


GOVERNING BODY MEETING

Date of meeting	Tuesday 20 March 2018	Agenda item number	14
Title of report	CCG Risk Register and Assurance Framework		
Paper Presented by:	Claire Lewis, Acting Executive for Governance, Patient Safety and Risk		
Paper prepared by:	Donna Bamber, Senior Risk Officer, Midlands and Lancashire Commissioning Support Unit		

CCG strategic objective supported by this paper: (please tick ✓)	Develop and maintain an effective organisation	✓
	Commission high quality, safe and cost-effective services which reduce health inequalities and improve access to healthcare	
	Effectively engage patients and the public in decision making	
	Develop excellent partnerships which lead to improved health outcomes	
	Make the best use of resources	✓

Purpose of report
The purpose of this report is to present the Governing Body with an update on CCG's Operational Risk Register and Corporate Governing Body Assurance Framework.
Recommendation
The Governing Body is asked to: <ul style="list-style-type: none"> (i) note the contents of the report and review the Governing Body Assurance Framework (ii) note that the updated full Corporate Risk Register has been reviewed by EMT at their meeting on 06 September 2017 and the QIC&E Committee at their meeting on 31 October 2017.

Please indicate which Group this has been discussed with (please tick ✓)			
Executive Management Team	✓	Quality Improvement and Governance Cttee	✓
Clinical Commissioning Committee		Finance and Performance Committee	
Audit Committee	✓	Remuneration Committee	
Council of Members		Primary Care Commissioning Committee	
Other/Not Applicable			
Patient and Public Engagement:	None		
Equality Impact Assessment:	Any impact of individual risks on equality and human rights will be assessed in detail		
Resource Implication(s):	None regarding the overall Risk Register. Resource implications are specific to each risk		
Are there any associated risks? If so, are the risks on the risk register? If yes, please include risk descriptor and current risk score	The corporate risk register sets out the CCG's risks including risk descriptor and risk score		
For further information please contact:	Claire Lewis or Donna Bamber - tel: 07780 338298 Email: donna.bamber@nhs.net		

GOVERNING BODY – TUESDAY 20 March 2018

CORPORATE RISK REGISTER/ASSURANCE FRAMEWORK REVIEW

1. Introduction

- 1.1 The purpose of this report is to present the Governing Body with an update on CCG's Corporate Risk Register (CRR) and Governing Body Assurance Framework (GBAF) as at December 2017.

The GBAF is a key part of the CCG's governance arrangements. It is the principal way by which the CCG holds itself to account; it helps to clarify and quantify risks that could compromise delivery of our strategic objectives.

Separate risk registers have been created in respect of the project risks for Episodic, INT & EPC. These are discussed on a regular basis as part of the Project Management Office programme of work. These registers are currently undergoing a refresh as part of the Vanguard Programme.

2. Current Risks held by Fylde and Wyre CCG

2.1 Analysis of Risks

There are currently 25 risks held on the full CRR (attached Appendix A).

- 1 Very Low risk
- 1 Low risk
- 17 Medium risks
- 6 High risks

The high risks relate to:

Risk 11 – *Identified High Mortality rates.*

Risk score remains unchanged because the SHMI remains high and the Trust therefore remains an outlier with higher than expected mortality rates.

Risk score – 20

Risk 76 – *Failure to establish robust and documented systems to ensure any equipment commissioned by F&WCCG or its commissioned services for interactive use is safe and fit for purpose throughout its lifetime.*

FWCCG is have commissioned a review of equipment services from MIAA.

Risk score - 20

Risk 24 – *Risk of Insufficient / Inadequate Care Home (nursing & residential) places for Fylde & Wyre CCG Residents*

No joint contract monitoring between local authority and health but is planned to be procured. - Risk score remains unchanged and no further progress made.

Risk score - 16

Risk 91 - *Adding to existing Financial and Operational pressures (see full register). Capacity of FWCCG teams to manage workload and develop the requirements and systems against existing Business Pressures - Risk score remains unchanged as no further progress has been made.*

Risk score - 15

Risk 92 - *Risks of persisting and/or further deterioration in A&E performance leading to increased likelihood of poor quality / patient experience and delivery of clinical outcomes resulting in challenge to CCG's:*

Primary Care response (including 111, EPC, Referral Management) yet to fully establish / embed.

Risk score remains unchanged as no further progress has been made

Risk score - 16

Risk 95 - Reputational and Safety risk to CCG because Commissioned Service (The Practice Dermatology) is not achieving KPIs. Patients are experiencing delays and are potentially at risk

CCG is not assured that the Practice Group have sufficient insight or awareness to adequately address the risks presented to patients.

Risk score - 15

3. Closed Risks

Five risks have been closed during the period 31 October to 29 December

Risk 70 - Episodic - Insufficient clinical & project management capacity/resource causing implementation delays.

The staffing model is in place and sufficient staffing to support the episodic work stream therefore the risk has now been closed

Risk 71 - Episodic - Inability to quantify the amount of time released from Episodic work that will, in turn, benefit EPC (individual projects). Increased demand for primary care services may limit the released time and benefit at EPC Level

Governance is now in place in relation to the episodic work stream as it is reported to Primary Care & MCP Group therefore the risk has now been closed.

Risk 59 - Delivery of the CCG 2030 Vision may be compromised due to a lack of suitable, effectively utilised, estate.

FWCCG estate is in an optimal state. Moving forward the estate can be adapted as required to meet emergent service needs therefore the risk has now been closed.

Risk 88 - Reputational Risk to CCG as not currently compliant with Statutory obligation; CCG Assurance Rating may be affected by this. Personal Health Budgets should be offered in 3 types via CCGs (Provided via CSU as Agent); 1. Notional Budget, 2. Third Party PHB, 3. Direct Payment due to the implementation of the NHS SBS system to manage PHBs.

CCG are now able to offer all 3 types of PHB and therefore now meet our statutory obligations. Subsequent risk has been identified in that further work is required to identify an appropriate delivery model and investment to ensure the CCG meets its required trajectory to increase numbers of PHBs therefore the risk has now been closed.

Risk 75 - Failure to achieve integrated working due to lack of strategic and operational change both with the CCG and in partner organisations.

This is an essential component of NMOC and is therefore managed by the Programme management office, and the governance arrangement within Risk 66 therefore this risk has now been closed.

3.1 New Risks

Three new risks have been added to the register since 30 October 2017.

