

<b>NHS Cumbria CCG Governing Body</b>	<b>Agenda Item</b>
<b>1 April 2015</b>	<b>13</b>

### Risk Management Update Report

#### Purpose of Report:

During 2014/15 the CCG has introduced a new Risk Management Framework to support the operations of the CCG (as reported to the Governing Body in December). This has included providing CCG staff with a briefing on the approach to risk management and the development of a CCG-wide risk register which is maintained electronically into the SIRMS system. All six localities, along with the Children's and Mental Health/Learning Disability team have established individual risk registers that have been consolidated on to the system.

This work created an additional **72 risks** for the organisation, broken down by corporate aim as:

Corporate Aim	Red	Amb	Yell	Green	Total
1. Quality	14	7	2	0	23
2. Performance And Outcomes	4	2	1	0	7
3. Strategic Commissioning	1	8	3	0	12
4. Primary Care Development	3	12	3	1	19
5. Financial Control	3	6	0	0	9
6. Engagement And Partnerships	1	7	1	0	9
7. Organisational Development	1	2	2	0	5
8. Plan On A Page & Commissioning Plans	0	1	0	0	1
<b>Overall totals</b>	<b>27</b>	<b>45</b>	<b>12</b>	<b>1</b>	<b>85</b>

As per the Risk Management Framework, strategic risks with a residual risk score of 15 or above for an operational risk, that has the potential to impact across the organisation, are escalated and reported to Director Group for review.

The Risk Champions for each Directorate have met and recognised that there are a number of risks that cut across more than one locality (e.g. recruitment in primary care) and they are now working together to undertake a moderation exercise to review the risks currently in place and how they can reduce duplication.

Following review by the Director team (and taking account of the comments made above) it is proposed that the following risks are added to the overall CCG Assurance Framework in addition to the current risks that should be maintained:

- There is a risk that the current workforce arrangements in general practice may be destabilised owing to on-going recruitment issues and the age profile of the workforce. Although the CCG does not commission these services directly this issue clearly has an impact on the services that are commissioned by the CCG.
- There is a risk on the ability of CPFT to maintain the current service offer in light of organisational financial pressures.
- There is a risk to the sustainability of the local neurology service in the long-term.

In addition, the up-dated Assurance Framework is attached at Appendix 1 reflecting the issues noted above.

**Key Issues/Considerations:**

To support the successful implementation of the risk management framework, risk leads and risk owners must engage and take ownership of their risk management responsibilities on an-going basis.

**Recommendations:**

The Governing Body is asked to note the contents of the report.

**CCG Objectives:**

State which of the CCG objectives are met within this stream of work, i.e. one or more of:

- 1. Quality:** Implement clear systems to improve clinical effectiveness, patient experience and safety
- 2. Performance and Outcomes:** Ensure continuous improvement in performance standards and outcomes
- 3. Strategic Commissioning:** Lead the development of a strategy for sustainable services in the context of rising demand and reduced resources
- 4. Primary Care Development:** Support primary and community care development including reducing variation, workforce development and integrated clinical information
- 5. Financial Control:** Improve value for money through the most effective deployment of resources while maintaining financial balance

- 6. Engagement and Partnerships:** The CCG actively involves our member Practices, patients and partners in our decision making
- 7. Organisational Development:** Continuously improve the performance of the organisation in line with our values
- 8. Plan on a Page and Commissioning Plans:** Ensure the effective delivery of our key commissioning plans

**Statutory/Regulatory/Legal/NHS Constitution Implications**

These are reflected in the attached Assurance Framework

**Assurance Framework:**

This report provides assurance against risk to the Governing Body that processes are in place to identify and mitigate risk and are embedded in the organisation.

**Finance/Resource Implications:**

N/A

**Implications/Actions for Public and Patient Engagement:**

N/A

**Equality Impact Assessment:**

The risk assurance framework has been developed in line with NHS England’s commitment to create a positive culture of respect for all staff and service users. The intention is to identify, remove or minimise discriminatory practice in relation to the protected characteristics (race, disability, gender, sexual orientation, age religious or other belief, marriage of civil partnership, gender reassignment and pregnancy and maternity) as well as to promote positive practice and value the diversity of individuals and communities.

