

Clinical Commissioning Group (CCG) Governing Body 2019/20 – Part 1

Date of Meeting:	19 July 2019
Agenda Item:	3.4
Subject:	Corporate Risk Register
Reporting Officer:	Sandra Croasdale
Aim of Paper:	To provide Governing Body with the CCG Corporate Risk Register

Governance route prior to Governing Body	Meeting Date	Objective/Outcome
Governing Body	Select date of meeting.	Click to Select
Audit Committee	Select date of meeting.	Click to Select
Corporate Governance Committee	Select date of meeting.	Click to Select
Health and Wellbeing Board	Select date of meeting.	Click to Select
Integrated Commissioning Board	Select date of meeting.	Click to Select
Locality Engagement Group	Select date of meeting.	Click to Select
Patient and Public Engagement Committee	Select date of meeting.	Click to Select
Quality and Safeguarding Committee	Select date of meeting.	Click to Select
Remuneration Committee	Select date of meeting.	Click to Select
Clinical and Professional Advisory Panel	Select date of meeting.	Click to Select
System Transformation Committee	Select date of meeting.	Click to Select
Primary Care Commissioning Committee	Select date of meeting.	Click to Select
Other	Click here to enter text.	

Governing Body Resolution Required:	For Discussion
Recommendation	For the committee to review the CCG corporate risks as detailed within the appendices

Link to Strategic Objectives		Contributes to: (Select Yes or No)
SO1:	To be a high performing CCG, deliver our statutory duties and use our available resources innovatively to deliver the best outcomes for our population.	Yes
SO2:	To deliver on the outcomes of the Locality Plan in respect of Prevention and Access (Prevention and Self Care)	Yes
SO3:	To deliver on the outcomes of the Locality Plan in respect of Neighbourhoods & Primary Care (Getting help in the Community)	Yes
SO4:	To deliver on the outcomes of the Locality Plan in respect of In Hospital - Planned (Getting more help)	Yes
SO5:	To deliver on the outcomes of the Locality Plan in respect of In Hospital - Urgent Care (Getting more help)	Yes
SO6:	To deliver on the outcomes of the Locality Plan in respect of Children, young people and families	Yes
SO7:	To deliver on the outcomes of the Locality Plan in respect of Mental Health	Yes

Risk Level: (To be reviewed in line with Risk Policy)	Not Applicable
Comments (Document should detail how the risk will be mitigated)	There is no overarching risk rating for this paper. All organisational risks are detailed in the Risk Register

Content Approval/Sign Off:	
The contents of this paper have been reviewed and approved by:	Strategic Commissioning Programme Director, Sandra Croasdale
Clinical Content signed off by:	Not applicable
Financial content signed off by:	Not Applicable

	Completed:
Clinical Engagement taken place	Not Applicable
Patient and Public Involvement	Not Applicable
Patient Data Impact Assessment	Not Applicable
Equality Analysis / Human Rights Assessment completed	Not Applicable

Executive Summary

Aim

To provide an overview of Heywood, Middleton & Rochdale Clinical Commissioning Group's Corporate Risk Register. The Corporate Risk Register contains CCG risks graded at 16+ based on the CCG's Risk Management policy.

Recommendation

To review the Corporate Risk Register and provide any feedback/views on new risks to be added to the risk register

Risk Register

The corporate risk register is provided in Appendix 3.4b. This includes all red risks and mitigating actions. The following risks are included.

- **RR.17.0003 - Pennine Care Foundation Trust CQC Inspection**
There is a risk that, as a result of the CQC inspection which found 'requires improvement' in 6 of 16 services rated, that actions aren't implemented to improve services.
- **RR.16.0010 - Urgent and Emergency Care**
There is a risk identified that the A&E four hour target will not be met in 2019/20 and the impact of poor performance across the urgent care system as a whole.
- **RR.18.0026 - CCG & Local Authority Pooled Budget**
There is a risk that the CCG/Local Authority pooled budget which includes health, adult and childrens social care and public health does not close its financial deficit.

- **RR.18.0027 - Pennine Acute Quality Monitoring**

There is a risk relating to identified quality issues across Pennine Acute Hospitals and the impact that these issues may have on treatment waits in certain specialities

- **RR.18.0031 - Lymphoedema Nurse Support for patients**

There is a risk that continued failure to recruit to the lymphoedema Nurse post, commissioned through the CCG at Springhill Hospice for one day per week, will mean that 150 existing patients in receipt of lymphoedema nurse led care will no longer have the support they need to manage their condition.

- **RR.19.0001 - Single Hospital System & Northern Care Alliance Development**

There is a risk that the focus on the Single Hospital System and development of the Northern Care Alliance could impact on the capacity to develop the Rochdale LCO and any delays in understanding where activity will sit could cause delays in delivering transformation.