Risk 93 - If the MCP does not deliver system change the CCG will not generate the desired financial or system efficiency's - leading to:

A continuance of the status quo (disjointed and inefficient hospital based services)
Loss of CCG credibility and the potential to attract National Investment in future projects

Reputational damage to the CCG from a failure to develop new ways of working / services

Poor experience of health services for Residents

Risk 94 - The act of piloting delivery of an ACS exposes FWCCG to the risks of under-achievement against constitutional targets in terms of: In order to Provide and sustain health care services that will meet the needs of the Fylde Coast Residents going forward FWCCG are collaborating with Health Economy Partners to create an Accountable Care System – Integration of existing Primary Care Providers is key - the achievement model for this is a Multi-Specialty Community Provider (MCP) The Fylde Coast is being given the opportunity to pilot an Accountable Care System – this requires CCG achievement on all key core constitutional targets An ACS provision requires changes to priorities and traditional ways of working – this RA is about:

Understanding of the risks to the CCG of failure to deliver against an ACS position.

Risk 95 - Reputational and Safety risk to CCG because Commissioned Service (The Practice Dermatology) is not achieving KPIs. Patients are experiencing delays and are potentially at risk.

3.2. Risks areas in development (i.e. since Dec 17 formal Risk Review):

- a) Issues relating to usage of CCG commissioned rehabilitation beds at Thornton House including admission criteria and appropriateness of medical stability
- b) Issues in recurrent complaint scenario
- c) Primary Care Workforce

4. Monitoring

The subsequent Risk Register and Assurance Framework update took place in December 2017. Following feedback from the October 2017 Audit Committee meeting and the November 2017 Governing Body meeting, this review was undertaken with additional support from Nick Medway, Senior Integrated Governance Manager Risk / Assurance, and risk owners were specifically challenged in terms of both risk score and narrative. Risk owners are supported to review all mitigating controls and action plans to ensure relevance and asked to reflect on any new risks which may arise for the new 2017/18 financial and commissioning year.

Enc: Appendix A – Governing Body Assurance Framework
Appendix B – Heat Map
Appendix C – Risk Movement Chart

APPENDIX A



Fylde and Wyre
Clinical Commissioning Group

Fylde and Wyre CCG GBAF										GBAF prepared by CSU Governance & Risk Team											
Governing Body Assurance Framework - December 2017										December 2017											
Version: 2017/18 V6																					
Risk Number	Date Risk Added to Register	Risk Description	Risk Owner	EMT Sponsor	Risk Rating Prior to Mitigation (Inherent)			Mitigating Controls	Assurance Source	Risk Rating Post Mitigation (Current)			Change since last Review	Gaps in Control	Gaps in Assurance	Actions Required to Address Gaps in Control and Assurance	Responsible Person(s) for Additional Actions	Target Risk Score	Target Date for Completion	Date of This Review	Next Review Date
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64	18.05.15	Failure to deliver the CCG's statutory duties and NHS business rules. - Effective Use of Resources - Demonstrate Value for Money whilst delivering a significant change agenda.	Judith Williams	Andrew Harrison	4	5	20	a) Annual Financial governance Planning Demonstrating: approved budgets , systems and controls, budget reporting and statements, scheme of delegation, NHSE reporting structure. b) Financial planning processes in line with VFM information sources including: RIGHT CARE; PROGRAMME BUDGETTING c) SFI Control Mechanisms including ; Scheme of Delegation, Vacancy and Establishment control Mechanism, Contractual Control Mechanisms. • Contingencies held. Overall knowledge of resources	Externally driven Bench Marking and Information Sources. Financial reporting to GB and Committees Financial Planning and awareness QIPP reporting Audit assurance	3	4	12	↑	The ability to locally influence "External" requirements. Inability to fully implement Contractual Control Mechanisms Lack of Progress on QIPP programme, current inability to accurately assess intervention impacts. Longer term financial planning Uncertainty regarding future resources/allocations beyond 2018 Current activity levels are not sustainable and require intervention otherwise additional QIPP will be necessary.	Monitoring and reporting on Longer Term financial plans in terms of achieving strategic outcomes and the implications thereof. Use of benchmarking and QIPP analysis to influence areas of expenditure Lack of 2017-18 recurrent QIPP delivery is of concern. A Risk based predictive analysis of QIPP Position linked to Run Rate	• Apply VFM decisions more boldly for outlying areas of expenditure or outcome - Exec Sponsor to engage Exec Team with decision making / direction so that Governance process for business cases and funding decisions are fully operationalised. • Agree financial contingency and risk share agreements. • Deliver new efficiency approaches for future years. Maintain financial position at Governing Body. Further Embed QIPP culture across the organisation	Judith Williams	9	On-going	Dec -17	Jan-18
Commission High Quality, Safe and Cost Effective Services which reduce health inequalities and improve access to healthcare																					
6		Failure to delivery National 'MUST DO' targets as detailed within the NHS Constitution in line with the CCG Improvement & Assurance Framework 2017/18	Sonya Thompson	Peter Tinson	3	4	12	2030 Vision, Strategic & Operational Plans, Prioritised work programme, PMO, Contracts, Dashboard, Exception reporting to relevant committees, Assurance Visits, Contract Management Framework. Dashboard finalised. Q & BI support in place. PMO Scorecard in place. . Monthly assessments with NHS E will continue during 2017/18. Reviewing all actions in place to improve clinical indicators with all commissioning and clinical leads. reviewed data validity and identified a number o issues and sourced local data to challenge - all to be raised with NHS England at monthly assurance meetings and mid year reviews. Any new indicators following finalisation of guidance will be subject to same process.	NHSE Dashboard, Performance Dashboard, Contract Reports, Quality governance Meetings. Commissioning Managers are fully aware of their Dashboard responsibilities. Mitigating actions and plans included within performance dashboard updates and updated with NHSE at monthly 1:1 meetings	3	4	12	↔	Identified issues with published data and initial assessment ratings of improvement identified in the published data. Data received on a quarterly basis.	Published data received quarterly only then can validity of this data be verified internally and challenges made.	• On-going monitoring of Dashboard report including implementation of action plans for specific non-performing measures. Good systematic approach. • 2017/18 monthly reporting of breaches undertaken and 121 assurance meetings held with NHS England. • Review of all indicators against published data with actions to improve performance against indicators as an on-going process cross checked to the published data on a quarterly basis	Sonya Thompson	6	31.03.18	24.10.2017	Nov-17