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<b>Date Report Written</b>	25 March 2015

Appendix 1: Cumbria CCG Assurance Framework March 2015

Risk Description	Which organisational objective is threatened by the risk	Existing controls	L i k e l i h o o d	o n s e q u e n c e	s c o r e	Actions to Mitigate	Sources of Assurance	Further Actions to Mitigate	Action Plan	Status	Lead Director
<p>There is a risk that UHMB FT is unable to continue to provide clinically and financially sustainable services that are accessible to population of Cumbria</p>	<p>Quality/Performance &amp; Outcomes/strategic commissioning/finance</p>	<p>The CCG is working collaboratively with UHMB &amp; LNCCG to develop a sustainable clinical strategy of the "Morecambe Bay Health economy".</p> <p>Process is subject to external assurance by NHSE &amp; Monitor</p>	5	5	25	<p>"Better care Together" programme established with clear governance structure and risk process.</p> <p>The CCG has provided financial support to UHMB in 2013/14 and 2014/15</p> <p>PWC commissioned to provide significant financial support to process</p>	<p>Governing Body receives formal reports on "Better Care Together"</p> <p>Key clinical &amp; managerial participation in project Board, Clinical reference group &amp; project delivery group</p> <p>Commissioning intentions approved by Governing body</p>	<p>Cumbria CCG to identify formal "commissioner requested services" from UHMB as part of process.</p> <p>Strategic outline case (SOC) process to be developed for change</p> <p>Cumbria CCG to identify formal "commissioner requested services" from UHMB as part of process.</p> <p>Extensive public engagement on plans</p>	<p>To be completed as part of SOC</p> <p>SOC to be completed June 2014 &amp; now working with NHSE &amp; Monitor on assurance process</p> <p>Continued engagement required given plans potentially will not have widespread political support</p>	16	<p>Anthony Gardner/ Charles Welbourn</p>
<p>There is a risk that NCUHT is unable to continue to provide clinically and financially sustainable services that are accessible to population of Cumbria</p>	<p>Quality/Performance &amp; Outcomes/strategic commissioning/finance</p>	<p>CCG endorsing "Closer to Home" strategy and business case for new hospital in Whitehaven</p> <p>CCG agreed TOR with TDA to review sustainability and cost drivers</p> <p>Trust required to provide sustainable development plan to TDA</p>	5	5	25	<p>"Together for a healthier future" programme with Board established</p> <p>Programme of stakeholder engagement commenced</p> <p>PWC commissioned to provide significant financial support to process</p> <p>CCG has released £6.8 million "acquisition funding" to mitigate NCUHT's short-term financial risk and has entered into assured contracts to provide financial certainty to the provider</p> <p>A programme of short-term actions has been implemented to support the Trust address "short-term" issues while the longer term issues are being addressed, such as: establishment of an urgent care group, liaising with NHSE and Health Education England to support medical staffing issues</p>	<p>Progress report to Governing body: Specific governance process established with formal reporting structure appropriately resourced</p> <p>Commissioning intentions approved by Governing body</p> <p>Budget 2014/15 approved by Governing Body</p> <p>GB review of impact of surgical transfers from WCH</p>	<p>Acquisition by Northumbria Health Care key</p> <p>CCG supporting recruitment drive</p> <p>Sustainable strategy required for 5-year plan.</p> <p>Cumbria CCG to identify formal "commissioner requested services" from NCUHT as part of process.</p> <p>Cumbria CCG to identify formal "commissioner requested services" from NCUHT as part of process.</p>	<p>Awaiting outcome of Chief Inspector of Hospitals review: not within CCG direct control</p> <p>On-going review</p> <p>By June 2014 &amp; then on-going review</p> <p>Commissioning intention 2015/16</p>	16	<p>Caroline Rea/Peter Rooney</p>

