

Meeting: Governing Body			
Meeting Date	26 September 2018	Action	Recommend
Item No.	13c	Confidential	No
Title	Corporate Risk Register		
Presented By	Margaret O'Dwyer, Director of Commissioning and Business Delivery		
Author	Lynne Byers, Risk Manager		
Clinical Lead	-		

Executive Summary

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.

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.

There are currently **4** risks included on the Corporate Risk Register (operational risks) at a level 15 or above, excluding those reported through the Governing Body Assurance Framework (strategic risks):

- one (1) risk has escalated on to the Corporate Risk Register and is currently a level 16 risk.
- two (2) new risks have been identified and are both currently level 20 risks.
- one (1) existing corporate risk has increased from a level 20 to a level 25 risk.

The Audit Committee reviewed the Corporate Risk Register at its meeting in September and recommended the report to the Governing Body.

Recommendations

It is recommended that the Governing Body :

- Receive the Corporate Risk Register;
- Review the information presented; and
- Discuss any risks as required.

Links to CCG Strategic Objectives

To encourage people so that they want to, and do, take responsibility for their own health and well-being.	<input type="checkbox"/>
To drive and support system wide transformation.	<input type="checkbox"/>

To commission joined-up health and social care for people in Bury through a Single Commissioning Framework.	<input type="checkbox"/>
To achieve financial sustainability for the Bury health and social care economy.	<input type="checkbox"/>
To support the Locality Care Alliance to deliver high quality services in line with commissioner intentions.	<input type="checkbox"/>
To be a high-performing, well-run and respected organisation with an empowered workforce	<input checked="" type="checkbox"/>
Does this report seek to address any of the risks included on the Governing Body Assurance Framework? If yes, state which risk below:	
GBAF – n/a	

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Have any departments/organisations that will be affected been consulted?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any financial Implications?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any associated risks including Conflicts of Interest?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are the risks on the CCG's risk register?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>

Governance and Reporting		
Meeting	Date	Outcome
Quality and Performance Committee	08/08/2018	The Q&P Committee noted their assurance that the mixed sex accommodation and biliary stent risks are being managed appropriated.

Audit Committee	07/09/2018	The Audit Committee reviewed the risks and sought clarity on the financial risks included. Confidence was also reported in the process in place for review and escalation of risks.
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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 Pentana, the risk management system used by the CCG.
- 1.2 The report presents the risk position and status as at **31 July 2018**.

2. Background

- 2.1 The Corporate Risk Register (see Appendix A) captures operational risks with a 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 **20** risks being monitored across the organisation, of which **4** (20%) are included on the Corporate Risk Register.
- 2.3 Since last reporting to the Audit Committee in July 2018, one risk has escalated on to the Corporate Risk Register, and two new risks have been identified as outlined below:

Risk	Risk Owner	Committee Oversight
New risk: Failure to operate within 2018/19 financial controls assessed as a level 20 risk.	Rachel Coaker	Finance, Contracting & Procurement Committee
Escalated Risk : PCFT Mixed Sex Accommodation (SSA breaches) – increased to level 16 risk	Sarah Tomlinson	Quality & Performance Committee
New risk: Biliary Stent – PAHT assessed as a level 20 risk.	Carolyn Trembath	Quality & Performance Committee

- 2.4 In addition, one existing Corporate Risk has increased from a level 20 to a level 25 risk:

Risk	Risk Owner	Committee Oversight
Failure to effectively invest in the medium term transformation of the wider health care economy - increased to a level 25 risk.	Mike Woodhead	Finance, Contracting & Procurement Committee

