

Governing Body

25 January 2017

Details	Part 1	X	Part 2		Agenda Item No.	11
Title of Paper:	Corporate Risk Register					
Board Member:	Margaret O'Dwyer, Director of Commissioning and Business Delivery					
Author:	Danny Lansley, Corporate Governance Manager Bridgeen Kane, Deputy Risk and Compliance Manager, GM Shared Service					
Presenter:	Lisa Featherstone, Deputy Director Business Delivery					
Please indicate:	For Decision		For Information		For Discussion	X

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 is required to retain oversight of any risks with 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 report continues to be a work in progress, and it is recognised that additional detail to support the Audit Committee in scrutinising the risks and holding the CCG to account on management of risk is still required.</p> <p>There are currently 6 risks being monitored across the CCG, excluding those reported through the Governing Body Assurance Framework.</p>					
Risk	High		Medium	X	Low	
	<p>If the risks which are identified on the Corporate Risk Register are not sufficiently managed and assurance received by the Committee. Then there could be detrimental effects on the finances and reputation of the CCG.</p>					
Recommendations	<p>The Audit Committee is asked to;</p> <ul style="list-style-type: none"> • receive the Corporate Risk Register; • review the information presented; and • determine whether the level of assurance against the risks is sufficient. 					

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 provides an updated position in respect to 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 25th November 2016.

2 Corporate Risk Register

- 2.1 The Corporate Risk Register (see Appendix A) captures risks with a risk score 15 or above with detail specific to each risk included at Appendix B. The risk matrix is also provided at Appendix C for ease of reference.
- 2.2 There are currently a total of 31 risks being monitored across the organisation, of which 6 (19%) 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 to Audit Committee with monitoring also being undertaken through the relevant Committee, and an update is provided below :

- **KPI_SD_C_B5_QP - A&E waiting time (PAHT)- Total Time in the A&E Department (4hrs) -Type 1-3**

- 2.4 This risk was last reviewed on the 24 November 2016. It was reported that the PAHT cumulative position as at 15 November 2016 was 84.2% against a 95% target. Performance is clearly compounded by the wider performance and quality concerns identified and reported at PAHT. The delivery of A&E performance measures remains a constant challenge but is being monitored through the NES System Resilience Group and Urgent Care Improvement Board – both of which are attended by Executive Officers from NHS Bury CCG.
- 2.4 Current mechanisms in place to manage the risk include the implementation of SRG schemes which have been approved by the CCG for 2016/17 across PAHT, Bury LA and Pennine Care FT. Additionally SRG monies have been released to local providers to provide a further range of SRG schemes. Meetings will be held with providers in order to commence monitoring during December/January and consider when these are likely to have an impact on the overall position. The risk is due for review in January 2017, however it is anticipated that there will be no further movement because monitoring of the SRG schemes will have only just started.
- 2.5 The Audit Committee is advised that this position has not been presented to the Quality and Risk Committee for review prior to inclusion in this report.

- **RR_S_QS_4112 Hour A&E Trolley Waits**

- 2.6 There has been no change in the risk score since the last report to the Committee. 12 hour breaches were lower in August but have arisen again in September and October. This is

monitored on a weekly basis. PAHT attributes the issue of excessive waits to problems with patient flow from A+E to the wards. Procedures are in place to ensure patient comfort and nutritional needs are met whilst patients are awaiting admission to a bed.

2.7 This risk was considered at the Quality and Risk Committee on 9th November and no further feedback was provided on the risk. The target risk of 4 is due to be achieved by August 2017. Supporting actions need to be reviewed and delivered in order that this can be achieved.

- **KPI_SD_C_B14 Cancer 62 day Waits - Consultant decision to upgrade their priority status**

2.8 The risk to the CCG is failing to achieve the constitutional target which forms part of the CCG's assurance process and impacts on patient experience and outcomes. Performance has been above target for the last 3 months being 100% in July and August and 90% in September but longer term performance has been more inconsistent. As the number of patients on the pathway are very low, there is always a risk that a breach can significantly impact performance.

2.9 Since the last report, the ownership of the NE Sector section of the wider cancer recovery plan has been progressed through monthly North East Sector Tactical Group meetings. This will add rigour to delivery across the local economy.

2.11 Additional controls have been identified in November which includes agreement reached with PAHT for Bury CCG to attend the Cancer MDT in order to review performance for Bury CCG patients specifically rather than at the sector level. It is not yet known if this will have a positive effect on the management of the risk and therefore the score has remained the same.

