

**GOVERNING BODY**

<b>Date of meeting</b>	Tuesday 21 March 2017	<b>Agenda item number</b>	16
<b>Title of report</b>	CCG Risk Register and Assurance Framework – 23 January 2017		
<b>Paper Presented by:</b>	Claire Lewis – Head of Quality (on behalf of Jennifer Aldridge – Chief Nursing Officer)		
<b>Paper prepared by:</b>	Elizabeth Dalton, Governance & Compliance Lead, Midlands and Lancashire Commissioning Support Unit		

<b>CCG strategic objective supported by this paper: (please tick ✓ )</b>	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	✓

<b>Purpose of report</b>
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.
<b>Recommendation</b>
The Governing Body is asked to: <ul style="list-style-type: none"> <li>(i) note the contents of the report and review the Governing Body Assurance Framework</li> <li>(ii) note that the updated full Corporate Risk Register has been reviewed by EMT at their meeting on 18 January 2017 and the QIG&amp;E Committee at their meeting on 28 February 2017.</li> </ul>

<b>Please indicate which Group this has been discussed with (please tick ✓)</b>			
Executive Management Team	✓	Quality Improvement and Governance Cttee	✓
Clinical Commissioning Committee		Finance and Performance Committee	
Audit Committee		Remuneration Committee	
Council of Members		Other – Assurance Group	✓
<b>Patient and Public Engagement:</b>	None		
<b>Equality Impact Assessment:</b>	Any impact of individual risks on equality and human rights will be assessed in detail		
<b>Resource Implication(s):</b>	None regarding the overall Risk Register. Resource implications are specific to each risk		
<b>For further information please contact:</b>	Claire Lewis or Elizabeth Dalton - tel: 0300 404 2999 Ext 1541 Email: <a href="mailto:elizabethdalton@nhs.net">elizabethdalton@nhs.net</a>		

**GOVERNING BODY – TUESDAY 21 MARCH 2017**

**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 and Governing Body Assurance Framework (GBAF) as at 23 January 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.

The CCG Risk Register has been reviewed to reflect the up to date position as at 23 January 2017.

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 register are currently undergoing a refresh as part of the Vanguard Programme. The EMT will receive updates on the project risks on a regular basis.

**2. Current Risks held by Fylde & Wyre CCG**

**2.1 Analysis of Risks**

There are currently 21 risks held on the full CRR (attached Appendix A).

- 1 Very Low Risk
- 1 Low risks
- 15 Medium risks
- 4 High risks

The high risks relate to:

- 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.

A revised financial position has been submitted to NHS England. A governance process for business cases and funding decisions needs to be fully operationalised. A review of reporting mechanisms is to be undertaken.

- 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.

The 5 prioritised AQuA findings are being implemented. The CCG is maintaining benchmarking within NHS England data sources. The 2016/17 CQUIN Q2 data has been reviewed. The Fylde Coast End of Life Strategy Group is to confirm which of the AQuA findings are being implemented in relation to end of life patients and the pathway. Although there are high levels of activity the Mortality Committee work is not making an impact and the trend is not reducing. A local review of one case commenced 15/9/16 with a view to sharing the outcome and lessons learnt.

- 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.

BTH has provided written evidence in relation to the action plan for the management of medical devices, but this is not implemented fully and assurance about how risks are being mitigated in the meanwhile is not explicit. BTH have confirmed they do have on-going issues which have been escalated to the Contract Board. Progress has been made in recruitment and a maintenance plan has commenced. The Action plan was reviewed at the Contract Quality Review meeting held on 16 November 2016.

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

There is no directly commissioned CCG support for care homes to educate and develop Independent providers with regard to improving /supporting Quality of Care in residential settings. The CCG are involved in the Lancashire wide strategy work.

### **3.2 Closed Risks**

No risks were closed during the period 29 Nov – 24 Jan 2017.

### **3.3 New Risks**

No new risks have been added to the risk register during the period 29 Nov – 24 Jan 2017.

## **4. Amendment**

Risk 6 – Failure to Deliver National “Must Do” targets as detailed in the NHS England Constitution.

This risk has previously been reported, on the cover sheet to the QIC & E Committee, as increasing from 12 to 15. This was in error. The score on the Assurance Framework was correctly recorded. The Risk Movement chart has also been amended to reflect the risk score increasing from a score of 9 to 12 in September 2016 and now accurately reflect the risk movement.

