 4  | 3          | 12    |
| Target Risk Score   | 3  | 2          | 6     |
| No change<br>       | <b>Updates since last reporting period:</b> <ul style="list-style-type: none"> <li>Service specification for all-age LD and ASD service has been signed off by the JCCCB</li> <li>Service providers identified for all MBCCG long stay hospital clients in ESS beds</li> <li>Only 1 patient remains on main site at Whalley MerseyCare awaiting property being ready for discharge</li> <li>Providers have been identified and staff recruited to care package</li> <li>The Lancaster based ESS beds are now closed</li> <li>Development of dynamic support register including South Cumbria LD/ASD patients and CYP</li> <li>Discharge planning continuing for all in-patients</li> <li>Improved identification of patients in South Cumbria area and closer partnership working to prevent admissions via case management meetings</li> <li>Delays in implementing new service specs for Community services due to need for alignment of all specs along a care pathway and in line with national and local models of care.</li> </ul> |            |       |
| Risk Appetite       | TBC  |            |       |

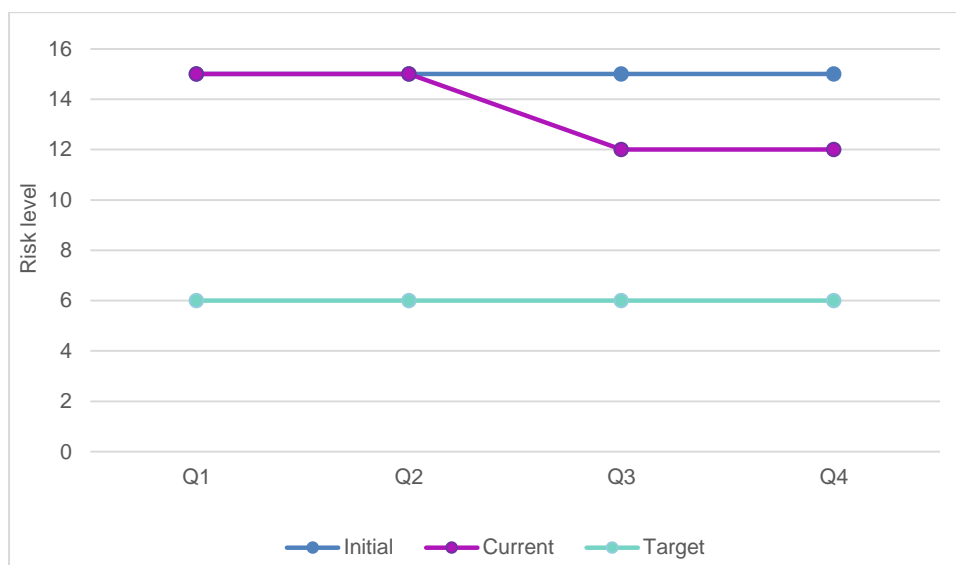
**Paper 2 - MBCCG Corporate Risk Register - March 2019 Reporting Period**

| Controls in place  | Adequacy of Controls: <span style="color: orange;">Moderately</span> | Further action to achieve target risk score  |
|--|--|--|
| <ul style="list-style-type: none"> <li>SST commissioned via NHSE in place to support discharge of complex and challenging patients and prevent re-admission. Permanent funding identified for CYP LD services for North Lancashire from April 2018</li> <li>ASC diagnosis service and follow-up sessions in place for adults in both South Cumbria and North Lancashire areas</li> <li>Community Learning Disability Teams in place across Morecambe Bay.</li> </ul> |  | <ul style="list-style-type: none"> <li>Commissioning intentions to be clarified for contracts by April 2019 Re: implementing the CLDAS (Community LD and Autism Service)</li> <li>Continue drive to review care and treatment of all packages of care and to facilitate timely and safe discharge of all hospital in-patients</li> <li>Continue targeted work to identify all South Cumbria patients and all Morecambe Bay CYP in 38 week and 52-week residential settings to be included in this cohort.</li> </ul> |

| Assurances   | Links to                                      |  |
|--|---|--|
| <ul style="list-style-type: none"> <li>Specialist Commissioning Collaborative</li> <li>MBCCG taking part in MoJ discussions Via NHSE link to prevent delayed discharges due to legal framework requirements. Commissioning Lead resource has been identified. Support temporarily in place via LMCSU to aid coordination of discharges has been extended to Dec 2018</li> <li>National CTR (Care and Treatment Review) and CETR (Care, Education and Treatment Review) policy fully implemented</li> <li>Established case management meeting to Improve identification of patients with LD and/or ASD in South Cumbria</li> <li>Established MBCCG Transforming Care Partnership to facilitate improved information sharing and partnership working locally</li> <li>On-going contact with a range of providers interested in growing their business in the MBCCG area. Several providers have indicated they are interested in providing a service for some of our most challenging patients. MBCCG Commissioner working in partnership with CCC and NCCCG have developed a specialist provider framework for complex cases which is now operational.</li> </ul> | Triple aim objectives                         | IAF – CCG Improvement & Assessment Framework   |
|  | 1,2,3   | Reliance on specialist inpatient care for people with a learning disability and/or autism (124a) |
| Gaps in Assurance  | CQC Domain                                    |  |
| <ul style="list-style-type: none"> <li>Delay in Pan Lancs commission of all-age Community LD and ASD service</li> <li>Lack of support for people with complex ASD in the absence of LD a particular challenge</li> <li>Funding allocation in relation to individual packages of care need to be costed particularly in relation to possible shortfall re dowry</li> <li>Paucity of providers particularly in the South Cumbria area with skills and ability to support high risk individuals in the community.</li> <li>Recruitment problems for the provider re: LD psychiatry leading to repeated, short term, locum provision and limited access to community clinics.</li> </ul>   | Caring, Effective, Responsive, Safe, Well Led |  |