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11		Identified High Mortality rates and or / sub optimal care provision by Commissioned services will result in Harm for Fylde and Wyre Residents (Patients) F&WCCG patients accessing pathways at BTH with higher than expected mortality are exposed to increased risk of mortality.	Claire Lewis	Jennifer Aldridge/Claire Lewis	5	2	10	Established commissioning relationships with provider. Quality and Performance Monitoring Systems. Relationships with external Regulators and other commissioning bodies. CCG attendance at Fylde Coast & Blackpool Mortality & Governance Committee. In receipt of BTH Development Plan with incorporated mortality actions. 2016/17 Mortality CQUIN achieved.	CCG reporting to Lancashire Quality Surveillance Group. KPIs established and routine reporting. Feedback from Fylde Coast & Blackpool Mortality & Governance Committee. DATIX Web based reporting and review system to gather information on incidents from Primary Care perspective. CQC Hospital Inspection Regime. AQUA comparative study and reported findings. Jan 2016 MIAA audit of coding. Monthly NHS E Quality Report. Safeguarding Procedures operating under Contractual requirements within provider. CCG Governance arrangements via Contract Quality Review Group. Quality Improvement, Governance & Engagement Committee, Governing Body and Membership Council reports. Jan 16 QSG did not recommend escalating BTH mortality to a Quality Improvement Board. 5 priority areas from AQUA review fully actioned through achievement of 16/17 CQUIN.	5	4	20	↔		<p>Persisting lack of clarity as to why mortality rates are High.</p> <p>CCG controls mortality via commissioning arrangement. Monitoring and assurance arrangements in CCG are effective. Reasons for slow pace of improvement partially understood but a major cause for concern.</p>	<p>Monitor the Trust's Development Plan on a routine basis via new assurance arrangement. . Ensure via schedule 4 monitoring that the 5 priority areas are embedded effectively.</p> <p>Maintain benchmarking within NHS England data sources.</p> <p>Maintain reporting to Governing Body via QIG&EC and through performance dashboard exception reporting. Evaluate the impact of 2016/17 mortality CQUIN. maintain outstanding actions through schedule 4 reporting.</p> <p>Planned for CCGs attendance at Fylde Coast & Blackpool Mortality & Governance Committee to cease with effect from July 17 however not implemented, the CCGs remain involved.</p> <p>16/17 Mortality CQUIN indicators incorporated into schedule 4 but ongoing monitoring to provide assurance CCGs commissioning jointly with Blackpool CCG a MIAA audit of record keeping linked to AQUA coding. NHSE asked Dr Hobbs to review BTH mortality arrangements and report back. Findings to be reviewed by the CCG for appropriate action in discussion with the Trust</p> <p>Note TRUST trajectory for achievement is March 2019 - therefore date changed on CCG RR to align.</p>	Jennifer Aldridge Claire Lewis Adam Janjua	5	31.03.18	11.12.17	Jan-18
76	16.05.16	Failure to establish robust and documented systems to ensure any equipment commissioned by F&WCCG for interactive use is safe and fit for purpose throughout its lifetime.	Claire Lewis	Andrew Harrison	5	3	15	Business Transfer Agreements (BTA) drawn up between former North Lancs PCT and Blackpool Teaching Hospitals NHS Foundation Trust (BTH) at the time of transfer of Community Provider Services transferred responsibility for all Medical Equipment / Devices purchased by former PCT to BTH as a Provider. NHS contract with BTH for patient services which may provide equipment including the provision of a High Dependency Service to manage high dependency equipment maintenance and supply of associated consumables * CCG IT Hardware managed through BTHFT systems of control. CSU assurance re: equipment approved through commissioning panels under delegated responsibilities * Lead commissioner assurance re Community Equipment Services * CCG policy reference for safe use of equipment, reporting faults and incidents (health and safety policy) and IT equipment safe use in IG handbook * Copiers / printers –CCG Service Agreements with Ricoh Premises, fittings and utilities – NHS Property Services Health and Safety, IG Handbook provide CCG staff with guidance about safe use of equipment.	Quality Improvement, Governance and Engagement Committee. A BTH updated action plan has been received and progress has been made. All BTH action plans are being reviewed at the Contract Quality Review meetings.	5	4	20	↔	BTH has confirmed an on-going issue regarding the management of medical devices, but is operating an improvement plan.	<p>BTH have confirmed they do have on-going issues which have been escalated to the Contract Board. Action plan in place. New concerns identified re High Dependency Service being addressed following CCG Quality review. Follow-up review will be required</p>	<p>Assurance required for:</p> <ul style="list-style-type: none"> - the established governance processes followed by CSU IPA function when purchasing / authorising patient specific equipment as the agent of the CCG and personal health budgets (SC/IPA). - equipment governance / accountability statements within ISUPAs and Core Contract for NHS funded patients (including third party / contractor responsibilities) (SC/IPA). - from BTH regarding all contracted services, including High Dependency Service contract about current compliance with the medical devices policies (CL). <p>Review of providers' contracts to include clear statements of accountability with regard to responsibilities for funded equipment and assurance monitoring requirements complete (NW & CCG Contracts). Commenced work with CSU and liaison with CQC as appropriate. Write and disseminate Quality Assurance Visit findings re High Dependency Service, before 31/1/18. All actions to achieve further assurance have taken longer than predicted, therefore target date revised to 31/1/18. CCG approaching two neighbouring CCGs to jointly commission an independent review of the high dependency service</p>	Claire Lewis	4	31.03.2018	11.12.17	Jan-18

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24		Risk of Insufficient / Inadequate Care Home (nursing & residential) places for Fylde & Wyre CCG Residents.	Fiona O'Donoghue	Jennifer Aldridge/Claire Lewis	4	4	16	Reputational and Safety risk to CCG because Commissioned Service (The Practice Dermatology) is not achieving KPIs. Patients are experiencing delays and are potentially at risk	Quarterly reports from LCSU Q&P. Established Co -working with partner organisations CQC Reports and Notices. Direct feedback into Assurance Groups. Monthly minutes from RADAR. Identified issues managed via Joint LCC / CCG led QIP process. Independent Report.	4	4	16	↔	Unable to control the market because they are independent businesses and not all nursing and residential home within the F&W footprint have signed a contract with health or local authority. CQC inspection processes are independent of the CCG. Variable quality of information from the CSU contract monitoring (self reporting) under consideration by the audit committee.	No joint quality contract monitoring between local authority and health but is due to be procured. Inability of the CCG to predict the outcome of regulatory inspection.	Directly commissioned care home support team in place from 01.11.17 to 31.03.19 Involvement with STP regulated care sector work-stream re procurement of a joint health and social care contract monitoring system. CCG engaged in enhanced health in care home initiatives. via care home task and finish group. Audit committee to review present issues with relation to provider failures which were not highlighted through the present contact monitoring system commissioned via the CSU. Maintain collaborative relationship with CQC.	Jennifer Aldridge P Tinson Dr K Greenwood (GP Lead Quality)	12	31.03.18	06.12.17	Jan-18

