

Governing Body

28 September 2016

Details	Part 1	x	Part 2		Agenda Item No.	14 Appendix B
Title of Paper:	Corporate Risk Report					
Board Member:	Margaret O'Dwyer, Director of Commissioning and Business Delivery					
Author:	Lisa Featherstone, Deputy Director of Business Delivery Lynne Byers, Risk and Compliance Manager, GM Shared Service					
Presenter:	Margaret O'Dwyer, Director of Commissioning and Business Delivery					
Please indicate:	For Decision		For Information	X	For Discussion	

Executive Summary

Summary	<p>A key part of the organisation's internal control system is its risk management function. This should ensure that the organisation has a process for identifying and assessing risks both external and internal in order to select the most appropriate controls to manage these risks and therefore ensure delivery of key business objectives.</p> <p>In line with the Risk Management Strategy, the Audit Committee has reviewed those risks identified and assessed as having a net risk score of 15 and above. These risks are classified as significant were they to materialise and therefore the Committee's review of these ensures that these have received independent scrutiny.</p> <p>This Corporate Risk Register and supporting report continues to be developed with the inclusion of additional detail to enable the appropriate scrutiny, challenge and 'holding to account' to be undertaken.</p> <p>There are currently 22 risks being monitored across the CCG, excluding those reported through the Governing Body Assurance Framework. Five of the risks have a score over 15 or above as follows:</p> <ul style="list-style-type: none"> • Cancer 62 day Waits - Consultant decision to upgrade their priority status • A&E waiting time (PAHT)- Total Time in the A&E Department (4hrs) -Type 1-3 • Pennine Acute Maternity Services • 12 Hour A&E Trolley Waits • Failure to Complete Timely Serious Incident Investigations leading to the inability to corroborate the Number or Level of Harm to patients at PAHT (New) 					
Risk	High		Medium	X	Low	
	Whilst in year 1 of implementation of the Risk Management Strategy there is potential that not all risks are being captured and documented.					
Recommendations	<p>The Governing Body is asked to:</p> <ul style="list-style-type: none"> • note that the Corporate Risk Register has been reviewed by the Audit Committee; and • receive the Corporate Risk Register. 					

Strategic objectives

To deliver improved outcomes and reduce health inequalities for patients through better preventative strategies			
To deliver service re-design in priority areas through innovation			
To develop primary care to become excellent and high performing commissioners			
To develop the CCG leadership to work with the Local Authority to be excellent integrated commissioners			
To develop robust and effective working relationships with all stakeholders and partners to drive integrated commissioning			
To deliver long term financial sustainability through effective commissioning and innovative investment across the wider system			
To develop and influence the provider landscape through development of a Locality Care Organisation (LCO)			
Equality Analysis Assessed?	N/A	Supports NHS Bury CCG Governance arrangements	✓

Corporate Risk Register

1. Introduction

- 1.1 This report outlines those risks that have been identified and assessed as significant risks to the CCG, collectively referred to as the Corporate Risk Register, as recorded on Covalent, the risk management system used by the CCG.
- 1.2 The report presents the risk position and status as at 19th August 2016.

2 Corporate Risk Register

- 2.1 The Corporate Risk Register (see Appendix A) captures risks with a risk score 15 or above.
- 2.2 There are currently a total of 22 risks being monitored across the organisation, of which 5 (22%) are included on the Corporate Risk Register.
- 2.3 An assessment of each risk has been undertaken between the Risk Owner and Risk Manager since the last report with monitoring also being undertaken through the relevant Committee, prior to review by the Audit Committee.
- 2.4 The following four risks have previously been reported to the Governing Body, and there has been no change in the level of risk recorded from the previous report (July 2016) :
 - KPI_SD_C_B5_QP - A&E waiting time (PAHT)- Total Time in the A&E Department (4hrs) -Type 1-3
 - KPI_SD_C_B14 Cancer 62 day Waits - Consultant decision to upgrade their priority status (25% QP Penalty)
 - RR_S_QS_4112 Hour A&E Trolley Waits
 - RR_S_QS_33 Pennine Acute Maternity Services
- 2.5 One new risk has been identified and added to the Corporate Risk Register:
 - RR_S_QS_43 (New) Failure to Complete Timely Serious Incident Investigations leading to the inability to corroborate the Number or Level of Harm to patients at PAHT
- 2.6 The Audit Committee, at its meeting on 9 September 2016, reviewed all the risks, including identified sources of control, levels of assurance, mitigating actions and the date for delivering the target level of risk. A number of actions were identified and will be progressed through the governance arrangements.

3 Recommendations

- 3.1 Following review by the Audit Committee, the Governing Body is asked to:
 - receive the Corporate Risk Register.

Lisa Featherstone
Deputy Director of Business Delivery
August 2016

With operational support from
Lynne Byers
Risk and Compliance Manager, GM Shared Service

Appendix A: Corporate Risk Register: Summary

Risk Id	Risk Description	Date Risk Identified	Original Risk Score	Risk Last Reviewed	Current Risk Score	Target Risk Score	Direction of Travel	Next Review Date
KPI_SD_C_B5_QP	2016/17 - A&E waiting time (PAHT)- Total Time in the A&E Department (4hrs) -Type 1-3 (25% QP Penalty)	02-Apr-2012	16	17-Aug-2016	20	12		03-Oct-2016
KPI_SD_C_B14	Cancer 62 day Waits - Consultant decision to upgrade their priority status (25% QP Penalty)	09-Mar-2011	12	17-Aug-2016	16	12		17-Oct-2016
RR_S_QS_41	12 Hour A&E Trolley Waits	30-Nov-2015	16	17-Aug-2016	16	4		12-Sep-2016
RR_S_QS_43	Failure to Complete Timely Serious Incident Investigations leading to the inability to corroborate the Number or Level of Harm to patients at PAHT	31-Jul-2016	16	31-Jul-2016	16	4	New	12-Sep-2016
RR_S_QS_33	Pennine Acute Maternity Services	20-May-2015	20	17-Aug-2016	15	10		12-Sep-2016