Paper 2 - MBCCG Corporate Risk Register - March 2019 Reporting Period

|   |  |                                |                                |
|---|--|--------------------------------|--------------------------------|
| RR162   | Senior Manager: Janette Buckland                     | Executive Lead: Hilary Fordham | Date Opened: 01/04/2018        |
|   | Assuring Committee: Transforming Care Steering Group |                                | Date Last Reviewed: 06/03/2019 |
|   | Risk Type: Learning Disabilities                     |                                | Target Risk Date: 31/03/2019   |
| 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. |  |                                |                                |



|                     | Impact  | Likelihood | Score |
|---------------------|---|------------|-------|
| Initial Risk Rating | TBC   | TBC        | 15    |
| Current Risk Rating | TBC   | TBC        | 12    |
| Target Risk Score   | TBC   | TBC        | 6     |
| No change           | <b>Updates since last reporting period:</b> <ul style="list-style-type: none"> <li>Adjustments allocation was received in month 05</li> <li>Development of the new provider Framework for complex cases in Cumbria is now complete</li> <li>We are actively working with colleagues in LCC and CCC SEND and CLA teams to identify our CYP's in out of area placements</li> <li>We are confident that we have identified all of the adults in out of area hospital placements though there are still some gaps in identifying adults in out of area residential placements.</li> </ul> |            |       |
| Risk Appetite       | TBC   |            |       |

| Controls in place   | Adequacy of Controls: Moderately | Further action to achieve target risk score  |
|---|----------------------------------|--|
| <ul style="list-style-type: none"> <li>Commissioning and Safeguarding team mapping current placements and care packages immediate reviews commenced liaising with Cumbria colleagues and care home providers and family to ensure appropriate care packages and placements are secured</li> <li>National CTR/CETR policy guidance applied - all CTR's/CETR's completed or planned for hospital inpatients and those considered 'at risk' in the community</li> <li>MBCCG all-age case management meetings now established to provide a forum for discussion of cases both in and out of area where there are risks to placement/care package</li> <li>MBCCG Transforming Care Partnership Group established - aids</li> </ul> |                                  | <ul style="list-style-type: none"> <li>Seek clarity on allocations adjustments and determine whether these have already been accounted for in contracts with providers</li> <li>Commence work to identify and verify all South Cumbria patients with LD/ASC whose care package is currently funded via S117 aftercare, CHC or via the Cumbria pooled fund and ensure all patients are reviewed at least annually.</li> </ul> |

**Paper 2 - MBCCG Corporate Risk Register - March 2019 Reporting Period**

|   |                              |  |
|---|------------------------------|--|
| information/intelligence sharing.   |                              |  |
| <b>Assurances</b>   | <b>Links to</b>              |  |
| <ul style="list-style-type: none"> <li>Commissioning and Safeguarding team mapping current placements and care packages immediate reviews commenced</li> <li>MBCCG Commissioner working in partnership with CCC and NCCCG have developed a specialist provider framework for complex cases which is now operational.</li> </ul> | <b>Triple aim objectives</b> | <b>IAF – CCG Improvement &amp; Assessment Framework</b>  |
|   | 1,2                          | Reliance on specialist inpatient care for people with a learning disability and/or autism (124a) |
| <b>Gaps in Assurance</b>  |                              | <b>CQC Domain</b>  |
| <ul style="list-style-type: none"> <li>MBCCG not in receipt of full information and risk not currently fully mapped, local placements may not be available.</li> </ul>  |                              | Caring, Effective, Responsive, Safe, Well Led  |

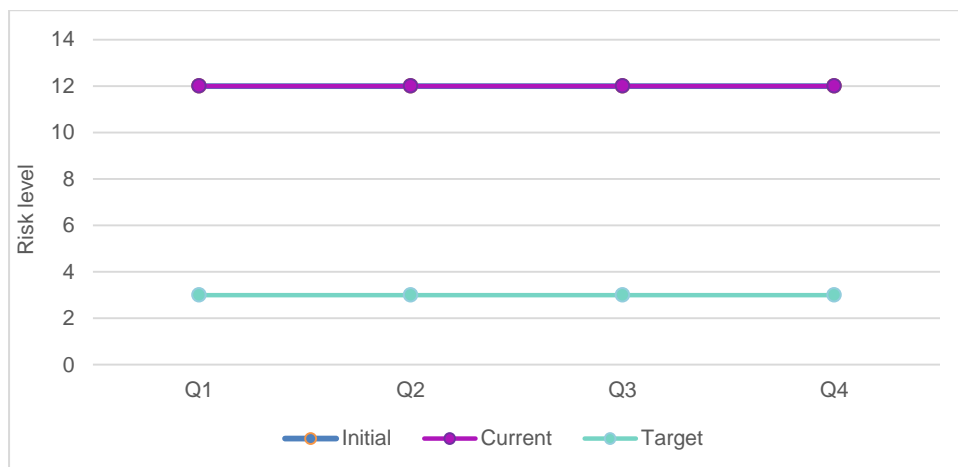


Paper 2 - MBCCG Corporate Risk Register - March 2019 Reporting Period

Risk Category: Mental Health

|       |  |                                 |                                |
|-------|--|---------------------------------|--------------------------------|
| RR166 | Senior Manager: Liz Dover                        | Executive Lead: Anthony Gardner | Date Opened: 01/04/2018        |
|       | Assuring Committee: Mental Health Steering Group |                                 | Date Last Reviewed: 06/03/2019 |
|       | Risk Type: Mental Health                         |                                 | Target Risk Date: 31/03/2019   |

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.



|                         | Impact   | Likelihood | Score |
|-------------------------|--|------------|-------|
| Initial Risk Rating     | 4  | 3          | 12    |
| Current Risk Rating     | 4  | 3          | 12    |
| Target Risk Score       | 3  | 1          | 3     |
| <p><b>No change</b></p> | <p><b>Updates since last reporting period:</b></p> <ul style="list-style-type: none"> <li>• CCG and providers have described a Bay model for MH and this will include a community response that supports and wraps around Out of Hours psychiatric provision.</li> <li>• Increased number of Out of Hour psychiatrists from local recruitment has happened for S136 in South Cumbria and also in Lancashire North core services have been successful in terms of recruitment.</li> <li>• Extended MH liaison in RLI to 4 hours and developing further support in community teams</li> <li>• Pilots in place with third sector to assist in urgent care pathway – to be reviewed in April 2019 as funded from short term resource</li> <li>• Design of integration of MH into communities has progressed and is being embedded into the BCT clinical strategy and becoming part of the developments in ICCs and general practice</li> <li>• Lots of positive partnership working to help achieve parity of esteem.</li> </ul> |            |       |
|                         | Risk Appetite  | TBC        |       |