**5. Monitoring**

The next risk register and assurance framework update is due to take in March 2017. This review will be undertaken with all risk owners and they will be challenged to review all mitigating controls and action plans to ensure relevance. Risk owners will also be asked to reflect on any new risks which may arise for the new 2017/18 financial & commissioning year.

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

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									
<b>Strategic Objective - Make the Best Use of Resources</b>																					
59	17.07.14	Delivery of the CCG 2030 Vision may be compromised due to a lack of suitable, effectively utilised, estate.	Andrew Harrison	Andrew Harrison	4	4	16	Initial Estates Strategy signed off, which identifies efficiencies and locations of all current buildings. Established Fylde & Wyre Coast Review Group, to ensure that all statutory partners are describing and managing their estate on a Fylde Coast basis. Capital Group has the ability to propose business cases for review by NHS England and other authorising bodies	Progress reports to Governing Body on estates matters. Detailed financial breakdown and budgetary assumptions relating to premises costs in support of effective utilisation and resource allocation. Monthly report to Finance & Performance Committee. Estates Workshop held to identify estates issues for NMoC. Discussions with local council regarding new models of care and options for sharing public sector space. Joint NHS Property Services Strategy prepared and under review by Jan 2016 Finance & Performance Committee	4	3	12	↔	Validation and analysis of Data and information regarding current and future requirements.	Scope & Space requirement for delivery of New Models of Care. Current Utilisation. Partner Estates Strategy. Incentives for best practice occupancy approaches. Inability to compel partners to join in effectiveness approach	Tenancy at Will documents have been agreed between the CCG and NHS Property Services for temporary occupancy, space utilisation and localities. Continue to monitor and review risk rating in March 2017.  Updates to estate strategy being produced to support integration into the vision - expected completion date 31/03/2017.  Paper on actions taken during 16/17 to deliver against the 2030 vision being presented to the Finance and Performance Committee at the end of January 2017.	Andrew Harrison	9	31.03.17	02.03.17	May-17
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.	Andrew Harrison	Andrew Harrison	4	5	20	Financial governance, e.g. budgets approved, systems and controls, budget reporting and statements, scheme of delegation, NHSE reporting Contingencies held. Overall knowledge of resources Financial reporting to GB and Committees Financial Planning and awareness QIPP reporting Audit assurance	M10 Information suggests ability to achieve business rules, single largest risk lies with BTH Contract agreement for the year end. No agreement is yet reached however offers have been made. Reports / papers to & minutes of GB, Finance & Performance Committee & Audit Committee Internal & External Audit reports NHSE assurances  Revised plan financial position status-sustainable mitigated position reported to NHSE. (Surplus achieved both on an in-year and recurrent basis)	4	3	12	↓	Lack of Progress on QIPP programme, current inability to accurately assess intervention impacts. Detailed Fylde Coast governance plan and understanding of implications associated with Vanguard resources (to ensure effective use and value for money) 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.	Longer term financial plan Monitoring and reporting arrangements of strategic outcomes and implications thereof Use of benchmarking and QIPP analysis to influence areas of expenditure Lack of 2016-17 QIPP delivery is of concern. Lack of differential finance information to committee structure meaning detailed analysis not regularly available.	Governance process for business cases and funding decisions needs to be fully operationalised. Agree financial contingency and risk share agreements. Deliver new efficiency approaches for future years. Maintain financial position at Governing Body. Embed QIPP culture within commissioning process. Plan to delivery QIPP recovery in progress. Additional QIPP requirements identified during November 2016. Review of reporting mechanisms to deliver differential information enabling detailed analysis to be available	Andrew Harrison	9	31.03.17	03.03.17	May-17
<b>Commission High Quality, Safe and Cost Effective Services which reduce health inequalities and improve access to healthcare</b>																					
6		Failure to delivery National 'MUST DO' targets as detailed within the NHS Constitution in line with the CCG Improvement & Assurance Framework 2016/17.	Pippa Hulme	Peter Tinson	3	4	12	2030 Vision, Strategic & Operational Plans, Prioritised work programme, PMO, Contracts, Dashboard, Exception reporting, Assurance Visits, Contract Management Framework. Dashboard finalised. Q & BI support in place. PMO Scorecard in place. NHS E 2016/17 guidance has been received. Monthly assessments with NHS E will continue during 2016/17. 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 raised with NHS England.	NHSE Dashboard, Performance Dashboard, Contract Reports, Quality governance Meetings. Commissioning Managers are fully aware of their Dashboard responsibilities. Sub group established to review CCG Performance Dashboard.	3	4	12	↔	Identified issues with published data and initial assessment ratings of improvement identified in the published data.	Final end of year assurance for the CCG will be based on CCG IAF indicators from January, therefore any individual indicator improvement in the final months will not be considered as part of the assessment. This will be mitigated by providing up to date information and assurance of plans in place to address indicators where underperformance is identified at the end of year meeting with NHSE.	On-going monitoring of Dashboard report including implementation of action plans for specific non-performing measures. Good systematic approach. Review of guidance to be completed. 2016/17 monthly reporting of breaches undertaken and 121 assurance meetings held with NHS England. Review of all indicators against published date with actions to improve performance against indicators as on on-going process. Based on initial assessment on the 7th Sept for the 6 clinical areas increase likelihood to 4.	Pippa Hulme	6	31.03.17	10.01.17	May-17