3.0 Corporate Risk Register

- 3.1 The following commentary presents updates to each of these 4 risks. The details for these risks are taken from the most recent report to the Committee with responsibility for reviewing the risk.
- **OR_F_03 Failure to effectively invest in the medium term transformation of the wider health and care economy**
- 3.2 This risk was reported at a level 20 following its assessment in March 2018 however the reassessment in July 2018 saw the risk increase to level 25 risk. The risk owner determined that the consequence (impact) of this risk had shifted from a level 4 (Major) to level 5 (Catastrophic) as the development of robust plans to support the delivery of the Transformation Programmes are significantly behind schedule and therefore the financial impact on the locality is in excess of 1% of the budget.
- 3.3 Programme 6 specifically is of particular concern and whilst some funding has been released it is essential that more robust plans are developed and approved before the next funding gateway begins in September 2018.
- 3.4 Progress is moving with regard to the Urgent Care and Children's Service plans with funding approved and both are nearing the implementation stage.
- 3.5 The Public Health led Programmes were scrutinised by the Transformation Programme Board in August 2018, and an update will be included in the next report to the Audit Committee.
- 3.6 Due diligence work with the Local Authority has been hindered by stakeholder engagement. To address this, the CFO/ DOF have set up a regular meeting to progress the work stream. A due diligence plan / process has now been drafted, against which work will start to be progressed.
- 3.7 The change in risk score was due to be reported at the Finance, Contracting and Procurement Committee in August, however the meeting was stepped down and therefore there has been no wider discussion of these proposed changes, at this time, with the sub-committee with oversight of this risk.
- **WS_MH_SD_15 PCFT Mixed Sex Accommodation (SSA breaches)**
- 3.8 Following the completion of a 'deep dive' risk review at the July 2018 Quality and Performance Committee, it was agreed that the risk would be better assessed against the quality risk descriptors rather than as a statutory duty risk.
- 3.9 As a consequence of this change, both the impact and likelihood risk scores have increased from level 3s to level 4s as there remains significant risk to patients the issue of Mixed Sex Accommodation remains unresolved. The Committee is advised that the likelihood score will remain a level 4 until the estate has been modified sufficiently to allow the provider to meet the statutory requirement for same sex accommodation. This risk is now a level 16 risk and is included on the Corporate Risk Register.

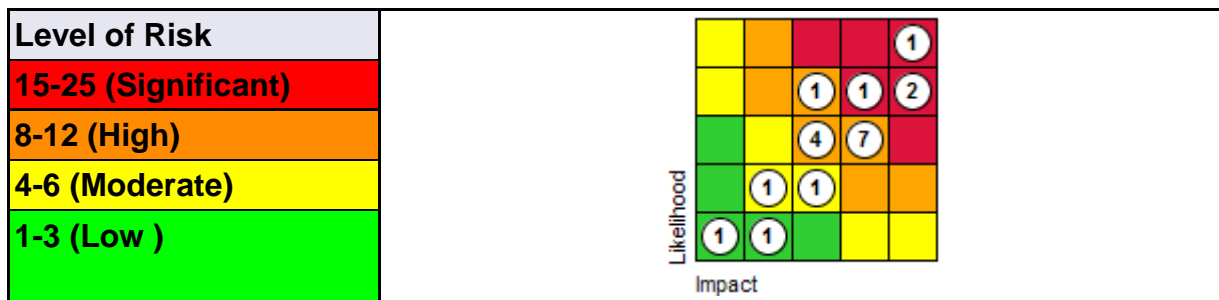
- 3.10 The CCGs direct control and management of this risk is limited and somewhat reliant on routine monitoring of progress against the Provider's engagement plan and output reports from PCFT's Quality Improvement reporting system.
- 3.11 The CCG is assured by PCFT that the engagement work, which is divided into the following three stages, is progressing:
- Stage 1 (June): Introductory conversations with staff and patients directly impacted by any potential changes.
 - Stage 2 (July): More formal facilitated sessions on effected wards
 - Stage 3 (August): At the end of August (date to be confirmed), the Trust will send out an on-line survey to the wider stakeholder group, including the CCG. The Trust is still of the view that wider public consultation may not be necessary
- 3.12 Further assurance is provided through PCFT's review, triangulation and reporting of patient safety, patient experience and clinical effectiveness on a monthly, quarterly and 6 monthly basis, which for Q1-Q3 has not identified any concerns regarding patient safety, privacy and dignity as a result of non-compliance with SSA.
- **WS_IC_S_03 Biliary Stent – PAHT**
- 3.13 In May 2018, the Northern Care Alliance governance systems identified 3 patient harm events following biliary stent insertion via ERCP, where the patient had not received appropriate follow-up. This is a significant risk as the impact of not receiving the appropriate follow-up could result in patient death. Whilst this risk cuts across multiple risk domains, the prime impact is 'Safety' and therefore it is against this domain that the impact level has been determined.
- 3.14 Following notification of this, a new risk was identified and has been assessed as a level 20 risk, against a target level of 5 to be achieved by 31 March 2019. It should be noted that the target date remains tentative and will not be firmed up until the Biliary Stent Group, which is governed by the Group Executive Assurance and Risk Committee (GRAC) via PAHT governance processes, has received assurances that PAHT's capacity and demand to deliver the mitigating actions have been addressed.
- 3.15 As a way of managing this risk, PAHT are undertaking the following actions:
- sourcing additional clinical capacity in outpatients and theatre availability to manage stent removals; and
 - developing patient leaflets which describe the signs and symptoms that may be experienced if stent removal becomes overdue and advises patients who present with any symptoms to seek urgent medical attention.
- 3.16 The CCG has been advised that a new gastroenterologist consultant commenced in post on the 01 August 2018 which has enabled additional clinics to be arranged to tackle the current waiting list for ERCP procedures and it is expected that the waiting list will be cleared by September 2018. Additional weekend capacity is also planned to undertake abdominal X-rays as required. PAHT will then be better placed to address the patients who have no planned follow-up.
- **OR_F_05 Failure to operate within 2018/19 financial controls**
- 3.17 This new risk has been assessed as a level 20 risk, against a target level of 16 and