- **RR_S_QS_33 Pennine Acute Maternity Services**

2.12 There has been no change in the risk score of 15 since the last report to the Committee. Members are advised that there is one action listed as outstanding. An action plan is still awaited from the PAHT Improvement Board. Once the response has been received the CCG will be in stronger position to evaluate if we are on target to achieve the target score by 31st March 17.

2.13 Additionally, a walk around has been undertaken in Maternity Services at Royal Oldham Hospital, which has been added as a source of assurance. A number of issues were also identified, which have been directly escalated to the Trust's Director of Nursing. And are recorded as gaps in assurance.

- **RR_S_C_50 Capita – Primary Care Support Services**

2.14 This is a new risk on the corporate register, which has previously been presented to the Primary Care Commissioning Committee and predominantly relates to the national issues that have been experienced following the awarding of the contract for medical records management to Capita. The full ownership of this risk lies with NHS England and

assurance is being sought on how this is being addressed. There is an action plan in place, however this is not expected to deliver an improvement in service quality until April 2017.

2.15 The risk is impacting locally with day-to-day support being provided, however this risk requires further consideration to ensure the current risk level appropriately reflects the local impact. This will be progressed with an update provided through the next Primary Care Work Stream meeting and then to Primary Care Commissioning Committee.

- **RR_Q_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**

2.16 The risk was reviewed in October and there has been no change to the scoring. The wording of the risk was changed to better link it to the requirements to investigate under the national framework. There is still one action outstanding relating to the development and implementation of a new process for investigations. At the time of the review it is not clear whether the process had been fully operationalised, taking the risk past target date.

2.17 The original reason for including the risk on the register was the backlog of over 300 incomplete investigation on StEIS (reporting system). No data has been seen yet as to whether this has reduced or not.

2.18 The next review is not due until January 2017 however work is still needed to reassess the risk and provide a more realistic target date, currently stated as 1 September 2016 and so it will be prioritised for re-profiling.

3 Recommendations

3.1 The Audit Committee is asked to:

- receive the Corporate Risk Register;
- review the information presented; and
- determine whether the level of assurance against the risks is sufficient.

Danny Lansley
Corporate Governance Manager

With operational support from
Bridgeen Kane
Deputy Risk and Compliance Manager, GM Shared Service
November 2016

Appendix A: Audit Committee 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	24-Nov-2016	20	12		06-Jan-2017
KPI_SD_C_B14	Cancer 62 day Waits - Consultant decision to upgrade their priority status (25% QP Penalty)	09-Mar-2011	12	24-Nov-2016	16	12		06-Jan-2017
RR_Q_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	26-Oct-2016	16	4		03-Jan-2017
RR_S_C_50	Capita - Primary Care Support Services	07-Nov-2016	16	07-Nov-2016	16	8		15-Dec-2016
RR_S_QS_41	12 Hour A&E Trolley Waits	30-Nov-2015	16	08-Nov-2016	16	4		30-Nov-2016
RR_S_QS_33	Pennine Acute Maternity Services	20-May-2015	20	08-Nov-2016	15	10		12-Jan-2017

Appendix B: Audit Committee Corporate Risk Register: Detailed Risk

Risk Code & Title	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)				
Risk Statement	The NHS constitution requires the delivery of the 4 hour A&E target responsibility for this is placed directly with Provider Trusts and their local CCGs. Bury CCG is therefore measured against the cumulative performance of PAHT across it four hospital sites. The footprint of PAHT meant that performance against this measure is addressed through NE Sector working in collaboration. If patients experience longer stays in A&E then this may pose a negative impact on their health outcomes due to treatment delays, and patient experience. So, this will result in poor Provider performance and breaches in statutory duty	Risk Owner	Current Risk Status	Direction of Travel	Annual profile
		David Latham			

Original Risk				Current Risk				Next Risk Review Date	Target Risk			
Date Risk Identified	Impact	Likelihood	Rating	Current Risk Review Date	Impact	Likelihood	Rating		Impact	Likelihood	Rating	Target Date
02-Apr-2012	4	4	16	24-Nov-2016	4	5	20	06-Jan-2017	4	3	12	31-Mar-2017