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83	08.09.16	The impact of the new NICE guidance on demand may exceed current and anticipated capacity and resource. Patients may not receive care in line with NICE guidance until the service is fully commissioned and operational. Current patients still being referred by GPs under the old guidance may not receive timely assessment and diagnosis as per the new guidance, because they will not be identified as a potential cancer patient. Reputational risk for the commissioning CCG and the secondary care provider within the SCN regarding lack of progress in implementing the guidance	Nicola Walmsley	Peter Tinson	3	4	12	Cancer clinicians can upgrade a patient seen as an urgent referral onto a fast track cancer pathway.  GPs can phone the cancer clinician highlighting concerns even though making an urgent not fast track referral (this has been circulated in Practice Bulletin referencing the guidance).  GPs can refer to the new guidance if they know about it. They can add information to the existing form, to ensure the relevant cases are fast tracked.	Fylde Coast Cancer Steering Group to Governing Body via Clinical Commissioning Committee	3	4	12	↔	Current practice is ad hoc and there is no understanding of the impact on demand and required capacity. Cost implications not known.	Lack of modelled provision and costs approved via CCC	1. Project plan and implementation plan received with implementation dates agreed for 1.4.17 and 1.5.17. 2. Two GP education events have taken place on 21/2/17 and 2/3/17 for all GP's across the Fylde Coast to circulate within the practice.  Even if modelling proves to be accurate, the recurrent cost challenge may persist beyond in-year and the secondary care ability to deliver capacity may continue to be challenging therefore the target risk will remain as below	Katie Rimmer	6	01.02.17	02.03.17	May-17
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	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 CQUIN Q2 data has been analysed.	CCG reporting to Lancashire Quality Surveillance Group. Further KPIs developed over the last 12 months. 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 of work have been identified following the AQUA review. CCG has been sighted on the response from the Trust and the 5 priority areas have been approved and written into the 2016/17 CQUIN.	5	4	20	↔	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.	5 priority areas approved but slow pace of change is a major cause for concern.	Manage effectiveness of Fylde Coast and Blackpool Governance Committee. Monitor the Trust's Development Plan on a routine basis via Mortality Committee. Ensure 5 priority areas are implemented effectively via CQUIN. Maintain benchmarking within NHS England data sources.  Understand and implement NHSE launch of mandatory learning disabilities mortality reviews 'as business as usual' and Feb 2017 letter from NHSE re Learning from Deaths recommendations. Complete primary care review and report to relevant committees on total review of deaths within 48 hours of admission. Provide March 2017 Governing Body with situation report as agreed with each Fylde Coast Governing Body/Body	Jennifer Aldridge Claire Lewis Adam Janjua	5	31.03.18	01.03.17	May-17
66	18.05.2015	Failure to deliver NMOC programme and associated impacts on quality. Delay in delivery will result in a reduction in assumed benefits (see related project risks reference numbers 70-76)	Sarah Camplin	Peter Tinson	4	5	20	National team (Vanguard) review of Fylde Coast plans  Fylde Coast agreed governance arrangements, Monthly reports to the Governing Body, Neighbourhood, CoMs, Availability of external support and expertise, oversight of national vanguard team, oversight of National Test Bed scheme  Organisational monitoring and reporting Project Management Office Engagement with local patient groups Audit and external review	Fylde Coast and Local preliminary governance for NMOC. Reports/papers to GB and committees & minutes. PMO overview. Initial external review. Internal re-structure undertaken to align to NMOC priorities Value Paper submission for 2015/16 approved by NHS England secured additional funding and additional staffing support. Second Value Proposition submitted Feb 2016 and additional resources approved for team to support delivery & development of multi specialist providers. Implementation plan has been revised and is underway. NHS England Vanguard National Support.	4	3	12	↔	Maturity/development of Fylde Coast governance arrangements Monitoring of Outcomes - if not achieved what are the consequences, what are the contingencies (e.g. timing, slippage)  Estates Action Plan IT Action Plan Procurement Strategy Sustainable Workforce Plan Link to Primary Care Commissioning Responsibilities Longer term financial planning Business Continuity Plans Patient Buy-in , Evaluation, NHS PS	Plan for maintaining Council of Members Involvement and direction  Audit assurances and review Governance gap still prevalent Alignment of strategic plans required	Review of interdependent strategies/plans Ensure continued monitoring and improve reporting to assure that NMOC are valid and affordable Develop longer term financial plan Develop and test BCPs related to each model prior to and during operationalisation On-going work being undertaken in QIPP Savings Plan.  Approval for third value proposition confirmed December 2016. Additional resources will be approved for 2017/18	Peter Tinson	9	31.03.17	10.01.17	May-17