Develop and Maintain an Effective Organisation

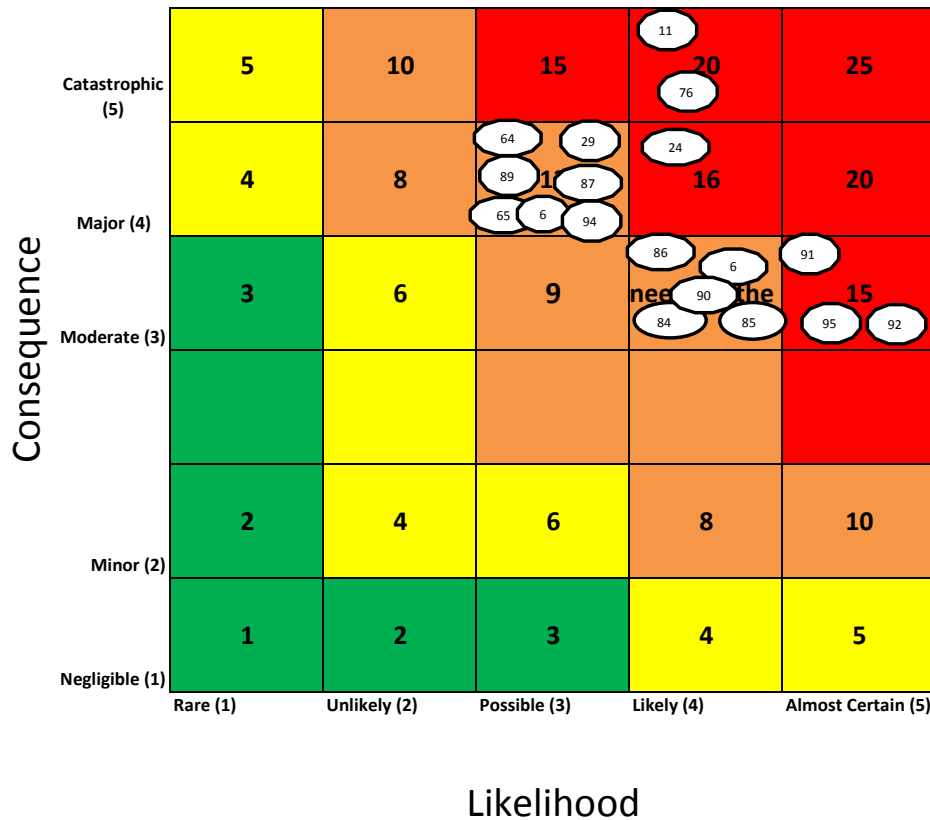
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65	18.05.15	Potential for a lack of Staffing capacity to deliver planned commissioning priorities and corporate duties as a consequence of unanticipated pressures and demands.	Peter Tinson	Peter Tinson	4	5	20	Annual prioritisation process and workforce planning approach, reviewed organisational structure which has been agreed by REMCOM, a PMO process monitors and reports on any slippage on delivery, and reported to EMT fortnightly, CCG Assurance Framework NHSE approved longer term plans CCG process for monitoring agreed commissioning projects Corporate process for and engagement of Governing Body in agreeing priorities Staff appraisals MIAA Effectiveness of Committees Report CSU capacity and CCG review of DSOs to ensure capacity deployed to meet CCG needs Annual staff review undertaken and work programme priorities agreed with the Governing Body	CCG Assurance Framework – outcomes from quarterly reviews GB, Committee reports/papers & minutes Organisational overview of commissioning schemes National and NHSE reporting Refresh of 5 year plan GB received progress report regarding 20/30 vision re performance v progress dashboard	4	3	12	↔	Controlling the demands on CCG staff to support Transition (Lancashire and South Cumbria STP / ACS and Fylde Coast ACP MCP	Mechanism to maintain overview / visibility of demands on work time at an EMT	EMT to have visibility of and agree any changes to work priority and if required take direction from Governing Body	Peter Tinson	8	ongoing	22.12.17	Nov-17
Effectively Engage Patients and the Public in Decision Making																					
Develop Excellent Working Partnerships which lead to Improved Health Outcomes																					
29		Failure of providers to comply with current requirements of DoL Safeguards leading to financial and reputational damage to the CCG.	Alice Marquis-Carr	Claire Lewis	5	4	20	Local authority is using the ADASS tool for prioritise DoLS applications from provider services. LA utilising grant monies to increase BIA capacity and potentially the backlog of assessments. LA cases nationally evidence payments below £1m. No media interest over the last 12 months. The CCG has agreed to fund along with other Lancashire CCGs additional resource into CSU to allow the CCG COP DoL applications to be made. COP prioritisation tool has been signed of by LCC and is progressing through CCG assurance process . CCG is party to a Pan Lancashire arrangement which provides initial case management, legal advice and intervention for such cases. LSAB and multi agency colleagues sighted on the current position re Lancashire DoLS backlog and management.	CSU Broadcare Reports.(waiting for this output , within next 6 weeks) Action plan re management of fall-out from Cheshire West to be developed. (output form IPA Board Task and Finish Group) Pan Lancashire Group established. BIA recruited and in place . IPA sub Group minutes. Individual COP applications on a case by case basis co-ordinated by the CSU COP lead and legal advice from Hill Dickinson New patient information service to be installed at CSU live from May 17- CCG have been informed that CSU will then have the availability to identify NCA issues, consent, COP requirements and DoLS requirements. COP case manager CSU is escalating on a case by case basis to the CCG complex cases which require COP application. Further request has been lodged with the CSU COP lead for a timescale re the provision of data to understand the potential numbers of COP applications required for CCG funded packages in patients own home.	4	3	12	↔	Case Management with CHC function to undertake required reviews. No legal expertise and capacity within the CCG to make applications to the Court of Protection however sourcing on a case by case basis via Hill Dickinson. Legal advise being sought on a case by case basis.	Timely notification and management of cases where application to Court of Protection may be required. CCG has no access to Adam the new information system to identify patients. No timescales have been received from the CSU. CSU are reporting a backlog of cases where there remains unknown issues around potential MCA and DoLS CSU have advised unable to provide a refreshed Broadcare report detailing historic funded packages of care in service users own homes to determine if COP application is required by CCG This is currently with the CSU Business Case Manager to reallocate as a work stream.	Continue case by case applications to COP as identified and seek legal advice. CSU Business manager to reallocate the work stream within CSU to allow the review of care packages in own home. CSU will not cover legal provision - CCG commission own legal services. Gaps in assurance updated regarding lack of CSU timescales and outcome from CSU Business Manager. Responsibility for task and finish group has transferred to CSU Business Manager but no progress has been seen. CCG to decide whether to adopt the LCC COP DoI prioritisation tool currently under discussion at executive level.	Sarah Camplin Alice Marquis-Carr Jennifer Aldridge	8	31.03.2018	27.09.17	Nov-17
84	26.04.17	Acute stroke services (as currently provided) do not fully meet the needs of the population and this results in poor outcomes for patients as manifested in delays in treatment and ultimately high mortality rates	Claire Lewis	Jennifer Aldridge/Claire Lewis	4	4	16	BCCG is the lead commissioner, Contract is Pbr –SSNAP data is available Commissioners (FWCCG & BCCGs) are represented at the Stroke Departmental meeting (monthly) Performance data is available,	SSNAP data QIGCCC require quarterly update. STP -level pathway has been defined; though the fluid ACS/LDP/STP arrangements may lead to "pathway" issues being lost or underreported. CCG is aware of performance, experience and outcome concerns-	4	3	12	↔	There is no service specification set out by Commissioners. Recruitment of therapy and medical staff is problematic leading to increased clinical risk.	No service specification for stroke services at BTH (lead CCG for the service contract is BCCG) F&WCCG GB remains sighted on SSNAP data/performance following presentation to the quality committee in September demonstrating worsening performance in the acute provider.	<ul style="list-style-type: none"> Agree the necessary service configurations with BCCG to support Service Improvement and Outcomes (currently in progress) Focus the regular BCCG/ FWCCG / BTH assurance meeting with appropriate senior staff towards outcomes for Fylde Coast patients. Monitor performance quarterly against agreed metrics (SSNAP) Maintain executive-level dialogue Board-to-Board-to-Board. Joint service specification review in progress Local action plan in place via BTH to deliver improved therapy response times. 	Victor Crumbleholme	6	01.04.18	06.12.17	Nov-17