Existing Assurance	Existing Controls	Gaps in Assurance / Gaps in Controls
<ul style="list-style-type: none"> . Executive Level Urgent Care Improvement Group with the CO representing Bury CCG. . Monthly NES Urgent Care Improvement Board meetings. . CCG adhoc attendance at the FGH daily bed meeting during extreme pressures. . Monthly NE Sector urgent care tactical group meetings (sub group of SRG). . Daily NES conference calls to monitor A&E bottle necks. . Local monthly internal urgent care meetings held. . Monthly reporting to Quality & Risk Committee, with escalation to GB and Audit Committee. . Bury ambulatory care steering group monthly meetings . New mandated NHS guidance requiring SRG group to be renamed to Local A&E delivery Board in order to focus solely on A&E performance to be implemented at NES level 	<ul style="list-style-type: none"> . Poor performance is addressed at chief officer level via the PAHT NES Urgent Care Improvement Group meeting. . Daily monitoring of A&E performance data to ensure full system awareness. . Daily reports received detailing performance breaches and reasons for breaches for adhoc interrogation/investigation (e.g trend analysis). . Bury CCG is working with PAHT to redesign Ambulatory Care pathways on the FGH site. . SRG (System Resilience Group) schemes have been approved by the CCG for 2016/17 across PAHT, Bury LA and Pennine Care FT . Additionally SRG monies have been realised to local providers for a range of further SRG schemes. . Ownership of performance at NE Sector level via NES SRG group attended by Burys urgent care clinical lead and the CCG Director of Commissioning. . PAHT have held a series of rapid improvement events to address performance issues. These events improve DTOC, . . Ambulatory care and A&E departments. . Action plans developed by PAHT and monitored via the PAHT NES Urgent Care improvement group and the NE Sector SRG Group to gain assurances. . Additional bed capacity at Bealey Community hospital has been secured for 16/17 through SRG funds, these beds will help to improve patient flow and support speedier discharge from hospital for Bury residents . Extended working hours across Bury has been implemented and is being redesigned (deflection). Service Specification proposals have been approved by the integrated health and social care board on 23/11/16 . Roll out of GP Quality Scheme helping to further improve access to Primary Care. Managed and monitored through the Primary Care Team . NES SRG has prioritised the production of a system wide recovery plan which will be monitored through this group (on-going agenda item). 	<ul style="list-style-type: none"> . Bury CCG performance is measured based upon PHAT Trust performance over its 4 sites.

Action	Due Date	Assigned To	'Action' progress update (latest)	Status	
5a High level controls/ Monthly /daily monitoring processes/procedures embedded to tackle PAHT breaches	30-Apr-2015	David Latham			Completed
5b PAHT - Plans for a further perfect week to be undertaken	30-Nov-2015	David Latham	Second perfect completed in November 2015		Completed
5c Workstream to be developed around integrated care facility to support the discharge	31-Mar-2016	David Latham	Additional bed stock secured at Bealey Hospital in 2016/17. Action closed.		Completed

process					
5d Monitor monthly performance and ensure attendance/engagement and leadership in assurance groups identified	30-Jun-2016	David Latham	-- enter new status update --		Completed
5e SRG Schemes to be approved	30-Jun-2016	David Latham	All SRG schemes approved. Meetings to be held to discuss and agree measurement monitoring and evaluation		Completed
5f Monitor monthly performance and ensure attendance/engagement and leadership in assurance groups identified	31-Jul-2016	David Latham			Completed
5g Monitor monthly performance and ensure attendance/engagement and leadership in assurance groups identified	31-Aug-2016	David Latham			Completed
5h Monitor monthly performance and ensure attendance/engagement and leadership in assurance groups identified	30-Sep-2016	David Latham	CCG ensures engagement in all relevant forums.		Completed
5i SRG schemes measurement monitoring/evaluation to be agreed	30-Sep-2016	David Latham	Meetings held with providers monitoring commence Dec/Jan.		Completed
5j Monitor monthly performance and ensure attendance/engagement and leadership in assurance groups identified	31-Oct-2016	David Latham			Cancelled
5k Monitor monthly performance and ensure attendance/engagement and leadership in assurance groups identified	30-Nov-2016	David Latham			In Progress
5l Monitor monthly performance and ensure attendance/engagement and leadership in assurance groups identified	31-Dec-2016	David Latham			In Progress
5m SRG schemes - monitor and review	31-Dec-2016	David Latham			In Progress
5n SRG schemes - monitor/ review/evaluate	31-Mar-2017	David Latham			In Progress

Risk Code & Title	KPI_SD_C_B14 Cancer 62 day Waits - Consultant decision to upgrade their priority status (25% QP Penalty)			
Risk Statement	If patients do not receive treatment within nationally required timescales then this will result in patients waiting longer for treatment resulting in patient dissatisfaction and poorer patient outcomes.	Risk Owner	Current Risk Status	Direction of Travel
		David Latham		