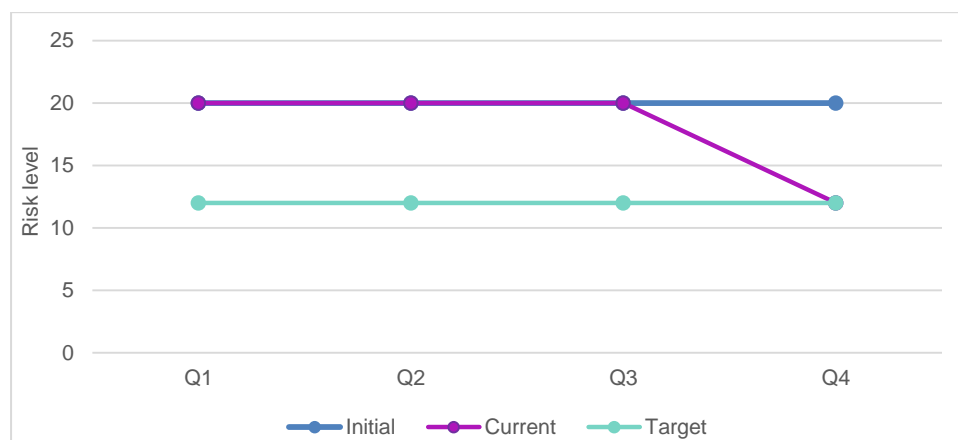
**Paper 2 - MBCCG Corporate Risk Register - March 2019 Reporting Period**


| Controls in place   | Adequacy of Controls: <b>Moderately</b> | Further action to achieve target risk score   |
|---|---|---|
| <ul style="list-style-type: none"> <li>1. Better Health – we aim to improve population health and wellbeing and reduce health inequalities and we will do this within our psychiatric services by: Supporting effective commissioning decisions relating to investment in MH and we have a schedule locally, and in the ICS to improve capacity for MH interventions. We are using data to help target to the most need.</li> <li>2. Better Care – we aim to improve individual outcomes, quality and experience of care and do this by: Supporting continual improvement in patient safety and learning within our services, we are redesigning services on a local integrated footprint to deliver better outcomes and care. We seek to integrate MH and physical health through our ICCs clinical commissioning decision making</li> <li>3. Delivered Sustainably – we will create an investment schedule to deliver increased service capacity and make this long term. We have made investments available in line with FYFV and Minimum MH investment standard but also above that with CCG additional funding.</li> </ul> |   | <ul style="list-style-type: none"> <li>Monitor delivery of investments and service transformation in local services and providers recruiting to posts when possible</li> <li>New digital application in use to make allocation of Out of hours psychiatrist for MHA assessments in S136 suites in place and easy to use and monitor gaps so we are monitoring this</li> <li>Embed integrated partnerships in ICCs-work started and pilots in place and learning to be shared across all ICCs and trusts</li> <li>Good working relationships with UHMBT, LCFT and CPFT-driving change and making small steps towards improving care</li> <li>Further extension of this work in place to create a series of improvement workshops to assist pathways but also relationships and communication.</li> </ul> |

| Assurances   | Links to                     |   |
|--|------------------------------|---|
| <ul style="list-style-type: none"> <li>Assurance provided by CPFT QRG that appropriate level of service will be maintained</li> <li>LCFT working proactively in discharge planning and community support</li> <li>CCG meet with provider operational managers to review monthly WF and service issues.</li> </ul>  | <b>Triple aim objectives</b> | <b>IAF – CCG Improvement &amp; Assessment Framework</b>   |
|  |                              | Mental health crisis team provision ( 123e)<br>Delivery of the mental health investment standard ( 123) |
|  |                              | <b>CQC Domain</b>   |
| <b>Gaps in Assurance</b>   |                              |   |
| <ul style="list-style-type: none"> <li>In the ICS we have made a series of investments aligned to the FYFV and yet we are uncertain of the benefit due to recruitment issues in all of our providers. We are undertaking recruitment and aligning other teams to improve capacity where able but it's a risk</li> <li>We are describing our community and very local offer for MH into populations. This work is happening and when the learning and evaluation phase is complete we can redefine what we commission and provide</li> <li>The gap in our assurance on FYFV investments is the pace of recruitment, retention and also the ability to manage new roles and service whilst the system is under pressure from urgent care needs.</li> </ul> | 1,2,3                        | Caring, Effective, Safe, Responsive   |

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|  |  |                                 |                                |
|--|--|---------------------------------|--------------------------------|
| RR181  | Senior Manager: Liz Dover                        | Executive Lead: Anthony Gardner | Date Opened: 01/04/2018        |
|  | Assuring Committee: Mental Health Steering Group |                                 | Date Last Reviewed: 06/03/2019 |
|  | Risk Type: Mental Health                         |                                 | Target Risk Date: 31/03/2019   |
| 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. |  |                                 |                                |



|                     | Impact   | Likelihood | Score |
|---------------------|--|------------|-------|
| Initial Risk Rating | 5  | 4          | 20    |
| Current Risk Rating | 4  | 3          | 12    |
| Target Risk Score   | 4  | 3          | 12    |
| Reduction           |   |            |       |
|                     | <b>Updates since last reporting period:</b> <ul style="list-style-type: none"> <li>• Training set up and new payment schedule is in place</li> <li>• New doctors on board and risk reduced (now 10 for current risk).</li> </ul> |            |       |
| Risk Appetite       | TBC  |            |       |

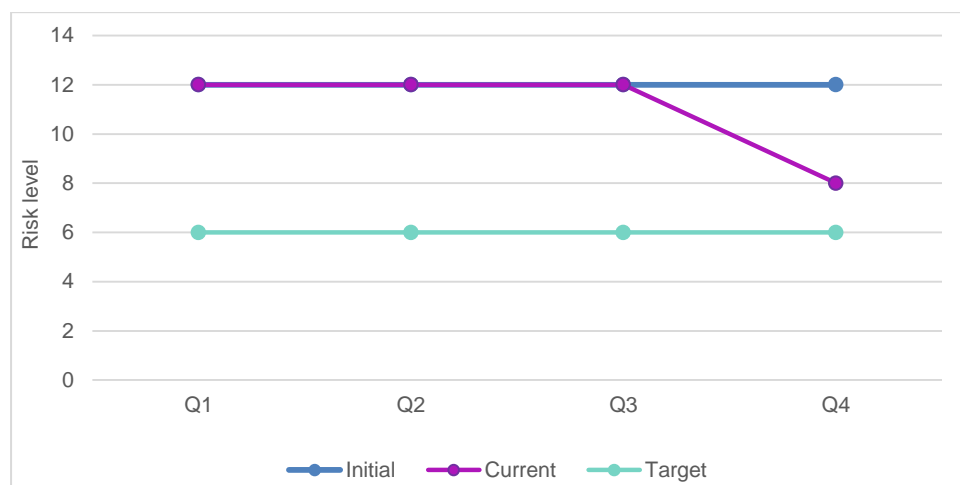
| Controls in place   | Adequacy of Controls: <b>Minimally</b> | Further action to achieve target risk score  |
|---|--|--|
| <ul style="list-style-type: none"> <li>• 1. Better Health – we will improve the delivery of MH Act assessments to our population groups and reduce waiting times and any negative impact from the same. We do this by: Supporting effective commissioning decisions and working system-wide on the WF issues and recruitment. We are using data to better understand the need and at very local level and we are seeking to engage all of our partners on solutions because we recognise this is an area of work that is difficult to find staff and also meet the huge range of demands in terms of settings for the MHA assessments</li> <li>• 2. Better Care – we will improve individual outcomes, quality and experience of care We will do this by: Supporting the uptake of new S12 Doctors, finding incentive and training schemes to improve the delivery of the assessment and increase skills</li> <li>• 3. Delivered Sustainably – we will create an environment for motivated, happy staff and achieve a new cohort on the rota by implementing an incentive scheme, an ongoing support network and a digital app to help manage the processes.</li> </ul> |  | <ul style="list-style-type: none"> <li>• Continue to promote new scheme with use of app and also new payment schedule</li> <li>• To deliver a rolled out training programme to interested Doctors and continue to promote the scheme.</li> </ul> |