- **RR.16.0008 – Locality Plan**

There is a risk that the Locality Plan financial gap will not be closed, this is due to the complexity of delivering the necessary cost benefits with the appropriate levels of capacity and capability to deliver.

Since the last Governing Body meeting, the following risks have seen their risk rating reduce, although will remain on the CCG's overall risk register.

- **RR.19.0003 - Failure to maintain services as a result of the potential no deal Brexit**

The Government agreed with the EU a further extension of the Article 50 period to 31 October 2019, any 'no deal' provisions are being kept on hold. Further DHSC meetings are taking place to agree next steps in relation to further planning in readiness for the UK leaving the EU on 31st October (or sooner).

- **RR.18.0032 – Commissioning Capacity**

Full staff consultation completed for ICD restructure. Final structures agreed and scheduled to go through governance routes. Implementation of the restructure to commence following.

- **RR.18.0033 – Pennine Care Community Services**

The Adult Community Services transferred to Salford Royal on 1st July with robust Governance arrangements in place over the next 2 years. Procurement in process for Childrens services with the aim for new service provider to be in place for 1st October 2019.

CCG Risk Register

Risk	Owner	Next Review Date	Residual Score	Inherent Risk Score	
RR.17.0003	Karen Hurley	30-Sep-19	15	20	
Risk Name	Care Quality Commission Inspection - Pennine Care Foundation Trust				
Risk Description	CQC inspection found ~requires improvement~ in 6 of 16 services rated, and also for domains of safety, effective and well led. Improvement and Transformation Board established, CQC action plan in place. Financial gaps reported by PCFT impacting on potential pace of change and achieving required improvements.				
Alison Kelly	Continued improvement has been seen across CQC action plan This reports into Quality Assurance Meeting bi monthly Site visits continue for increased assurance				

CCG Risk Register

Risk	Owner	Next Review Date	Residual Score	Inherent Risk Score	
RR.18.0026	Jonathan Evans	31-Jul-19	12	20	
Risk Name	CCG & Local Authority Pooled Budget				
Risk Description	<p>There is a risk that the CCG/Local Authority pooled budget which includes health, adult and children's social care and public health does not close the financial deficit, currently at £16.8 million. Transformation schemes are being identified and deflections applied but the gap remains. A risk share agreement between the CCG and Local Authority is in place if the financial gap cannot be reduced which has been approved through appropriate Governance routes between the relevant organisations. It is hoped that the gap can be closed without the need to enforce the risk share agreement...</p>				
Jonathan Evans	<p>The Pooled fund gap for 2019/20 as at month 2 has been reported as £12.68m to ICB on the 25th of June.</p> <p>ICB will be presented with schemes that will close this gap in 2019/20 through out the year. A paper has also been presented on the non recurrent measures that may need to be taken to close the gap in year.</p> <p>ICB will receive bi monthly reports on the progress of the financial gap closing.</p>				

CCG Risk Register

Risk	Owner	Next Review Date	Residual Score	Inherent Risk Score	
RR.18.0031	Karen Kenton	31-Mar-19	16	20	
Risk Name	Lymphoedema Nurse Support for patients				
Risk Description	There is a risk that continued failure to recruit to the lymphoedema Nurse post, commissioned through the CCG at Springhill Hospice for one day per week, will mean that 150 existing patients in receipt of lymphoedema nurse led care will no longer have the support they need to manage their condition. This may potentially impact upon the urgent care system and A&E attendances due to the symptoms associated with lymphoedema requiring immediate care and there would be no other support for these patients.				
Paula Rosbotham	There is still no robust solution to the lack of lymphoedema support in HMR. GP~s have been asked to direct patient to the lymphoedema support network. St Anne~s hospice are in the process of giving a price for taking over the management of HMR patients. This is a GM problem and a project manager in in place to look at alternative solutions. Currently measuring how many of these patients arrive at A&E or the urgent care centre. As of February 2019, this does not seem to have impacted upon A&E attendances. St Ann~s Hospice have now provided a cost for the service (£62k) which far exceeds the current financial envelope (£10k). There are a number of complaints received from GP~s that patients are contacting them for help and support as the lymphoedema support network is not able to give the physical support required. GP~s are also requesting individual funding for patients which is not sustainable. GP~s are not trained to provide the physical support as it is a specialist area. The difficulty in recruiting is due to the financial envelope plus it is difficult to understand the demand and so would suggest appointing a full time nurse to work with the non-cancer nurse to provide cross cover and peer support so that a more robust service can be establish. This proposal has been shared with Chief Finance Officer and Assistant Director for Commissioning - Integrated Services.				