Original Risk				Current Risk				Next Risk Review Date	Target Risk			
Date Risk Identified	Impact	Likelihood	Rating	Current Risk Review Date	Impact	Likelihood	Rating		Impact	Likelihood	Rating	Target Date
09-Mar-2011	4	3	12	24-Nov-2016	4	4	16	06-Jan-2017	4	3	12	31-Mar-2017

Existing Assurance	Existing Controls	Gaps in Assurance / Gaps in Controls
<ul style="list-style-type: none"> . Bi-weekly NES Elective/Cancer tactical group meeting (Main vehicle for challenging) . Static agenda item - Monthly PAHT Contract Board . Monthly NES Cancer Board meeting . Monthly Bury cancer workstream meeting . Monthly GM Cancer Lead Managers Network meeting . Bi- weekly conference calls as requested . Monthly reporting to Quality & Risk Committee, with escalation to GB and Audit Committee . Weekly CCG cancer lead and CCG clinician meetings 	<ul style="list-style-type: none"> . Monitoring performance cancer waiting times on a monthly basis . Named CCG clinician (funded by MacMillan) in place . Cancer Significant Event Audit at practice level embedded into the Primary Care Quality Scheme. (Enabler) . Developed a practice nurse course on cancer . Intensive focus on Living With and Beyond Cancer - funding bid submitted on 30/09/2016 awaiting outcome. . PAHT have a wider cancer recovery plan in place to improve cancer performance . PAHT had agreed to a request from Bury CCG for attendance at Cancer MDT in order to review performance for Bury CCG patients specifically. 	<ul style="list-style-type: none"> . Performance with the local provider is monitored on a NES footprint and not Bury specific (NES remit) . Managed to agree with PHAT to attend Bury Cancer MDT for specific focus on Bury Performance.

Action	Due Date	Assigned To	'Action' progress update (latest)	Status	
14a Roll out Patient Cabinet development session (re:cancer and performance issues)	02-Sep-2015	David Latham	Patient cabinet session on Cancer delivered in September		Completed
14b Deep Dive exercise (Q1 data) to be undertaken and report findings back to MDT	30-Sep-2015	David Latham	Deep dive presented to the September Cancer MDT		Completed
14c Develop Job description and Recruit to Band 8a McMillan post	15-Jan-2016	David Latham	Job Description approved and advertised. 22 applicants. Currently shortlisting. Interview date set for 23.10.15		Completed
14d Develop in conjunction with McMillan future practice nurse courses on cancer	31-Mar-2016	David Latham	Developed a course proposal. this to be submitted to MacMillan for funding support.		Completed
14e Organise and schedule one further master class (GP engagement)	31-Mar-2016	David Latham	Currently planning the next masterclass. No date set yet.		Completed
14f Participation in the GM level redesign of cancer templates (currently out-of-date)	31-Mar-2016	David Latham	Action was to participate in the redesign of the Cancer templates. The redesign is a GM workstream. Bury CCG are factored into the process so the action is closed.		Completed
14g Hold PAHT to task for delivery of the NE Sector improvement plan via the NE Sector Elective Care Tactical Group	30-Jun-2016	David Latham	Group received the documented plan and were assurance that the plan was progressing in line with the outline (Consolidated Action covering April-June)		Completed
14h Hold PAHT to task for delivery of the NE Sector improvement plan via the NE Sector Elective Care Tactical Group	31-Jul-2016	David Latham	Group received the documented plan and were assurance that the plan was progressing in line with the outline. Capacity issue highlighted in relation to the gastrology procedure		Completed
14i Hold PAHT to task for delivery of the NE Sector improvement plan via the NE Sector Elective Care Tactical Group	31-Aug-2016	David Latham	Achieved through monthly North East Sector tactical group		Completed
14j Hold PAHT to task for delivery of the NE Sector improvement plan via the NE Sector Elective Care Tactical Group	30-Sep-2016	David Latham			Cancelled
14k Hold PAHT to task for delivery of the NE Sector improvement plan via the NE Sector Elective Care Tactical Group	31-Oct-2016	David Latham			Cancelled
14l Hold PAHT to task for delivery of the NE Sector improvement plan via the NE Sector Elective Care Tactical Group	30-Nov-2016	David Latham			Assigned