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85	28.04.2017	<p>Failure to redesign and commission diabetes services delivered in Fylde and Wyre that meet the needs of the population will result in poor outcomes for patients and ongoing delivery of inefficient services.</p> <p>Specific examples of inefficiencies include:</p> <ul style="list-style-type: none"> • High A&E and non-elective admission rates because of diabetic complications • High amputations rates as a result of diabetic complications • Duplication of provision can happen between generic and specialist clinicians (e.g. practice nurses / Diabetic nurse specialists) can result in ineffective / inefficient treatment pathways 	Pete Smith	Peter Tinson	4	4	16	<ul style="list-style-type: none"> • Strategic plan in place, which outlines local plans to redesign services to address the above stated poor patient outcomes. • Executive engagement and support with and for the above strategic plan. Has been discussed at Contract Board and other executive level discussions with Providers – • Diabetes is in the FWCCG 2030 Vision and in Provider Strategic plans • Quarterly Diabetes Steering Group, with representation from all partners in diabetes care (primary, community, and secondary care, commissioners). <p>F&WCCCG along with BCCG and BTH have been successful in bidding for diabetes transformational funding from NHSE. Approximately £290k has been allocated to pump prime transformation of foot care services.</p>	Clinical Commissioning Group	3	4	12	↔	<ul style="list-style-type: none"> • There is a conflict between the regular operational work of the provider and the need for transformational change. I.e. the provider teams do not have the opportunity to effectively implement changes to services due to the pressures maintaining the existing service. 	To be determined	<ul style="list-style-type: none"> • Review nationally available alternative delivery mechanisms for diabetes services in order to ensure delivery of Best Practice • Reviewing available joint governance options to ensure this work progresses. • Look at how to best utilise Transformation Monies from NHS E for Foot Care Services 	Pete Smith	6	Mar-18	06.12.17	Nov-17
86	25.05.2017	<p>Malicious Cyber-attack presenting challenge to the CCG's ability to:</p> <ul style="list-style-type: none"> • Maintain its outputs (Commissioning, Financial, Quality, Governance and Safeguarding) • Fulfil its statutory responsibilities of Leading / Providing safe, effective and timely healthcare for its Residents • Operate as an effective partner within the wider health economy (Fylde Coast / MCP / STP) 	Pete Kelly	Andrew Harrison	5	5	25	<ul style="list-style-type: none"> • Existing CYBER ATTACK Risk Assessment – latest update Dec 16) IT Technical • Firewall Intrusion protection • Anti-Virus Software kept up to date • Microsoft patching to PCs where available IT Governance • IG Toolkits up to date with a level of staff awareness and ongoing staff training re: Cyber Attacks (Phishing etc.) – Regular Comms messaging re: Cyber issues • EPRR Plans • Business Continuity Plans • Established Media / Comms infrastructure / team 	Assurance Group (1st review) Audit Committee	4	4	12	↔	Uncertainty of novel and evolving situation	Intrusion attempts into the network occur on a daily basis and thousands of new viruses are produced every day.	<ul style="list-style-type: none"> • Ensure and comply with robust implementation of IT Technical Controls listed above • Comply with any new / forthcoming NHSE directions following MAY 17 Cyber Attack experience in order to ensure CCG engagement with IT Security developments / requirements • Maintain Robust and effective CCG leadership across Fylde Coast • Maintain established co-working and mutual support across the Fylde Coast Health footprint • Ensure, Recovery and monitor IT operating capacity internally and in Practices <p>27.09.17 The CCG is part of Lancashire wide IT Systems Security Groups</p>	Pete Kelly/Nick Medway	12	31.03.2018	27.09.17	Nov-17
87	26.08.2017	<p>There is a risk to the CCG that it cannot meet the expectations of the national LeDeR programme .</p>	Claire Lewis	Jennifer Aldridge/Claire Lewis	4	2	8	<p>Steering and Operational Groups established locally by NHS England. F&WCCG has one trained reviewer and one LAC identified, with access to the list of trained reviewers who may act as buddies. Recent training opportunities has increased the number of reviews available across Lancashire.</p>	Standardised reporting into QIG&EC	4	3	12	↑	<p>Work not mandated but expected.</p> <p>Lack of capacity within CCG workforce mean the CCG the LAC and Reviewer roles are NOT Operational.</p>	Lack of capacity within CCG means FWCCG are unable to attend both the LeDeR Steering Group and Ops Grp	Maintain CCG EMT awareness of pressure on LAC an Reviewer capacity. EMT to be asked for a position statement with regards to the CCG Staff inability to cover this Non-Mandatory activity in order to manage / tolerate the risk?	Claire Lewis	3	31.03.2018	11.12.17	Jan-18