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| Assurances  | Links to                     |   |
|---|------------------------------|---|
| <ul style="list-style-type: none"> <li>CPFT have continued to provide input to a clinical rota where able and we have been able to recruit an additional 6 S12 doctors to the rota</li> <li>We delivered a training session for Doctors and have been promoting the new scheme and use of the app to allocate Dr to need in our County</li> <li>Digital application in place and able to monitor and allocate in real time service to need. Evaluation of this underway.</li> </ul> | <b>Triple aim objectives</b> | <b>IAF – CCG Improvement &amp; Assessment Framework</b> |
|   | 1,2,3                        | TBC   |
| <b>CQC Domain</b>   |                              |   |
| <b>Gaps in Assurance</b>  |                              |   |
| <ul style="list-style-type: none"> <li>We are still concerned that we will not be able to recruit the right level of resource in terms of section 12 doctors. Also, we are currently developing monitoring information to show numbers assessed, numbers of s12 doctors etc.</li> </ul>   |                              | TBC   |

Paper 2 - MBCCG Corporate Risk Register - March 2019 Reporting Period

|  |  |                                 |                                |
|--|--|---------------------------------|--------------------------------|
| RR187  | Senior Manager: Liz Dover                        | Executive Lead: Anthony Gardner | Date Opened: 01/04/2018        |
|  | Assuring Committee: Mental Health Steering Group |                                 | Date Last Reviewed: 06/03/2019 |
|  | Risk Type: Mental Health                         |                                 | Target Risk Date: 31/03/2021   |
| 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. |  |                                 |                                |



|  | Impact  | Likelihood | Score |
|--|---|------------|-------|
| Initial Risk Rating  | 4   | 3          | 12    |
| Current Risk Rating  | 4   | 2          | 8     |
| Target Risk Score  | 3   | 2          | 6     |
| Reduction<br> | <b>Updates since last reporting period:</b> <ul style="list-style-type: none"> <li>Establishment of MB MH workstream and task and finish groups</li> <li>ICS developments of a one team for MH from all CCGs is helping to drive delivery and clarify process and decision making</li> <li>BCT 2 workshop in place to share learning to date and progress</li> <li>Alignment across two MH trusts in terms of pathway transformation is enabling positive change</li> <li>Greater clarity of commissioning gaps and need for 2019 is known in the ICS and also the Bay. This is aligned to FYFV and NHS 10 yr plan</li> <li>Greater desire to invest resources into earlier support and intervention and plans to move towards resilient teams in ICCs is clearly articulated.</li> </ul> |            |       |
| Risk Appetite  | TBC   |            |       |

| Controls in place  | Adequacy of Controls: <b>Moderately</b> | Further action to achieve target risk score   |
|--|---|---|
| <ul style="list-style-type: none"> <li>MB System Mental Health Workstream in place with a workplan aligned to wider issues for the Bay but also delivery of the FYFV</li> <li>Lancashire and South Cumbria has developed its ICS with integration of MH commissioning being the first joined up working group across the 8 CCGs</li> <li>We have contract review meetings with LCFT &amp; CPFT locally but within the ICS</li> </ul> |   | <ul style="list-style-type: none"> <li>Confirm Bay-wide reporting of national and local MH standards and associated performance reporting</li> <li>Confirm governance linkages with ICS workstream. Confirm Bay MH Work Programme and priorities</li> <li>Clarity is sought following a series of workshops in February on the</li> </ul> |

## Paper 2 - MBCCG Corporate Risk Register - March 2019 Reporting Period

|   |   |
|---|---|
| <p>too</p> <ul style="list-style-type: none"> <li>There is a Mental Health Lancashire Collaborative, a Children's and Young Peoples Partnership, CYP and LD transformation plans across the ICS so a lot of joint planning</li> <li>Updates reported into Executive and Governing Body at appropriate intervals in CCGs but also to an exec structure across the ICS-foundations being about affordable, sustainable and high-quality care services for all age in MH</li> <li>Both Counties have Health and Wellbeing Boards with a shared Strategic Plan</li> <li>5YFV for Mental Health driving consistent approach across all systems.</li> </ul> | <p>model to be implemented in the Bay. This will provide assurance of where resources will align to the vision for MH and marries at ICS and local ICP level</p> <ul style="list-style-type: none"> <li>Work on the resource plan to deliver change is underway in ICP and ICS to improve MH and meet requirements of national programmes and funding.</li> </ul> |
|---|---|