14m Hold PAHT to task for delivery of the NE Sector improvement plan via the NE Sector Elective Care Tactical Group	31-Dec-2016	David Latham			Assigned
14n Hold PAHT to task for delivery of the NE Sector improvement plan via the NE Sector Elective Care Tactical Group	31-Jan-2017	David Latham			Assigned
14o Hold PAHT to task for delivery of the NE Sector improvement plan via the NE Sector Elective Care Tactical Group	28-Mar-2017	David Latham			Assigned
14p Hold PAHT to task for delivery of the NE Sector improvement plan via the NE Sector Elective Care Tactical Group	31-Mar-2017	David Latham			Assigned

Risk Code & Title	RR_Q_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				
Risk Statement	The lack of robust processes for reporting, timely investigation, identifying learning, implementing change and reducing risk; in line with the requirements of the national serious incident framework (StEIS), may result in missed or compromised opportunities for learning and service improvement leading to recurrence of serious incidents.	Risk Owner	Current Risk Status	Direction of Travel	Annual profile
		Carolyn Trembath			

Original Risk				Current Risk				Next Risk Review Date	Target Risk			
Date Risk Identified	Impact	Likelihood	Rating	Current Risk Review Date	Impact	Likelihood	Rating		Impact	Likelihood	Rating	Target Date
31-Jul-2016	4	4	16	26-Oct-2016	4	4	16	03-Jan-2017	4	1	4	01-Sep-2016

Existing Assurance	Existing Controls	Gaps in Assurance / Gaps in Controls
<ul style="list-style-type: none"> . Oldham CCG oversee investigation processes with PAHT in the first instance. . Monthly SI panel reviews incidents reported, outcomes and lessons learned. . Monthly feedback at the PAHT North East Sector Clinical Quality Leads meeting including trends and analysis by Division and Site. 	<ul style="list-style-type: none"> . Extra external resource has been commissioned by the Trust to support the process in Medicine and Women's and Children divisions. . North East Sector CCG Quality Leads are supporting investigations into the outcome of 12 hr trolley waits to ensure there was no detriment to patient care and privacy and dignity was maintained at all times. . There is a new Senior Leadership Team in place at the Trust, including Chief Nurse who has oversight of this process. Regular reporting and discussions will provide Commissioners with greater understanding of whether the required improvement is happening. . Oversight of serious incidents by the Quality Leads with rapid escalation to the Contract Management Board and the GM Improvement Board processes in place. . There are regular meetings with the Director of Clinical Governance and senior leadership team to monitor the situation 	<ul style="list-style-type: none"> . PAHT are a Trust with significant issues both historical with poor leadership pre 2015; and current with destabilisation due to transition to a single hospital service for the City of Manchester and Healthier Together proposals. . The current Governance Team have made significant progress with correcting systems and processes for serious incident management however the delivery of care remains compromised through inadequate staffing and leadership in some specialties and high patient demand. . The Trust is being supported by external providers, Salford & CMFT and NHS Improvement (formerly the TDA).

Action	Due Date	Assigned To	'Action' progress update (latest)	Status	
43a Issue to be included in the PAHT Risk Profiling Tool completed for the QSG Focus review meeting	31-Mar-2016	Carolyn Trembath			Completed
43b PAHT Risk profiling Tool to include the Trusts plans to develop an 'Incident Management Team'	05-Jul-2016	Carolyn Trembath	Reviewed at the Risk Summit held on 5th July.		Completed
43c Improvement Board to be formed with oversight of all elements contained within the risk profiling tool	31-Jul-2016	Carolyn Trembath	Improvement Board established July 2016		Completed
43d Update on progress to implement the Incident Management Team, clear backlog of outstanding SI's and develop new processes for future investigations	30-Sep-2016	Carolyn Trembath	Findings due to be presented to CCG Quality Leads in September 2016.		Overdue

Risk Code & Title	RR_S_C_50 Capita - Primary Care Support Services				
Risk Statement	Capita were awarded the contract for primary care support services and are experiencing customer service issues. There is already an emerging risk practices will have a backlog of records waiting to be collected or received. There could also be a lack of communication to patients about mergers, closures and retirements. The lack of records may result in some GPs consulting with new patients without their records giving rise to safety concerns.	Risk Owner	Current Risk Status	Direction of Travel	Annual profile
		Amy Lepiorz			

Original Risk				Current Risk				Next Risk Review Date	Target Risk			
Date Risk Identified	Impact	Likelihood	Rating	Current Risk Review Date	Impact	Likelihood	Rating		Impact	Likelihood	Rating	Target Date
07-Nov-2016	4	4	16	07-Nov-2016	4	4	16	15-Dec-2016	4	2	8	31-Mar-2017