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There is a risk that CCG is not delivering key NHS constitution targets	Performance & Outcomes	Monthly review of all performance targets across providers  Providers monitored by regulators on achievement of targets	4	5	20	Formal process of escalation within performance management approach  Urgent Care Groups established (North & South Cumbria) to co-ordinate management of non-elective patient flows to improve A&E waiting times  "Deep dive" groups established in 2 localities to review factors addressing ambulance response times & co-ordinated review of ambulance handover at A&E units	Monthly reports to Governing Body, assurance review by NHSE  Interim Finance & performance Committee established to facilitate in-depth review by GB  Contracts set to provide financial security to providers for 2014/15	Actions plans agreed with all providers  On-going review of actions plans with agreed compliance dates	On-going review of actions plans with agreed compliance dates  Escalation process built into internal performance monitoring process	16	Peter Rooney
There is a risk of failure to ensure that robust safeguarding systems and appropriate services are in place for children and young people (including children looked after) across our providers and the wider partnership. There is risk of failing our statutory duties and preventing harm.	Quality	CCG functions that check and deliver: Training matrix for all PCT staff to raise awareness of safeguarding responsibilities Contracts for children's services that require providers to adopt ways of working that deliver safeguarding (NICE guidance, partnership working, clinical leadership) with annual audit and self assessment declaration CCG monitoring of annual audit tool (4 main contracts + CHOC+primary care GP practices) CCG Safeguarding policies & procedures Leadership delivering on safeguarding policies (adults and children) with active use of robust systems and processes challenging management behaviours and holding managers to account Executive lead for safeguarding Clinical Leads for safeguarding in GP practices Designated professionals for children's safeguarding Director leadership- safeguarding  Named GP leads per locality and County named lead	4	4	16	Lead Nurse who will be responsible for leading work on quality and safeguarding. On-going development of CCG governance arrangements as part of wider system of safeguarding and engaging with partner organisations to address shortcomings identified in CQC reports. CQC whole system action plan in place. CCG representation on safeguarding improvement board and LSCB. Delivery of safeguarding training to Independent Contractors. Developing GP practice safeguarding leads knowledge Embedding reporting in contracting processes - quality systems development project / assurance around providers annual self assessment	Safeguarding policies Action Plans/Training Plans managed by Practice Group and inter-agency safeguarding infrastructure Process for LSCB and CASB recommendations/commissioner action plans arising from Serious Cases Records of staff training including Primary Care Provider Reports to Contract meetings Provider audit reports and self assessment declarations. Safeguarding and children looked after annual reports.	Actively seeking to recruit replacement designated doctor for children & Children's Commissioning brought back in house with designated director lead from 1 April 2014	On-going formal review of all actions & mitigation where required built into structure of actions in place.	16	Eleanor Hodgson
There is a risk that commissioners do not transform patient management outside of the acute sector by implementing 'year of care' approach, implement reablement programme and build strong local relationships that will enable delivery of change.	Financial Control	The CCG has entered into "assured" contracts for 2014/15. The CCG has established a contingency of circa 2% on budget for 2014/15. On-going review of care pathways focussing on "frail elderly"	4	4	16	CCG has approved formal list of procedures of limited clinical benefit and practices supported by CCG infrastructure & SIMS	Monthly finance reports to Governing Body; regular contract performance review with all providers	Investment plan for out of hospital services; establishment of "Better care Fund" with Cumbria CC. "Earnback" approach in 2014/15 contract with CPFT	Investment plan for out of hospital to be established by end Q1 2014/15. "early wins"	16	Caroline Rea (North) & Anthony Gardner (South)
There is a risk that the CCG is unable to produce a credible 5-year strategic plan, that is clinically sustainable and financially viable for the whole health economy.	Strategic Commissioning	Outline strategic plan prepared for authorisation: plan will comprise key outputs of "Better care together" & "Together for a healthier future"	3	5	15	Draft plan developed based upon "as is" based upon JSNA taken to GB & shared with stakeholders	Governing Body meetings to be established to facilitate scrutiny of plan	Support from national team (PWC) to develop integrated plan	Plan to complete by June 2014: key development is credible implementation plan taking into account availability of resources	15	Peter Rooney & Charles Welbourn