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71	21.09.15	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	Sarah Squires	Jennifer Aldridge	4	4	16	Project objectives re visited and assurance process being introduced to enable all Episodic sub projects to be measured against them and signed off by executive lead. On-going work to ensure project objectives align with corporate objectives. Engaging with Quality team members to identify work overlaps.	Strategic Partnership Board Project Working Group	4	3	12	↔	Focus on Delivery Design work paused.	Lack of clarity regarding reporting arrangements.	Quantify time gained at individual project level. Review of Fylde Coast & Vanguard Working Arrangements.	Sarah Squires	6	31.03.17	02.03.17	May-17
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	Quality Improvement, Governance and Engagement Committee. A updated action plan has been received and progress has been made. All action plans are being reviewed at the Contract Quality Review meetings	5	4	20	↔	Evidence of full assurance may not be in place relating to the controls highlighted above with an * and will require a review to collate the Evidence to achieve full assurance. - BTH has confirmed an on-going issue regarding the management of medical devices and further assurance has been requested, although this is taking some time to be forthcoming	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	Write CCG Policy statement and flow chart that defines funding process, ownership, governance arrangements and accountabilities and links to related policies e.g. Health and Safety, IG Handbook (NM Assurance Group to support, QIG&EC to approve, GB to ratify). Assurance required for: - 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). Review of providers' contracts to include clear statements of accountability with regard to responsibilities for funded equipment and assurance monitoring requirements (NW & CCG Contracts). Receive assurance from lead commissioner regarding the new contract(s) for the Community Equipment Services (SC). Commenced work with CSU and liaison with CQC as appropriate.	Claire Lewis	4	31.03.17	01.03.17	May-17
24		Risk of Insufficient / Inadequate Care Home (nursing & residential) places for Fylde & Wyre CCG Residents	Fiona O'Donoghue	Jennifer Aldridge	4	4	16	CSU hub Quality and Performance Team and the Framework in place with care homes and Independent Mental Health Providers. Established CCG links with LCC Commissioners. Attendance at RADAR Group. The CCG is able to commission independent reviews if required. The CCG has established Safeguarding relationships with care homes in its locality and has increased engagement with care home via quality care home engagement events.	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	↔	Direct CCG sponsored support team for care home managers. Lack of a coherent Lancashire strategy for Care Homes.	No directly commissioned CCG support for care homes to educate and develop Independent providers with regard to improving /supporting Quality of Care in residential settings. This proposal is currently within the financial pipeline for 2016/17 commissioning intentions. Scoping document to EMT to source additional support. Involvement in Lancashire wide CH Strategy work	Decision for directly commissioned support for care homes to educate and develop Independent providers with regard to improving /supporting Quality of Care in residential settings required. Scoping document to EMT to source additional support. Involvement in Lancashire wide CH Strategy work. Ascertain whether funding has been included/agreed in the financial pipeline for 2017/18.	Jennifer Aldridge P Tinson Dr K Greenwood (GP Lead Quality)	12	31.03.17	10.01.17	May-17