Existing Assurance	Existing Controls	Gaps in Assurance / Gaps in Controls
<ul style="list-style-type: none"> Regular newsletters from Capita which provide updates in progress. These are communicated to practices by the CCG.# Feedback from Capita at GM Primary Care Leads Meeting There is now specific lines of contact with which issues can be raised to Capita. 	<ul style="list-style-type: none"> This is a contract which has been procured by NHS England and so much of the mitigation is outside the control of the CCG. NHS England has increased funding to Capita for the remainder of 2016/17 to address the issues. 	Assurances sent by Capita via NHS England show that some action in the recovery plan will not be completed until April 2017.

Action	Due Date	Assigned To	'Action' progress update (latest)	Status
50a Supporting practices to raise concerns with Capita on a case-by-case basis	31-Mar-2017	Zoe Alderson		 Unassigned
50b Review monthly communications from Capita about recovery plan to identify any gaps/lack of progress	15-Dec-2016	Zoe Alderson		 Unassigned

Risk Code & Title	RR_S_QS_41 12 Hour A&E Trolley Waits				
Risk Statement	The risk is that the current 'admission from A&E' pathway in place at Pennine Acute and many other GM acute trusts means that patients are sometimes waiting much longer than they should in the A&E department – without being flagged as 'long-waiting' patients. This could have substantial patient safety and experience implications for affected patients.	Risk Owner	Current Risk Status	Direction of Travel	Annual profile
		Carolyn Trembath			

Original Risk				Current Risk				Next Risk Review Date	Target Risk			
Date Risk Identified	Impact	Likelihood	Rating	Current Risk Review Date	Impact	Likelihood	Rating		Impact	Likelihood	Rating	Target Date
30-Nov-2015	4	4	16	08-Nov-2016	4	4	16	30-Nov-2016	4	1	4	31-Aug-2017

Existing Assurance	Existing Controls	Gaps in Assurance / Gaps in Controls
<ul style="list-style-type: none"> Assurance on waiting times monitored through NES Urgent Care Delivery Board Audit outcomes and any other service delivery or quality concerns escalated to CQL Never event serious incidents will be reviewed by the NE Sector SI Evaluation Panel Monthly reporting to Q&R Committee External monitoring by NHSE via STEIS NHSE Improvement Board established July 2016 with responsibility for the implementing of safe and effective solutions to key areas where there are concerns in service delivery. 	<ul style="list-style-type: none"> Assurance Walk Rounds of A&E to ensure high of nursing standards. Audit of cohorts of patients to be undertaken by CCG (10 case note reviews each month). A&E filter reports provided daily, give unvalidated 12 hour indication Any 12 hour trolley wait breaches will be classed as never events and investigated in line with the serious incident framework. PAHT will be held to account in contract forums and via the SRG for adhering to the formal 12 hour trolley breach national guidance. <p>New controls July 2016</p> <ul style="list-style-type: none"> Reporting of 12 hour trolley waits has been revised and brought in line with national guidance as previous DTA was more stringent Fortnightly review of breaches and tracker validation now in place between PAHT and Bury CCG for the NES Comprehensive urgent care action plan updates provided weekly to Urgent Care Delivery Board and cascaded to quality leads to assure harm free care. November 2016 - updated DTA policy received by Quality Lead from PAHT. Comments requested back to urgent care delivery board by Margaret O'Dwyer by 14th November 2016. 	<ul style="list-style-type: none"> NHSE Improvement Board continues to have ownership of the A&E / Urgent Care improvement plan for PAHT. 12 hour breaches were lower in August but have risen again in September and October. All partners working to reduce demand and stabilise the system. Bury CCG to continue to mobilise out of hospital services to improve timely discharges however, yet to see an impact on delayed discharges impacting on 12 hour waits.