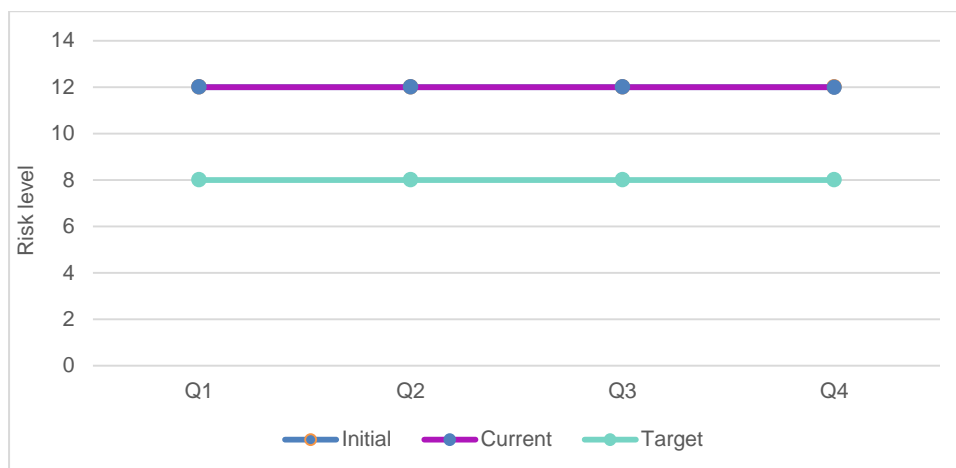
| Assurances   | Links to                     |  |
|--|------------------------------|--|
| <ul style="list-style-type: none"> <li>Contract review meetings and associated reports with LCFT and CPFT</li> <li>MH Workstream developing reporting process for updates on transformational work</li> <li>Governance for task and finish work underway</li> <li>There is a Primary care integration work stream and action plan for the Bay to deliver improvements across our system.</li> </ul>  | <b>Triple aim objectives</b> | <b>IAF – CCG Improvement &amp; Assessment Framework</b>  |
|  |                              | Delivery of the mental health investment standard ( 123) |
| <b>Gaps in Assurance</b>   |                              | <b>CQC Domain</b>  |
| <ul style="list-style-type: none"> <li>ICS MH workstream governance is relatively new and evolving but new exec leads, and clinical posts are recruited to and in place to drive the agenda and particularly in MH</li> <li>South Cumbria and CPFT are much more aligned and embedded into the MH programme and have become a full partner in the ICS</li> <li>Identification of finance necessary to deliver national programmes given our CEP process, particularly in relation to ICS bids and local provider pressures</li> <li>Governance around transition of complex cases from Cumbria CCG to MB CCG needs an agreement for 2018/19 confirming to enable NCCCG to undertake South Cumbrian MH complex packages.</li> </ul> | 1,2,3                        | Caring, Effective, Safe, Responsive, Well Led            |

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Risk Category: Primary Care

|       |  |                                   |                                |
|-------|--|-----------------------------------|--------------------------------|
| RR138 | Senior Manager: Kate Hudson                | Executive Lead: Margaret Williams | Date Opened: 01/04/2018        |
|       | Assuring Committee: Primary Care Committee |                                   | Date Last Reviewed: 06/03/2019 |
|       | Risk Type: Primary Care                    |                                   | Target Risk Date: 31/03/2019   |

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



|                     | Impact | Likelihood | Score |
|---------------------|--------|------------|-------|
| Initial Risk Rating | 4      | 3          | 12    |
| Current Risk Rating | 4      | 3          | 12    |
| Target Risk Score   | 4      | 2          | 8     |

No change

**Updates since last reporting period:**

- Primary Care Strategy in design and engagement phase
- Level 3 Application for Delegated Commissioning of General medical services approved
- GP Federation Proposal to develop and strengthen GP Federation (as members of the GP Alliance) accepted and being progressed.

Risk Appetite: TBC

| Controls in place   | Adequacy of Controls: <b>Moderately</b> | Further action to achieve target risk score  |
|---|---|--|
| <ul style="list-style-type: none"> <li>Primary Care Quality Group TORs have been refreshed to include monitoring requirements relating to Level 3 Delegated Commissioning of General Medical Services</li> <li>The Primary Care Quality Improvement Group will act as a sub-committee to the Primary Care Commissioning Committee from April 2019</li> <li>The PC QIG will oversee the design and implementation of a Primary Care Quality Monitoring Process and associated data dashboard</li> <li>Primary Care lead will also be member of CCG Quality and Safety meeting to ensure triangulation of softer intelligence and collation of trends in relation to Primary Care Quality.</li> </ul> |   | <ul style="list-style-type: none"> <li>Primary Care Quality Improvement Group to review all pre-existing LCS for primary care with a view to alignment and consistency across the CCG (and to determine primary care commissioning intentions for 2019/20)</li> <li>Primary Care Quality monitoring process and data tool to be developed</li> <li>Primary Care Strategy being developed with first draft due in December 2018.</li> </ul> |

**Paper 2 - MBCCG Corporate Risk Register - March 2019 Reporting Period**

| <b>Assurances</b>  | <b>Links to</b>              |   |
|--|------------------------------|---|
| <ul style="list-style-type: none"> <li>• All Morecambe Bay CCG GP practices have been assessed by CQC as Good or Outstanding</li> <li>• All practices have signed up to the Quality Improvement Scheme (QIS) for 2018/19 and are actively engaging in delivery of the scheme</li> <li>• Primary Care Networks (PCNs) are formed and active in all parts of the CCG patch. Work is ongoing to align PCNs to ICCs for broader collaborative and integrated working across the Bay. On-going contact with a range of providers interested in growing their business in the MBCCG area</li> <li>• Several providers have indicated they are interested in providing a service for some of our most challenging patients</li> <li>• MBCCG Commissioner working in partnership with CCC and NCCCG to develop specialist provider framework for complex cases.</li> </ul> | <b>Triple aim objectives</b> | <b>IAF – CCG Improvement &amp; Assessment Framework</b> |
|  | 1,2,3                        | TBC   |
| <b>Gaps in Assurance</b>   |                              | <b>CQC Domain</b>                                       |
| <ul style="list-style-type: none"> <li>• None identified currently; monitoring of position continues.</li> </ul>   |                              | TBC   |

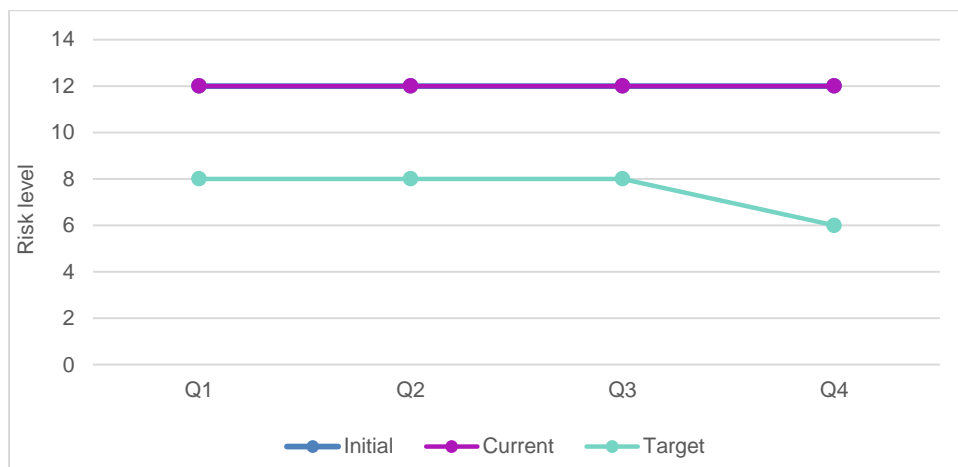


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Risk Category: Urgent Care

|       |   |                                |                                |
|-------|---|--------------------------------|--------------------------------|
| RR145 | Senior Manager: Tim Almond                            | Executive Lead: Hilary Fordham | Date Opened: 01/04/2018        |
|       | Assuring Committee: Finance and Performance Committee |                                | Date Last Reviewed: 06/03/2019 |
|       | Risk Type: Urgent Care                                |                                | Target Risk Date: 31/03/2021   |