**Develop and Maintain an Effective Organisation**

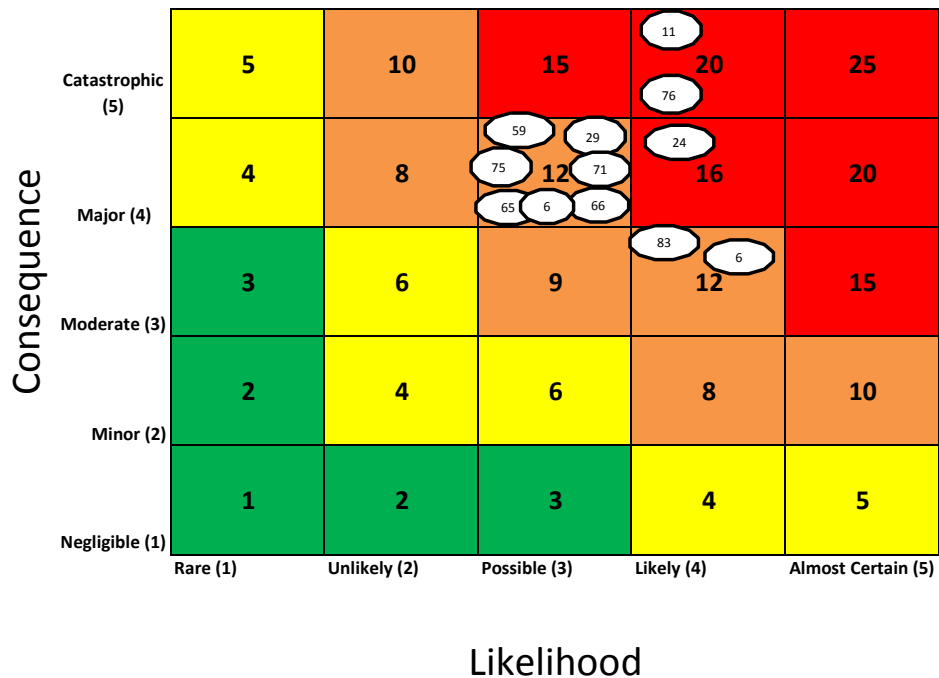
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65	18.05.15	Potential for a lack of organisational capacity to deliver planned commissioning priorities and corporate duties as a consequence of unanticipated pressures and demands.	Peter Tinson	Peter Tinson	4	5	20	Annual prioritisation process and 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 CCG weekly, CCG Assurance Framework NHSE approved longer term plans CCG process for monitoring agreed commissioning projects Corporate process for and engagement of GB 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	↔	Lack of specific information regarding the Collaborative Commissioning Agenda and the impact on work load Level of detail from appraisals about workforce skill sets and learning needs to deliver an agile and flexible workforce to deliver plans and duties, Healthier Lancashire and FC collaborative working impacts as yet unknown - continue to participate in conversations	No gaps in assurance identified at present time.	CCGs across Lancashire being asked to release staff to support Healthy Lancashire - multi speciality community providers. The CCG skill set is changing to make better use of resources. Agreement reached in principle and action agreed to review senior officer leadership roles. Monthly joint Executive meetings, a joint GB meeting being held in Feb 2016. CCG are increasing being asked to support Healthy Lancashire work programmes. The Fylde Coast work programme is on-going and there is an action for CCGs to review commissioning plans and resource allocation and respond to requests for additional support. Project Management Office are managing these requests.	Peter Tinson	6	31.03.17	11.01.17	May-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	Jennifer Aldridge	5	4	20	LA plan in place to deal with fall out from Cheshire West Judgement. Pan Lancs Group(sub Group to LSAB) set up to formulate work plan, process and integration necessary to deal with Cheshire West Judgement. Task and Finish Group of IPA Board Chaired by CSU , aim is to determine legal requirements necessary to meet COP applications on behalf of the CCGs Commenced review of patients to determine status funded via CHC. LA received government funding. LA utilising grant monies to increase BIA capacity and potentially the backlog of assessments. New applications now being prioritised according to risk. LA cases nationally evidence payments below £1m. No media interest over the last 12 months.	Minutes from Pan Lancs Group to feed into S/G Assurance Group; Pan Lancs S/G Collaborative and Advisory Group (now ceased) LA Plan to be shared with health interaction into this plan agreed. (complete) 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 via Hill Dickinson	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. CSU reporting no commission to deal with legal aspects of COP applications.	Timely notification and management of cases where application to Court of Protection may be required. CCG has no access to Broadcare to identify patients. No timescales have been received from the CSU. Scoping exercise has not been undertaken.	CCG representation on IPA Operational sub group to address case management function and legal options for COP applications.  CCG to consider options for provision of legal expertise following review of options paper being presented to IPA Board(12 weeks)  CSU options papers is still outstanding but resolution now within IPA Task and Finish Group. Continue case by case applications to COP as identified and seek legal advice. IPA Task & Finish Group reviewing care packages in own home. Data is being refreshed and outcome of review awaited. CSU will not cover legal provision - CCG commission own legal services. Gaps in assurance updated regarding lack of CSU timescales and outcome from Task & Finish Group. Responsibility for task and finish group has transferred to CSU Business Manager but no progress has been seen.	Sarah Camplin Alice Marquis-Carr Jennifer Aldridge	8	31.03.17	10.01.17	May-17
75	21.09.15	Failure to achieve integrated working due to lack of strategic and operational change both with the CCG and in partner organisations.	Sarah Camplin	Peter Tinson	4	3	12	Early & continued engagement with key partners included in project plan. Stakeholders identified and engagement plan produced. Partner workshops to shape design, identify areas for integrated delivery arranged. Design Group considering core skills and competencies that will be shared by the INT e.g. problem noticing, coordination, personal goal setting (care planning).	PMO Framework identifies internal delivery progress. NMoC Delivery Group	4	3	12	↔	Limited leverage over partner organisations strategic direction and operational issues. Regulatory framework restrictions	None identified at present.	Ongoing PMO review and reporting. NMoC Delivery Group monitoring. Pan-Lancashire communications with partner organisations regarding the NMoC agenda.	Sarah Camplin	6	31.03.17	10.01.17	May-17