Action	Due Date	Assigned To	'Action' progress update (latest)	Status
41a NHSE improvement Board - Review action plan from NHSE and implement a work programme	31-Aug-2016	Carolyn Trembath	NHSE Improvement Board continues to have ownership of the A&E / Urgent Care improvement plan for PAHT. Detailed plan in place for reducing demand and improving medical workforce, particularly at the NMGH site to include additional middle grade doctors and consultants. Review of action completed by Catherine Jackson via email 26/10/16	 Completed

Risk Code & Title	RR_S_QS_33 Pennine Acute Maternity Services				
Risk Statement	If unsatisfactory standards of leadership and clinical care within Pennine Acute Maternity Services are not addressed, then, this could result in possible patient harm, adverse media attention and reputational damage to both Pennine Acute and the CCG.	Risk Owner	Current Risk Status	Direction of Travel	Annual profile
		Carolyn Trembath			

Original Risk				Current Risk				Next Risk Review Date	Target Risk			
Date Risk Identified	Impact	Likelihood	Rating	Current Risk Review Date	Impact	Likelihood	Rating	Next Risk Review Date	Impact	Likelihood	Rating	Target Date
20-May-2015	5	4	20	08-Nov-2016	5	3	15	12-Jan-2017	5	2	10	30-Mar-2017

Existing Assurance	Existing Controls	Gaps in Assurance / Gaps in Controls
<ul style="list-style-type: none"> Weekly tracking of the Action Plan at the Triumvirate meetings with evidence presented and progress tracked. Action plan progress will be tracked at the North East Sector Clinical Quality Leads meeting, by CCG Quality and Risk Committee and CCG Governing Body and through regular updates to NHS England's Area Team NHSE Improvement Board established July 2016. They have the responsibility of implementing safe and effective solutions to key areas where there are concerns in service delivery including maternity Walkaround conducted at Royal Oldham Hospital. 	<ul style="list-style-type: none"> Incident Management Group identified a plan of action Action plan 'themes' identified by a wide range of stakeholders Detailed actions underpin each theme to target concerns Detailed actions continue to be developed with the themes capturing the issues Action plan is robust, with tight time frames and relevant ownership A 2 year CQUIN has been negotiated for 2016-18 which aims to improve outcomes, particularly stillbirths through, early identification and escalation of IUGR, smoking cessation, education for women on reduced foetal movement and improved management of labour. <p>The commissioners are assured that the Trust is taking all appropriate steps, and is progressing at sufficient pace, by the following actions:</p> <ul style="list-style-type: none"> Trust Board engagement and support of the Maternity Improvement Plan as a priority for the organisation Sufficient Senior Management Team focus and attention on the plan Engagement of Commissioners and TDA in the plan Clear tracked communication plan The formation of a Co-chaired, multi-disciplinary, multi-organisational Incident management Group (IMG) Serious Incident Management system improvement programme, supported by Commissioners Maternity Serious Incident subgroup; a multi-disciplinary subgroup to include commissioners is being formed Partnership / Buddy collaboration with Newcastle General Hospital Maternity Unit, visit planning in progress Trust review of the Kirkup report and incorporation of findings into the action plan Appointment of two new doctors; Clinical Director for Obstetrics and Gynaecology and Clinical Director for Neonatology Engagement of staff in the process and writing of the Action Plan Maternity Dashboard Raising the Bar on Quality at Pennine 10 actions to make the most difference at pace programme of work <ul style="list-style-type: none"> Maternity Improvement Plan (MIP) being embedded. Significant assurance from Mersey Internal Audit Agency regarding the implementation of the MIP. New Head of Midwifery. New Obstetric leadership. Maternity Governance structure under review. CQUIN relating to maternity care bundles and SaBINE (Safe babies in the NE Sector) now included in the 16/17 contract MIP being further reviewed by the new Salford Executive Team to ensure there are comprehensive actions identified to deliver a safe service. 	<ul style="list-style-type: none"> Awaiting action plan from Improvement Board Walk around conducted by CCG staff at Royal Oldham which identified a number of concerns raised with Director of Nursing.

Action	Due Date	Assigned To	'Action' progress update (latest)	Status
33a NHSE improvement Board - Review action plan from NHSE and implement a work programme	30-Nov-2016	Carolyn Trembath	-- enter new status update --	 In Progress