Risk Number	Date Risk Added to Register	Risk Description	Risk Owner	EMT Sponsor	Risk Rating Prior to Mitigation (Inherent)			Mitigating Controls	Assurance Source	Risk Rating Post Mitigation (Current)			Change since last Review	Gaps in Control	Gaps in Assurance	Actions Required to Address Gaps in Control and Assurance	Responsible Person(s) for Additional Actions	Target Risk Score	Target Date for Completion	Date of This Review	Next Review Date
					Consequence	Likelihood	Score			Consequence	Likelihood	Score									
89	26.07.2017	Extensive Care Service Producing acute prescriptions and enacting medication changes for patients referred into the Extensive Care Service. Extensive Care Service Prescribers are updating individual patient records in GP clinical system's in order to maintain a single medication record meaning that individual prescribers need up to 41 different EMIS GP logins. Time spent completing this task is impacting on other clinical duties due to inconsistencies with logging onto individual GP practice EMIS systems. Agreed work around in place where GP practices are asked to update the patient GP EMIS medication record is not been followed and not all GP practices are updating the patient GP EMIS record when asked to do so in relation to a medication change.	Claire Lewis	Chief Nurse	5	3	15	Working with IT supplier of clinical system for system development changes to support new models of care programme. Work with GP practices to standardise the creation of user accounts for prescribers within the Extensive Care Service. Agreed with CCG Medicines Management Leads (signed off by CCG Chief Clinical Officers) to revert all NMP to completing handwritten FP10's and emailing over to individual practices (using a template) the medication changes or medication prescribed for them to update the patients GP medication record (as currently happens with FCMS and the Hospice)		4	3	12	↔	Time delay in updating patient medication records could lead to the situation where the patient receives the same or contraindicating medication from another provider i.e. GP, or Out of Hours. Reduction in patient caseload due to time and resource required to maintain medication records for each patient. Inability to meet targets outlined within the Trust New Models of Care business case due to lower than expected patient recruitment, as above.		Peter Kelly/Julie Lonsdale	5	31.03.2017	18.12.2017	Jan-17	
90	20.10.2017	There is a reputational, delivery and financial risk associated with failure to deliver an MCP/ACS future focussed position		Andrew Harrison/Peter Tinson	3	4	12		CCC	3	4	12		Not doing much at the moment – which legitimates Consequence score of 4	TBC	TBC	6	Feb-17	20.10.2017	Nov-17	
91	20.10.2017	Adding to existing Financial and Operational pressures - Potential for challenge / gaps across Financial and Operational functions through potentially under resourced allocation transfers, increased service and operating costs, or inheriting residual and future pressures of underperforming Practices, with organisational and reputational risks?		Peter Tinson	4	5	20	Due Diligence processes with designated leads for (1) Finance and (2) Operational and performance / assurance aspects Established decision making timetable (options and decision making paper to Governing Body and the Council of Members 12/12/17) Project Management Approach	EMT/GB	3	5	15		Access to / sharing of business and financial information from partner CCGs and CSU Engagement from NHS E (for both CCG's but importantly, MBCCG is a Level 2 Primary Care Commissioner) Access to 3rd party held information (e.g. CSU / Social Services and other parties) required to assess and to validate transfer and identify risks Time imperatives of expected change timetable (to be formalised and operational by April 18) Capacity of FWCCG Teams to manage workload and develop the requirements and systems against existing Business Pressures.		Due Diligence processes with designated leads for (1) Finance and (2) Operational and performance / assurance aspects Established decision making timetable (options and decision making paper to Governing Body and the Council of Members 12/12/17) Project Management Approach FWCCG organisational focus on measured "due diligence" Exec / Senior Management engagement leading to: (1) Timely availability of information (2) Identification of all milestones and practical MUST DO's (3) Clear understanding of Financial Gaps, mitigations and opportunities (4) Understanding of potential demand / impacts on existing and future CCG business functions	Nick Medway	8	31.03.2017	20.10.2017	Nov-17

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92	20.10.2017	<p>Risks of persisting and/or further deterioration in A&E performance leading to increased likelihood of poor quality / patient experience and delivery of clinical outcomes resulting in challenge to CCG's:</p> <ul style="list-style-type: none"> • Authorisation, • Autonomy, • Financial Control (Quality Premium) • Reputation 	Sarah Camplin	Peter Tinson	5	5	25	<p>Commissioners and Fylde Coast Partners are embedded and sighted on hospital performance via Commissioner presence on site (BTH) to provide support and feedback.</p> <p>Daily teleconference between CCG Exec Teams with the Provider reporting to the A&E Delivery Board and NHSE BTH have initiated an Immediate Internal Action plan – this is dynamically monitored by the Fylde Coast Executive Group (BCCG, FWCCG, BTH) on the daily teleconferences</p> <p>All of the above have NHSE oversight via daily SITREP (compiled by provider)</p> <p>External Communications are in place to promote and educate the public about appropriate Hospital Attendance and appropriate engagement with alternative health care services.</p>	Clinical Commissioning Committee	4	4	16		<p>due to:</p> <ul style="list-style-type: none"> • Seasonal Pressure e.g. Norovirus, Flu, Respiratory Infections (Staff and Patients) • Demonstrated increase in the number of Mental Health attendances at or referred to A&E / MHLS. <p>A gap in control is there is a requirement to improve the coherency of system wide command and control.</p> <p>Senior clinical and managerial resource (time and personnel) required to manage and maintain existing performance above 85% (4hr window) is perceived as being unsustainable in its current form past the short term.</p> <p>Lack of provision of out of hospital / long term care placements for patients very high or complex care needs – resulting in delayed discharges</p> <p>There is insufficient care agency capacity within the Fylde Coast area to meet the demand for Packages of Care in the</p>	<p>A&E performance as determined by 4 hour standard is variable and poor for November and remains a fragile situation.</p>	<p>Four Work streams have been identified to improve flow throughout the Urgent and Emergency care pathway and are being developed with the oversight of the ACS Executive membership, A&E Delivery Board and NHSE / NHSI:</p> <ul style="list-style-type: none"> • Outside Hospital • At A&E • Within the Hospital • Discharge <p>The above currently dovetails with wider tactical and strategic work at LDP / STP Level.</p> <p>Communications Departments are developing a longer term comms plan to educate, support and build public confidence in the Population regarding appropriate use of Healthcare Services</p> <p>Harmonise strategic outputs from partner organisations in order to effectively meet the immediate challenges at the point of care.</p>	Victor Crumbleholme	12	31.03.18	06.12.17	Jan-18
94	08.11.2017	<p>The act of piloting delivery of an ACS exposes FWCCG to the risks of under-achievement against constitutional targets in terms of:</p> <p>In order to Provide and sustain health care services that will meet the needs of the Fylde Coast Residents going forward. FWCCG are collaborating with Health Economy Partners to create an Accountable Care System – Integration of existing Primary Care Providers is key - the achievement model for this is a Multi-Specialty Community Provider (MCP) The Fylde Coast is being given the opportunity to pilot an Accountable Care System – this requires CCG achievement on all key core constitutional targets</p> <p>An ACS provision requires changes to priorities and traditional ways of working – this RA is about: Understanding of the risks to the CCG of failure to deliver against an ACS position,</p>	TBC	Andrew Harrison/Peter Tinson	3	4	12	<p>Fylde Coast Executive Group and ACS Steering group have:</p> <ul style="list-style-type: none"> • dashboard views of the ACS metrics and • each CCG performance paper includes the review and action plan for delivery of the Key Constitutional Targets <p>These Controls provide:</p> <ul style="list-style-type: none"> • Foresight and visibility of performance • Focus on the action plans and • Regular scrutiny and attention to improved delivery against the targets 	CCC	3	4	12		<ul style="list-style-type: none"> • Slow project initiation / implementation (which legitimises Consequence score of 4) • Wieldy and cumbersome pre-existing contractual arrangements 	TBC on review	<ul style="list-style-type: none"> • Resolve contractual tensions between partner organisations in order to enable • Key work stream leads to own and develop action plans for each constitutional target and • Align with Project plans / key milestones 	TBC	6	Feb-18	08.11.2017	Dec-18