Risk	Owner	Next Review Date	Residual Score	Inherent Risk Score	
RR.16.0008	Sandra Croasdale	31-Jul-19	8	16	
Risk Name	Locality Plan				
Risk Description	There is a risk that the Locality Plan financial gap will not be closed, this is due to the complexity of delivering the necessary cost benefits with the appropriate levels of capacity and capability to deliver.				
Sandra Croasdale	Transformation is now mainly mobilised and, in some instances delivering deflections. A programme of Deep Dives is being undertaken for each intervention which will be reported through the Integrated Commissioning Board (ICB). The deep dives will all be completed by end August with a summary report, taking into account affordability, reported to ICB in September. Strategic Commissioning colleagues are working closely with the LCO through the Rochdale Sustainability Group to work collectively on the deep dives and the wider financial position.				

CCG Risk Register

Risk	Owner	Next Review Date	Residual Score	Inherent Risk Score	
RR.19.0002	Karen Kenton	31-Oct-19	8	16	
Risk Name	PCFT Financial Instability as Sole MH Provider				
Risk Description	There is a risk that following the transfer of community services that PCFT remains financially instable as a MH provider				
Karen Kenton	First phase NICHE report complete and reported through Strategic Commissioning Board and Governing Body. Second phase proposals for clinical models to be discussed at Strategic Advisory Board with Jon Rouse in August 2019.				

Risk	Owner	Next Review Date	Residual Score	Inherent Risk Score	
RR.18.0027	Karen Hurley	31-Jul-19	9	16	
Risk Name	Pennine Acute Quality Monitoring				
Risk Description	There is a risk that there are quality issues across Pennine Acute Hospitals in speciality areas which include both Ophthalmology and Paediatrics. At the present moment, it is unknown as to the impact of delays in treatment waits for the above specialities and the number of patients involved.				
Alison Kelly	<p>Monitoring has continued along with external audit in terms of Ophthalmology which showed no serious harm suffered by any patients</p> <p>Further assurance in terms of implantable devices was received at May's Clinical Quality Lead meeting and the Trust have a robust system in place to monitor services who use implantable devices to ensure devices are implanted and monitored as per best practice guidelines</p> <p>Paediatric flow work from the CCG in conjunction with Providers has provided some assurance and will continue with the implementation and monitoring of actions</p> <p>The risk is thus diminished</p>				

CCG Risk Register

Risk	Owner	Next Review Date	Residual Score	Inherent Risk Score	
RR.19.0001	Karen Kenton	31-Oct-19	9	16	
Risk Name	Single Hospital System & Northern Care Alliance Development				
Risk Description	There is a risk that the focus on the Single Hospital System and development of the Northern Care Alliance could impact on the capacity to develop the Rochdale LCO and any delays in understanding where activity will sit could cause delays in delivering transformation.				
Karen Kenton	Working closely with both providers to establish a strong relationship to ensure a consistent focus on the Transformation /Locality Plan during the development of the single hospital system. Regular discussion at LCO board to ensure that all are aware of current situation and to establish any mitigating actions...Strong North East Sector governance arrangements established including oversight of the clinical services strategy for Pennine Acute Hospital Trust, Chief Executive Rochdale Borough Council is a member of the single hospital service board...Full locality engagement with an emerging single hospital service transaction board. ..Transformation bid monies to support North East Sector governance agreed to support the governance infrastructure and oversight of this service change				

CCG Risk Register

Risk	Owner	Next Review Date	Residual Score	Inherent Risk Score	
RR.16.0010	Sally Mclvor	31-Jul-19	12	16	
Risk Name	Urgent and Emergency Care				
Risk Description	Risk identified to report that the A&E four hour target will not be met in 2018/19 and the impact of poor performance across the urgent care system as a whole. Failure to achieve this will result in a poor experience for patients who require urgent or emergency care, including longer stays in A&E departments and hospital beds and an overall risk to their safety from these delays.				
Shaju Ahmed	<p>Rochdale Urgent Care Centre has met the 95% 4-hour national target across the 2018/19 Financial Year. The average performance being 97.29%. March 2019 position is 98.34%. This is an improvement on 2017/18 Financial Year (average 96.61%) and a 1.44% improvement on March 2018.</p> <p>The development of the Urgent Care plan is on-going. An Urgent Care Delivery Group has now been established and meeting monthly which reports into the Rochdale Urgent Care Board. The Delivery Group has multi-stakeholder attendance, the priority areas for delivery are around</p> <ul style="list-style-type: none"> • Establishing a single point of access • Establishing consistent assessment and triage, and signposting no matter where the patient presents; • Reviewing service provision across Rochdale and out of borough with a view to streamlining provision where possible 				