Appendix C : Risk Matrix
Quantitative Measure of Risk – Consequence Score

	Consequence score (severity levels) and examples of descriptors				
	1	2	3	4	5
Domains	Negligible	Minor	Moderate	Major	Catastrophic
Impact on the safety of patients, staff or public (physical/psychological harm)	Minimal injury requiring no/minimal intervention or treatment. No time off work	Minor injury or illness, requiring minor intervention Requiring time off work for >3 days Increase in length of hospital stay by 1-3 days	Moderate injury requiring professional intervention Requiring time off work for 4-14 days Increase in length of hospital stay by 4-15 days RIDDOR/agency reportable incident An event which impacts on a small number of patients	Major injury leading to long-term incapacity/disability Requiring time off work for >14 days Increase in length of hospital stay by >15 days Mismanagement of patient care with long-term effects	Incident leading to death Multiple permanent injuries or irreversible health effects An event which impacts on a large number of patients
Quality/complaints/audit	Peripheral element of treatment or service suboptimal Informal complaint/inquiry	Overall treatment or service suboptimal Formal complaint (stage 1) Local resolution Single failure to meet internal standards Minor implications for patient safety if unresolved Reduced performance rating if unresolved	Treatment or service has significantly reduced effectiveness Formal complaint (stage 2) complaint Local resolution (with potential to go to independent review) Repeated failure to meet internal standards Major patient safety implications if findings are not acted on	Non-compliance with national standards with significant risk to patients if unresolved Multiple complaints/independent review Low performance rating Critical report	Totally unacceptable level or quality of treatment/service Gross failure of patient safety if findings not acted on Inquest/ombudsman inquiry Gross failure to meet national standards
Human resources/ organisational development/staffing/ competence	Short-term low staffing level that temporarily reduces service quality (< 1 day)	Low staffing level that reduces the service quality	Late delivery of key objective/ service due to lack of staff Unsafe staffing level or competence (>1 day) Low staff morale Poor staff attendance for mandatory/key training	Uncertain delivery of key objective/service due to lack of staff Unsafe staffing level or competence (>5 days) Loss of key staff Very low staff morale No staff attending mandatory/ key training	Non-delivery of key objective/service due to lack of staff Ongoing unsafe staffing levels or competence Loss of several key staff No staff attending mandatory training /key training on an ongoing basis
Statutory duty/ inspections	No or minimal impact or breach of guidance/ statutory duty	Breach of statutory legislation Reduced performance rating if unresolved	Single breach in statutory duty Challenging external recommendations/ improvement notice	Enforcement action Multiple breaches in statutory duty Improvement notices Low performance rating Critical report	Multiple breaches in statutory duty Prosecution Complete systems change required Zero performance rating Severely critical report

Adverse publicity/ reputation	Rumours Potential for public concern	Local media coverage – short-term reduction in public confidence Elements of public expectation not being met	Local media coverage – long-term reduction in public confidence	National media coverage with <3 days service well below reasonable public expectation	National media coverage with >3 days service well below reasonable public expectation. MP concerned (questions in the House) Total loss of public confidence
Business objectives/ projects	Insignificant cost increase/ schedule slippage	<5 per cent over project budget Schedule slippage	5–10 per cent over project budget Schedule slippage	Non-compliance with national 10–25 per cent over project budget Schedule slippage Key objectives not met	Incident leading >25 per cent over project budget Schedule slippage Key objectives not met
Finance including claims	Small loss Risk of claim remote	Loss of 0.1–0.25 per cent of budget Claim less than £10,000	Loss of 0.25–0.5 per cent of budget Claim(s) between £10,000 and £100,000	Uncertain delivery of key objective/Loss of 0.5–1.0 per cent of budget Claim(s) between £100,000 and £1 million Purchasers failing to pay on time	Non-delivery of key objective/ Loss of >1 per cent of budget Failure to meet specification/ slippage Loss of contract / payment by results Claim(s) >£1 million
Service/business interruption Environmental impact	Loss/interruption of >1 hour Minimal or no impact on the environment	Loss/interruption of >8 hours Minor impact on environment	Loss/interruption of >1 day Moderate impact on environment	Loss/interruption of >1 week Major impact on environment	Permanent loss of service or facility Catastrophic impact on environment

Qualitative measure of risk – Likelihood score

	1	2	3	4	5
Descriptor	Rare	Unlikely	Possible	Likely	Almost certain
Frequency How often might it/does it happen	Not expected to occur for years	Expected to occur annually	Expected to occur monthly	Expected to occur weekly	Expected to occur daily
Probability	<1%	1-5%	6-20%	21-50%	>50%
	Will only occur in exceptional circumstances	Unlikely to occur	Reasonable chance of occurring	Likely to occur	More likely to occur than not occur

Quantification of the Risk – Risk Rating Matrix

		Likelihood					
		1	2	3	4	5	
		Rare	Unlikely	Possible	Likely	Almost certain	
Consequence	5	Catastrophic	5	10	15	20	25
	4	Major	4	8	12	16	20
	3	Moderate	3	6	9	12	15
	2	Minor	2	4	6	8	10
	1	Negligible	1	2	3	4	5