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



|                     | Impact | Likelihood | Score |
|---------------------|--------|------------|-------|
| Initial Risk Rating | 4      | 3          | 12    |
| Current Risk Rating | 4      | 3          | 12    |
| Target Risk Score   | 3      | 2          | 6     |

|                  |  |
|------------------|--|
| <p>No change</p> | <p><b>Updates since last reporting period:</b></p> <ul style="list-style-type: none"> <li>Acknowledgement that iBCF funding will potentially change levels at end of 18/19 and there needs to be a review of current schemes and look at how we repurpose / fund priority joint venture (health and social care) schemes in 19/20</li> <li>Governance review of BCF Steering Group and Programme Managers in light of potential funding and scheme changes for 19/20</li> <li>Awaiting outcome of this late in 2018</li> <li>NHS Long Term plan has been issued in December 2018 which sets out the requirement to continue to work with pooled budgets between LA's and NHS bodies</li> <li>CCC have provided an update for 19/20 funding outlining that the iBCF allocation is potentially not going to be impacted for the next fiscal year - we await clarity from LCC.</li> </ul> |
|                  | <p>Risk Appetite</p>   |

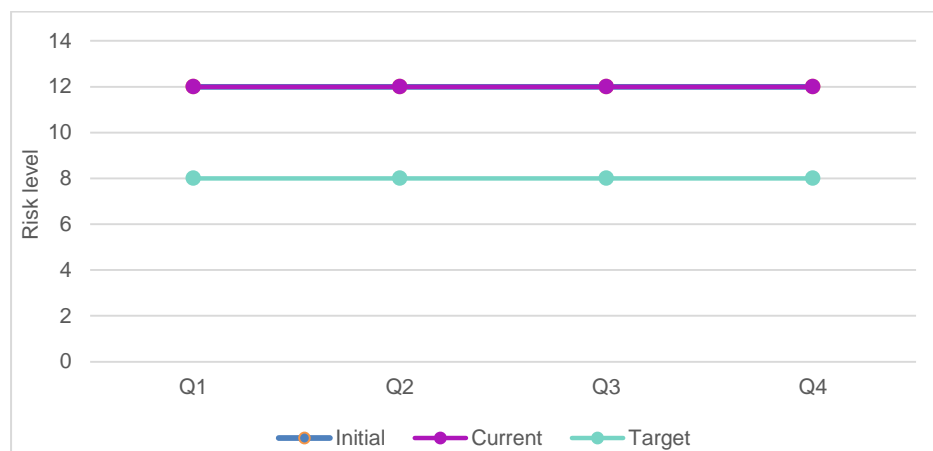
**Paper 2 - MBCCG Corporate Risk Register - March 2019 Reporting Period**


| Controls in place   | Adequacy of Controls: <span style="color: red;">Minimally</span> | Further action to achieve target risk score   |   |
|---|--|---|---|
| <ul style="list-style-type: none"> <li>Potential pressures being monitored via:               <ul style="list-style-type: none"> <li>-National and local media</li> <li>-The Urgent Care Network</li> <li>-BCF Programme Manager and Steering Group Meetings</li> <li>-Executive meetings between MBCCG and LCC • Bay Wide System</li> <li>-Resilience Group</li> <li>-Lancashire QSG</li> <li>-DTC Raised at Lancashire QSG</li> </ul> </li> </ul> |  | <ul style="list-style-type: none"> <li>Continue work to implement the iBCF plans and monitor performance accordingly</li> <li>Set up meetings with relevant local authorities to scope scale of iBCF funding for 19/20</li> <li>Work with LCC and CCC in light of recently issued NHS Long Term plan and recent social care funding guidance to understand possible financial allocation for iBCF for 2019/20.</li> </ul> |   |
| Assurances  |  | Links to  |   |
| <ul style="list-style-type: none"> <li>Community of CCGs collectively aware.</li> </ul>   |  | <b>Triple aim objectives</b>  | <b>IAF – CCG Improvement &amp; Assessment Framework</b> |
|   |  |   | TBC   |
| Gaps in Assurance   |  |   | <b>CQC Domain</b>                                       |
| <ul style="list-style-type: none"> <li>Major reductions in social care budgets at the same time as a major management restructure in LC</li> <li>Unclear as to how CCGs can influence this at this time.</li> </ul>   |  | 1,2,3   | Responsive and Well Led                                 |

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|       |                                       |                                |                                |
|-------|---------------------------------------|--------------------------------|--------------------------------|
| RR171 | Senior Manager: Tim Almond            | Executive Lead: Hilary Fordham | Date Opened: TBC               |
|       | Assuring Committee: Urgent Care Board |                                | Date Last Reviewed: 06/03/2019 |
|       | Risk Type: Urgent Care                |                                | Target Risk Date: TBC          |

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



|  | Impact  | Likelihood | Score |
|--|---|------------|-------|
| Initial Risk Rating  | TBC   | TBC        | 12    |
| Current Risk Rating  | TBC   | TBC        | 12    |
| Target Risk Score  | TBC   | TBC        | 8     |
| No change<br> | <b>Updates since last reporting period:</b> <ul style="list-style-type: none"> <li>Performance including UC check and challenge meeting held with NHSE</li> </ul> |            |       |
| Risk Appetite  | TBC   |            |       |