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There is a risk that maternity services cannot be provided in a way that is accessible, safe and sustainable for patients across Cumbria	Quality/Strategic Commissioning/Financial Control	On-going discussions with providers regarding mitigation of risks to existing service model.	4	5	20	Quality dashboard in place for both providers, service specification agreed with UHMB & in development with NCUHT (following formal risk summit)	Reporting from dashboard into Quality & outcomes Meetings	CCGs have requested review by RCOG to identify innovative models to sustain local services. CCGs are working with networks to engage clinical staff in solution focussed event.	Invited review completed & action plan being considered by Governing Body April 2015	16	Eleanor Hodgson
There is a risk that CPFT are not able to provide Child & Adolescent Mental Health services of an appropriate quality.	Quality	The CCG commissioned an external review of CAHMS services.	4	4	16	Formal action plan agreed with CPFT to improve services, including investment	Formal reporting of progress on action plan to Quality & Outcomes Committee, CPFT contract meetings, LSCB and CQC/Ofsted reporting infrastructure.  Development of targeted investment plan to improve services	Work with partners to develop & implement a comprehensive framework for emotional health & well being in Cumbria  Work with partners to reduce hospital admissions for deliberate & non-deliberate self-harm  Continue transformation of tier 3 CAHMS to improve quality of service & improve access to Tier 4 CAHMS	On-going review with wider stakeholders of agreed action plan.  Develop & introduce new pathways for ADHD and eating Disorders	12	Eleanor Hodgson
There is a risk that services provided by nursing homes do not meet the needs of patients	Quality	Adult Safeguarding Board established with joint policies & procedures established with Cumbria CC and providers	4	5	20	Review groups formed in each locality using soft intelligence on nursing home sector, GP Adult Safeguarding leads in each locality, comprehensive safeguarding programme (see children above) established. Intelligence used to work with providers to prevent escalation of problems where possible	Monthly quality reports established	Standardised structured approach agreed with ASC to systematically and consistently review quality issues in the sector and provide formal reporting mechanism.	"Early Indicators" group established in each locality with ASC and other key stakeholders with standardised TOR and reporting requirements. Care Homes Quality Forum to be established to review quality and meet on a quarterly basis.	16	Laura Carr
There is a risk that services for adults with mental health problems do not adequately address the needs of patients	Quality	On-going contract and quality review process	4	5	20	Risk summit held & specific external reviews of services undertaken	On-going quality reports and specific action plans agreed with provider following external review	System-wide external review of mental health services in Cumbria jointly commissioned by CCG & CPFT	Mental Health strategy for Cumbria under production	16	Laura Carr
There is a risk that the cost of services commissioned exceed the budgeted level of resources	Finance	On-going system of budgetary control	4	5	20	Issue identified and specific actions being undertaken in areas of overspend to mitigate cost growth where possible	Monthly financial reports	Cost improvement plan under development for 2015/16	Risk assessed plan for 2015/16 to be considered by Finance & performance Committee in April 2015	16	Charles Welbourn

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Risk Description	Which organisational objective is threatened by the risk	Existing controls	Likelihood	Consequence	Score	Actions to Mitigate	Sources of Assurance	Further Actions to Mitigate	Action Plan	Status	Lead Director
There is a risk that CPFT is unable to continue to provide clinically and financially sustainable services that are accessible to population of Cumbria	Quality/Performance & Outcomes/strategic commissioning/finance	CPFT is forecasting an operating deficit in 2015/16 but significantly less than NCUHT & UHMB	3	5	15	<p>CPFT has identified issue &amp; developing plans to address internally</p> <p>Agreed with NHSE &amp; Monitor that CPFT is integral to "Better care Together" and therefore services come into scope of project</p> <p>"Together for a healthier future" programme with Board established with CPFT key partners &amp; reflection of trust's financial issues</p> <p>Development of a mental health strategy</p>	<p>Risks reflected in contracting approach for 2015/16 &amp; parity of esteem funding</p> <p>Governing Body receives formal reports on "Better Care Together"</p> <p>Progress report to Governing body: Specific governance process established with formal reporting structure appropriately resourced</p> <p>Progress reporting to GB</p>	<p>Agreed specific service reviews in 2015/16</p> <p>CPFT included in system-wide case for change</p>	<p>Continued development of strategies &amp; action plans to deliver</p> <p>Working with CPFT for further opportunities to "gain share" on more cost effective service provision</p>	12	Peter Rooney
There is a risk that the workforce arrangements in general practice may be destabilised owing to on-going recruitment issues and the age profile of the workforce. Although the CCG does not commission these services directly this issue clearly has an impact on the services that are commissioned by the CCG.	Quality/Performance & Outcomes/strategic commissioning/finance	CCG team meets NHSE on a monthly basis to provide information on risks to general practice in Cumbria	4	4	16	<p>CCG involved in supporting NHSE with specific issues: awareness that issue unlikely to materialise "all at once"</p> <p>Primary care incentive scheme in place to promote development</p>	Quality reports to Committee	Primary Care "Strategy" Now Under development in conjunction with Full Council of Members	Strategy development & engagement programme established for completion autumn 2015	12	Caroline Rea
There is a risk to the sustainability of the local neurology service in the long-term with gaps identified in current service	Quality/Strategic Commissioning/Financial Control	Contracting process with CPFT	5	3	15	Specific review of service being undertaken by NECS/Eden Team	Output of review & quality & performance monitoring	Stabilisation position agreed for 2015/16 contract with commitment of both CCG & CPFT to review long-term service requirements	Process to be agreed & formalised through contracting process 2015/16	12	Peter Rooney