1 - 3	Very Low Risk	Unlikely to cause problems
4 - 6	Low Risk	Needs to be resolved or accepted at Departmental level
8 - 12	Medium Risk	Needs to be resolved or accepted at Departmental level



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15 - 25	High Risk	To be resolved or accepted at CCG Level
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- 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 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 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 66 Failure to maintain the impact on the improvements to healthcare through NMOC. The change of pace required and expectations could have a de-stabilising effect on the CCG
- Risk 59 Delivery of the CCG 2030 Vision may be compromised due to a lack of suitable, effectively utilised, estate.
- Risk 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
- 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 75 Failure to achieve integrated working due to lack of strategic and operational change both with the CCG and in partner organisations.
- Risk 83 The impact of the new NICE guidance on demand may exceed current and anticipated capacity and resource.

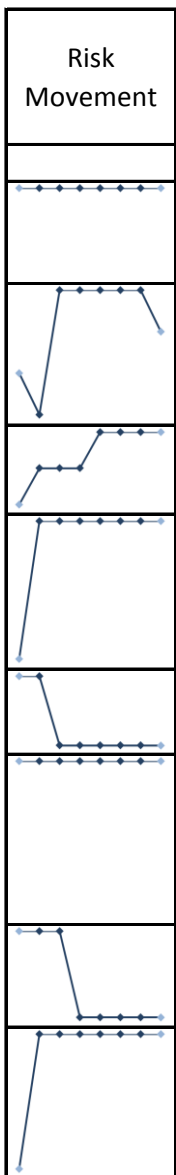
## Fylde and Wyre CCG Risk Register - Historical Risk Movement - March 2017

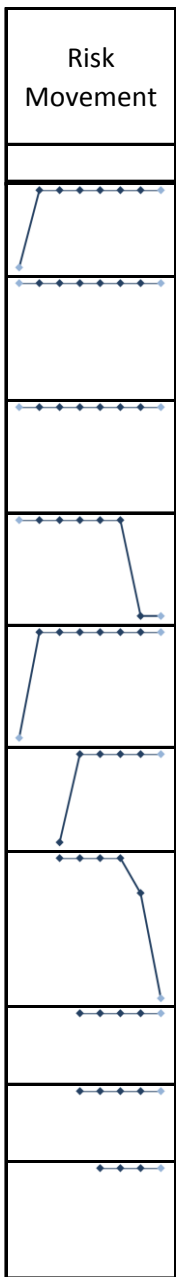
Version: 2016/17 - V1.7 March 2017

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	Current 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
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

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	Current Risk Score
		Jan-16	Mar-16	May-16	Jul-16	Sep-16	Nov-16	Jan-17	Mar-17
24	Risk of Insufficient / Inadaquate 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 acieve 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
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

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	Current Risk Score
		Jan-16	Mar-16	May-16	Jul-16	Sep-16	Nov-16	Jan-17	Mar-17
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





Risk Movement