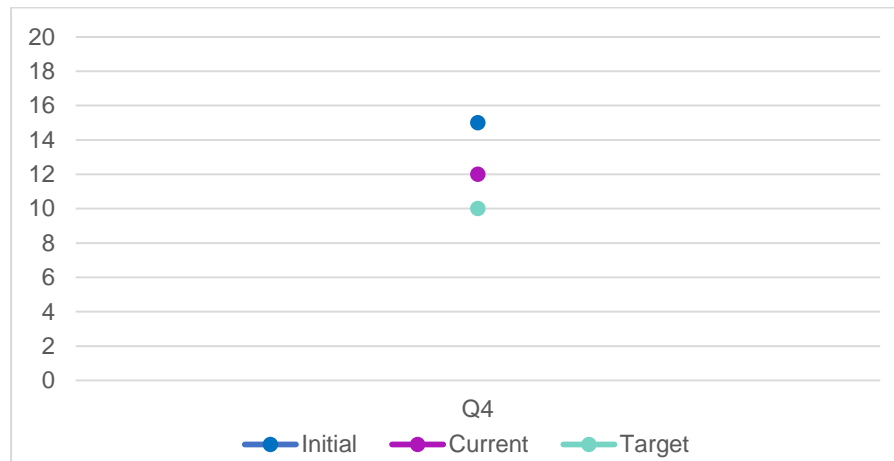
| Controls in place  | Adequacy of Controls: <b>Minimally</b> | Further action to achieve target risk score   |
|--|--|---|
| <ul style="list-style-type: none"> <li>Pressures of delivery being monitored by:               <ul style="list-style-type: none"> <li>-Urgent Care Operational Delivery Board</li> <li>-Lancs and South Cumbria STP</li> <li>-Sub Executive Urgent Care Leadership Group</li> <li>-Morecambe Bay Health and Social Care Tactical Group</li> <li>-NHSE Scrutiny</li> <li>-BCF Programme Manager and steering Group Meetings</li> <li>-Regular Executive Meetings between Stakeholders</li> <li>-Health Overview and Scrutiny Committee and Health and Well Being Board</li> </ul> </li> </ul> |  | <ul style="list-style-type: none"> <li>Urgent Care Strategy session to be held with key stakeholders to commence the development of a Bay wide UEC Strategy</li> <li>Test and implement system escalation plan in conjunction with Acute Trust</li> <li>Winter Planning assurance to be presented to AEDB for approval and to test for assurance over coming months.</li> </ul> |

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| <b>Assurances</b>  | <b>Links to</b>              |   |
|--|------------------------------|---|
| <ul style="list-style-type: none"> <li>• STP aware of progress against LDP and wider footprint delivery</li> <li>• NHSE have regular contact with CCG as to progress.</li> </ul>   | <b>Triple aim objectives</b> | <b>IAF – CCG Improvement &amp; Assessment Framework</b> |
| <b>Gaps in Assurance</b>   | 1,2,3                        | <b>CQC Domain</b>                                       |
| <ul style="list-style-type: none"> <li>• The historic disconnect between the national strategic vision for local implementation and how this is cascaded from Morecambe Bay Urgent Care Delivery Board throughout the system for operational implementation has improved via the advent of the Tactical Group, however, some gaps still exist in the system</li> <li>• In addition, lack of analytical understanding as to impact of each element of the Transformational Agenda against key urgent care constitutional measures.</li> </ul> |                              |   |

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|  |                                 |                         |
|--|---------------------------------|-------------------------|
| RR207  | Executive Lead: Anthony Gardner | Date Opened: 01/03/2019 |
|  | Assuring Committee: TBC         | Date Last Reviewed: TBC |
|  | Risk Type: TBC                  | Target Risk Date: TBC   |
| Provision of MH services in South Cumbria - <b>PENDING</b> |                                 |                         |



|                                      | Impact   | Likelihood | Score |
|--------------------------------------|--|------------|-------|
| Initial Risk Rating                  | 5  | 3          | 15    |
| Current Risk Rating                  | 5  | 3          | 15    |
| Target Risk Score                    | 5  | 2          | 10    |
| Reduction/<br>Increase/ No<br>change | <b>Updates since last reporting period:</b> <ul style="list-style-type: none"> <li></li> </ul> |            |       |
| Risk Appetite                        | TBC  |            |       |

|                          |                                  |  |  |
|--------------------------|----------------------------------|--|--|
| <b>Controls in place</b> | <b>Adequacy of Controls: TBC</b> | <b>Further action to achieve target risk score</b> |  |
| •                        |                                  | •  |  |
| <b>Assurances</b>        |                                  | <b>Links to</b>                                    |  |
| •                        |                                  | Triple aim objectives                              | IAF – CCG Improvement & Assessment Framework |
| <b>Gaps in Assurance</b> |                                  |  |  |
| •                        |                                  |  | CQC Domain:                                  |

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### Risk Scoring Matrices

The matrix below represents the possible combined risk scores based on a measurement of both the likelihood (probability) and severity (impact) of risk issues. A combination of likelihood and Impact /severity score provides the combine **risk score**.

#### Likelihood x Impact/Severity = Risk Score

An example risk score calculation has been provided below, where:

Likelihood = Possible (3);  
Impact/Severity = Major (4); therefore:

(Likelihood) **3 x 4 (Severity) = 12**

The risk score can then be compared to the risk matrix below and a 'colour' or 'grade' can be determined. In the example above, a risk score of 12 would be graded as 'amber' (moderate). Consequentially, the CCG can then prioritise mitigation actions based on an understanding of the nature of the risk presented.

### Risk Scoring Matrix

|        |   |              | Likelihood |          |          |        |                |
|--------|---|--------------|------------|----------|----------|--------|----------------|
|        |   |              | 1          | 2        | 3        | 4      | 5              |
|        |   |              | Rare       | Unlikely | Possible | Likely | Almost certain |
| Impact | 5 | Catastrophic | 5          | 10       | 15       | 20     | 25             |
|        | 4 | Major        | 4          | 8        | 12       | 16     | 20             |
|        | 3 | Moderate     | 3          | 6        | 9        | 12     | 15             |
|        | 2 | Minor        | 2          | 4        | 6        | 8      | 10             |
|        | 1 | Negligible   | 1          | 2        | 3        | 4      | 5              |

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|            |                 |            |               |            |                   |
|------------|-----------------|------------|---------------|------------|-------------------|
| Descriptor | Negligible<br>1 | Minor<br>2 | Moderate<br>3 | Major<br>4 | Catastrophic<br>5 |
|------------|-----------------|------------|---------------|------------|-------------------|

Individual Risk Scoring Matrices

Two risk matrices are available which, when combined, provide an overall risk score. These matrices include a likelihood matrix and a severity matrix:

| Likelihood (Probability) Score                 | 1                                     | 2  | 3                                  | 4   | 5  |
|--|---------------------------------------|--|------------------------------------|---|--|
| Descriptor                                     | Rare                                  | Unlikely   | Possible                           | Likely  | Almost certain                                     |
| Frequency<br>How often might it/does it happen | This will probably never happen/recur | Do not expect it to happen/recur but it is possible it may do so | Might happen or recur occasionally | Will probably happen/recur but it is not a persisting issue | Will undoubtedly happen/recur, possibly frequently |
| Frequency<br>Time-frame                        | Not expected to occur for years       | Expected to occur at least annually                              | Expected to occur at least monthly | Expected to occur at least weekly                           | Expected to occur at least daily                   |
| Frequency<br>Will it happen or not?            | <0.1%                                 | 0.1 to 1%  | 1 to 10%                           | 10 to 50%   | >50%   |

Several different descriptors of likelihood (probability) are available for use by the CCG, permitting flexibility in the application of likelihood scoring to particular risk scenarios.