Risk Number	Date Risk Added to Register	Risk Description	Risk Owner	EMT Sponsor	Risk Rating Prior to Mitigation (Inherent)			Mitigating Controls	Assurance Source	Risk Rating Post Mitigation (Current)			Change since last Review	Gaps in Control	Gaps in Assurance	Actions Required to Address Gaps in Control and Assurance	Responsible Person(s) for Additional Actions	Target Risk Score	Target Date for Completion	Date of This Review	Next Review Date
					Consequence	Likelihood	Score			Consequence	Likelihood	Score									
95	21/12/2017	Reputational and Safety risk to CCG because Commissioned Service (The Practice Dermatology) is not achieving KPIs. Patients are experiencing delays and are potentially at risk	Nicola Marland	Peter Tinson	5	3	15	Remedial Action Plan in place that is updated and monitored weekly by the CCG. Contract Exception Notice / Performance notices have been served on the Exec Team when agreed actions have not been achieved. Legal advice has been taken with regard to the Continuation of the Contract Monthly Performance review meetings are in place	GB / CCC / F&P	5	3	15		CCG is not assured that the Practice Group have sufficient insight or Situational awareness to adequately address the risks presented to patients.	Air gap in terms of finding a Caretaker Provider (Monitoring of current Provider will be maintained at current levels / Clinical RV in Jan 18.	Clinical review is arranged to be undertaken by British Association of Dermatologists (BAD) Jan 2018	Katie Rimmer	6	17/18	21.12.17	Jan-18
		Reputational; Delivery and Financial risk	1 - 3	Very Low Risk	Unlikely to cause pr			<ul style="list-style-type: none"> dashboard views of the ACS metrics and 													
		(locally and nationally)	4 - 6	Low Risk	Needs to be resolve			<ul style="list-style-type: none"> each CCG performance paper includes the review and action plan for delivery of the Key Constitutional Targets 							Seek for a "Caretaker" provider to take over the current contract pending notice being served on the Practic						
			8 - 12	Medium Risk	Needs to be resolved or accepted at Departmental level																
			15 - 25	High Risk	To be resolved or accepted at CCG Level																



- Risk 6 Failure to delivery National "Must Do" targets as detailed within the NHS Constitution.
- Risk 11 Identified High Mortality rates and or / sub optimal care provision by Commissioned services will result in Harm for Fylde and Wyre Residents (Patients) F&WCCG patients accessing pathways at BTH with higher than expected mortality are exposed to increased risk of mortality.
- Risk 24 Risk of Insufficient / Inadequate Care Home (nursing & residential) places for Fylde &Wyre CCG Residents
- Risk 76 Failure to establish robust and documented systems to ensure any equipment commissioned by F&WCCG for interactive use is safe and fit for purpose throughout its lifetime.
- Risk 64 Failure to deliver the CCG's statutory duties and NHS business rules.
 - Effective Use of Resources
 - Demonstrate Value for Money whilst delivering a significant change agenda.
- Risk 65 Lack of organisational capacity or diluted capacity to deliver commissioning priorities and corporate duties.
- Risk 29 Failure of providers to comply with current requirements of DoL Safeguards leading to financial and reputational damage to the CCG
- Risk 84 Acute stroke services do not fully meet the needs of the population and this results in poor outcomes for patients as manifested in delays in treatment and ultimately high mortality rates.
- Risk 85 Wyre that meet the needs of the population will result in poor outcomes for patients and ongoing delivery of inefficient services.
- Risk 86 Malicious Cyber-attack presenting challenge to the CCG's ability to: Maintain its outputs (Commissioning, Financial, Quality, Governance and
- Risk 87 There is a risk to the CCG that it cannot meet the expectations of the national LeDeR programme Participation is expected but not mandated by NHS England whereby each death of an individual with learning disabilities is reviewed to identify lessons learned
- Risk 89 Extensive Care Service Producing acute prescriptions and enacting medication changes for patients referred into the Extensive Care Service.
- Risk 90 There is a reputational, delivery and financial risk associated with failure to deliver an MCP/ACS future focussed position
- Risk 91 Meeting to existing financial and operational pressures Potential for challenge, gaps across Financial and Operational functions through potentially under resourced allocation transfers, increased service and operating costs, or
- Risk 92 Risks of persisting and/or further deterioration in A&E performance leading to increased likelihood of poor quality / patient experience and delivery of clinical outcomes resulting in challenge to CCG's:

Risk 94

Fylde Wyre CCG The act of piloting delivery of an ACS exposes FWCCG to the risks of under-achievement against constitutional targets in terms of:

Agenda item no. 14

14 November 2015


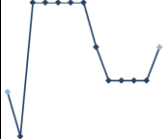

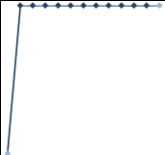

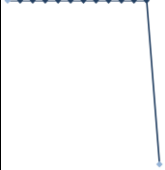
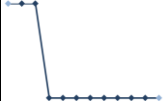
Fylde and Wyre CCG Risk Register - Historical Risk Movement - December 2017

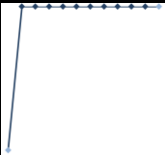
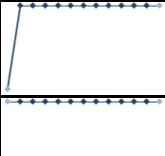
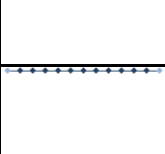
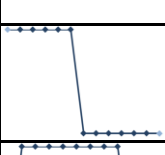
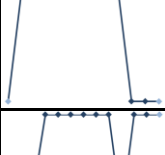
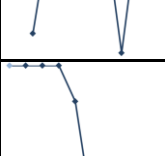
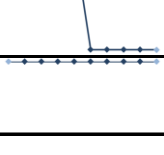


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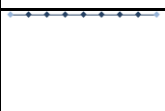
Risk Number	Risk Description	Historic Risk Score	Historic Risk Score	Historic Risk Score	Historic Risk Score	Historic Risk Score	Historic Risk Score	Historic Risk Score	Historic Risk Score
		Jan-16	Mar-16	May-16	Jul-16	Sep-16	Nov-16	Jan-17	Mar-17
59	Delivery of the CCG 2030 Vision may be compromised due to a lack of suitable, effectively utilised, estate.	12	12	12	12	12	12	12	12
64	Failure to deliver the CCG's statutory duties and NHS business rules. - Effective Use of Resources - Demonstrate Value for Money whilst delivering a significant change agenda.	8	4	16	16	16	16	16	12
6	Failure to delivery National 'MUST DO' targets.	6	9	9	9	12	12	12	12
11	Identified High Mortality rates and or / sub optimal care provision by Commissioned services will result in Harm for Fylde and Wyre Residents (Patients) F&WCCG patients accessing pathways at BTH with higher than expected mortality are exposed to increased risk of mortality.	15	20	20	20	20	20	20	20
55	High Demand for CAMHS Tier 4 Services resulting in delay accessing beds.	15	15	10	10	10	10	10	10
66	Failure to delivery NMoC programme and associated impacts on quality and activity (see related project risks reference numbers 70-76), delay in delivery, reduction in assumed benefits	12	12	12	12	12	12	12	12
70	Episodic - Insufficient clinical & project management capacity/resource causing implementation delays.	9	9	9	6	6	6	6	6

Risk Number	Risk Description	Historic Risk Score	Historic Risk Score	Historic Risk Score	Historic Risk Score	Historic Risk Score	Historic Risk Score	Historic Risk Score	Historic Risk Score
		Jan-16	Mar-16	May-16	Jul-16	Sep-16	Nov-16	Jan-17	Mar-17
71	Episodic - Inability to quantify the amount of time released from Episodic work that will, in turn, benefit EPC (individual projects). Increased demand may inhibit visible released time and benefit at EPC Level	4	12	12	12	12	12	12	12
24	Risk of Insufficient / Inadequate Care Home (nursing & residential) places for Fylde & Wyre CCG Residents	12	16	16	16	16	16	16	16
65	Potential for a lack of organisational capacity to deliver planned commissioning priorities and corporate duties as a consequence of unanticipated pressures and demands.	12	12	12	12	12	12	12	12
29	Failure of providers to comply with current requirements of DoL Safeguards leading to financial and reputational damage to the CCG	12	12	12	12	12	12	12	12
74	Episodic & Vanguard - clinical systems fragmented due to lack of integration, patient care compromised as access/edit ability is variable between parties supporting the patient.	9	9	9	9	9	9	6	6
75	Failure to achieve integrated working due to lack of strategic and operational change both with the CCG and in partner organisations.	9	12	12	12	12	12	12	12
76	Failure to establish robust and documented systems to ensure any equipment commissioned by F&WCCG for interactive use is safe and fit for purpose throughout its lifetime.			16	20	20	20	20	20
77	No system for communication of timely discharge information for GPs. Absence of discharge information yields significant potential for clinical errors. Reputational risk for the CCG			16	16	16	16	12	0
78	Reputational damage to Fylde & Wyre CCG due to lack of foresight, poor management or inadequate response to media coverage.				8	8	8	8	8

Risk Number	Risk Description	Historic Risk Score	Historic Risk Score	Historic Risk Score	Historic Risk Score	Historic Risk Score	Historic Risk Score	Historic Risk Score	Historic Risk Score
		Jan-16	Mar-16	May-16	Jul-16	Sep-16	Nov-16	Jan-17	Mar-17
79	The CCG fails to meet its Statutory "Duty to Involve" leading to a drop in levels of Assurance from NHS England.				8	8	8	8	8
80	A minority of patients with Blackpool Council Postcodes are registered with F&W GPs for whom the ARC is OUT OF AREA.					9	9	9	9
81	NHS funded patients may be placed in Care homes that do not provide the standard of environment and/or care stipulated in the NHS NW CHC Framework contract					8	8	8	8
82	Ensuring Fylde and Wyre CCG is compliant with enact its statutory responsibilities with regard to Emergency Preparedness Resilience and Response (EPRR)					3	3	3	3
83	The impact of the new NICE guidance on demand may exceed current and anticipated capacity and resource.					12	12	12	12

Histoic Risk Score	Histoic Risk Score	Histoic Risk Score	Histoic Risk Score	Current Risk Score	Risk Movement
Apr-17	Jul-17	Aug-17	Oct-17	Dec-17	
12	12	12	9	0	
9	9	9	9	12	
12	12	12	12	12	
20	20	20	20	20	
10	10	10	10	10	
12	12	12	12	9	
6	6	6	6	0	

Histroic Risk Score	Histroic Risk Score	Histroic Risk Score	Histroic Risk Score	Current Risk Score	Risk Movement
Apr-17	Jul-17	Aug-17	Oct-17	Dec-17	
12	12	12	12	0	
16	16	16	16	16	
12	12	12	12	12	
12	12	12	12	12	
6	6	6	6	6	
12	9	9	9	0	
20	15	20	20	20	
0	0	0	0	0	
8	8	8	8	8	

Histroic Risk Score	Histroic Risk Score	Histroic Risk Score	Histroic Risk Score	Current Risk Score	Risk Movement
Apr-17	Jul-17	Aug-17	Oct-17	Dec-17	
8	8	8	8	8	
9	0	0	0	0	
8	8	8	8	8	
3	3	3	3	3	
12	12	0	0	0	