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| Descriptor   | Negligible<br>1  | Minor<br>2   | Moderate<br>3  | Major<br>4   | Catastrophic<br>5  |
|--|--|--|--|--|--|
| <b>Staff/Patient/Visitor Injury (Physical/Psychological)</b> | Adverse event requiring no/minimal intervention or treatment.<br><b>Impact prevented</b> – any patient safety incident that had the potential to cause harm but was prevented, resulting in no harm.<br><b>Impact not prevented</b> - any patient safety incident that ran to completion but no harm occurred. | Minor injury or illness – first aid treatment needed.<br>Health associated infection which may/did result in semi-permanent harm.<br>Affects 1-2 people.<br>Any patient safety incident required extra observation or minor treatment (*w) and caused minimal harm to one or more persons. | Moderate injury or illness requiring professional intervention.<br>No staff attending mandatory/key training.<br>RIDDOR/Agency reportable incident(4-14 days lost)<br>Adverse event which impacts on a small number of patients.<br>Affects 3-15 people.<br>Any patient safety incident - significant but not permanent harm to one or more persons. | Major injury/long term incapacity/ disability (e.g. loss of limb).<br>14 days off work.<br>Affects 16-50 people.<br>Any patient safety incident that appears to have resulted in any permanent harm (*y) to one or more persons. | Fatalities.<br>Multiple permanent injuries or irreversible health effects.<br>An event affecting >50 people.<br>Any patient safety incident that directly resulted in the death (*z) of one or more persons. |
| <b>Patient Experience</b>                                    | Reduced level of patient experience which is not due to delivery of clinical care.   | Unsatisfactory patient experience directly due to clinical care – readily resolvable.  | Unsatisfactory management of patient care – local resolution (with potential to go to independent review).   | Unsatisfactory management of patient care with long term effects.<br>Significant result of misdiagnosis.   | Incident leading to death.   |
| <b>Environmental Impact</b>                                  | Minor onsite release of substance.<br>Not directly coming into contact with patients, staff or members of the public.  | Onsite release of substance – contained.<br>Minor damage to Trust property – easily remedied <£10K.  | Onsite release – no detrimental effect.<br>Moderate damage to Trust property – remedied by Trust staff/replacement of items required £10K-£50K   | Offsite release with no detrimental effect/on-site release with potential for detrimental effect.<br>Major damage to Trust property – external organisations required to remedy –costs >£50.                                     | Onsite/Offsite release with realised detrimental/catastrophic effects.<br>Loss of building/ major piece of equipment vital to the trusts business continuity.  |
| <b>Financial</b>   | Small loss.  | Loss £50K.   | Loss of £50K-£500K.  | Loss of £500K-£1M.   | Loss of >£1M or  |



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|                                      |   |  |  |   |   |
|--------------------------------------|---|--|--|---|---|
|                                      | Theft or damage of personal property <£50.  | Loss of 0.01-0.25% of budget.<br><br>Theft or loss of personal property <£750.   | Loss of 0.25%-0.5% of budget.<br><br>Theft or loss of personal property >£750.   | Non-compliance with national standards with significant risk to patients if unresolved.   | loss <1% of budget.<br>Loss of contract/payment by results.   |
| <b>Objectives/Projects</b>           | Insignificant (<5%) objective/ project slippage (finance, schedule, KPIs).<br><br>Will not impact on ability to deliver objective/ project. | >Minor (5%) objective/project slippage (finance, schedule, KPIs)<br><br>Will not impact significantly on ability to deliver objective/project. | Moderate (5-10%) objective/project slippage (finance, schedule, KPIs).<br><br>May impact on ability to deliver objective/project if management action not taken to resolve slippage.<br><br>Escalation to senior management required for guidance. | >Significant (10-25%) objective/project slippage (finance, schedule, KPIs).<br><br>Will impact on ability to deliver objective/project. Mitigation plans required.<br><br>Escalation to relevant committees required. | Major (>25%) objective/project slippage (finance, schedule, KPIs).<br>Will significantly impact on the ability to deliver objective/project. Immediate mitigation plans required. Escalation to relevant committees required. |
| <b>Business/Service Interruption</b> | Loss of interruption of service.<br>1 hour, no impact on delivery of patient care/ability to provide services                               | Short term disruption, of >8 hours, with minor impact.   | Loss/interruption of >1day.<br><br>Disruption causes unacceptable impact on patient care.<br><br>Non-permanent loss of ability to provide service.   | Loss/interruption of 1 week.<br><br>Sustained loss of service which has serious impact on delivery of patient care resulting in major contingency plans being invoked.<br><br>Temporary service                       | Permanent loss of core service/ facility<br>Disruption to facility leading to significant 'knock-on' affect across local health economy.<br>Extended service closure.   |

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|                                      |   |   |   |  |  |
|--------------------------------------|---|---|---|--|--|
|                                      |   |   |   | closure.   |  |
| <b>Adverse Publicity/ Reputation</b> | Rumours.<br><br>Potential for public concern.   | Local Media - short term - minor effect on public attitudes/staff morale.<br><br>Elements of public expectation not being met.  | Local media - long term.<br><br>Moderate effect - impact on public perception of trust and staff morale.  | National media <3 days - public confidence in organisation undermined - use of services affected.  | National/international adverse publicity 3 days.<br><br>MP concerned (questions in the House).<br><br>Total loss of public confidence.                     |
| <b>Information Governance/IT</b>     | Breach of confidentiality - no adverse outcome.<br><br>Unplanned loss of IT facilities <half a day. Health records/documentation incident - no adverse outcome. | Minor breach of confidentiality - readily resolvable.<br><br>Unplanned loss of IT facilities <1 day. Health records incident/documentation incident - readily resolvable. | Moderate breach of confidentiality - complaint initiated.<br><br>Health records documentation incident - patient care affected with short term consequence. | Serious breach of confidentiality - more than one person. Unplanned loss of IT facilities >1 day but less than one week. Health records/documentation incident - patient care affected with major consequence. | Serious breach of confidentiality - large numbers. Unplanned loss of IT facilities >1 week. Health records/documentation incident catastrophic consequence |

Four

example

impact/severity indicators are provided above, including: patient/staff/public safety; reputation; business objectives; and personal identifiable data (SI) \*\*. As noted for likelihood indicators, the availability of alternative Impact/severity indicators permits flexibility in the judgement of the impact of a risk event on the CCG.

More indicators are available within the CCG Risk Management Strategy and Policy.