will be reassessed in October 2018 whereby a clearer view of the financial balance position can be formed.

- 3.18 The prime risk is associated with this delivery of the QIPP Programmes, which is identified as a strategic risk to delivery of the corporate objectives on the Governing Body Assurance Framework. As a mechanism to manage this, an Accelerated Savings Group has been established and is responsible for managing the QIPP and other financial challenges during 2018/19.
- 3.19 There are however some controls in place to support the monitoring and mitigation of this risk, which include:
- Monthly review of financial information and agreement on mitigating actions;
 - Continuous monitoring of the QIPP / Accelerated Savings Programmes for 2018/19;
 - Provider activity and contract monitoring; and
 - Mitigating actions identified through discussions with Providers where necessary.

4. Risk Distribution

- 4.1 The heat map below identifies a total of **20** risks distributed across the 5x5 matrix and excludes risks associated with the GBAF.





4 Recommendations



- 4.1 The Governing Body is required to:
- Receive the Corporate Risk Register;
 - Review the information presented;

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 August 2018

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 Risk Review
OR_F_03	Failure to effectively invest in the medium term transformation of the wider health and care economy	19-Jun-2017	20	24-Jul-2018	25	6		Sep-2018
OR_F_05	Failure to operate within 2018/19 financial control totals	24-Jul-2018	25	24-Jul-2018	20	16	New	Sep-2018
WS_IC_S_03	Biliary Stents	01-Jun-2018	20	18-Jul-2018	20	5	New	Aug-2018
WS_MH_Q_15	PCFT - Mixed Sex Accommodation (SSA breaches)	13-Feb-2018	16	16-Jul-2018	16	4		Oct-2018


Appendix B: Audit Committee: Detailed Risk

Risk Code & Title	OR_F_03 Failure to effectively invest in the medium term transformation of the wider health and care economy			
Risk Statement	Because of the uncertainty around Transformation Funds, coupled with the lack of local investment funds and other short-term financial pressures in the wider economy, there is a risk that the CCG will fail to effectively invest in transformation of the wider health and care economy. The effect of this might be an inability to manage within financial control totals in future years, i.e. the CCG could become financially unsustainable and would be put into a formal turnaround programme. This would negatively impact on the health outcomes for Bury's population. The prime risk to the CCG is financial impact.	Assigned To	Current Risk Status	Direction of Travel
		Mike Woodhead		
Current Issues	<ul style="list-style-type: none"> . CCG under-funding . Bury MBC financial pressures . Local provider instability - financial and quality issues . Complex integration and transformation agenda with inherent risks; . Potential to miss investment agreement targets . Uncertainty regarding procurement issues . Uncertainty regarding organisational forms – potential delays, competing priorities, etc. . Uncertainty and complexity re financial flows, contractual forms etc. . Competing national and regional must-dos Potential for financial pressures in intermediate years to prevent longer term investment (plans do not close the financial gap until year 4-5). . Capacity and skills gap in the locality 			

Original Risk				Current Risk				Next Risk Review	Target Risk			
Date Risk Identified	Impact	Likelihood	Rating	Current Risk Review Date	Impact	Likelihood	Rating		Impact	Likelihood	Rating	Target Date
19-Jun-2017	4	5	20	24-Jul-2018	5	5	25	Sep-2018	3	2	6	31-Mar-2020


Existing Assurance	Existing Controls	Gaps in Assurance / Gaps in Control
<ul style="list-style-type: none"> . Monthly Finance Committee, Board and NHSE reporting . Regular review and contract monitoring of key providers (including formal minutes and reports from meetings) . Improvement Board and sub-committee minutes . Regular reports to joint governance meetings with Bury MBC. . Regular meeting of North East Sector CFOs and DoFs to monitor manage system wide pressures (including alignment of financial plans) . Financial planning returns submitted to GMH&SCP (external assurance) 	<ul style="list-style-type: none"> . Obligation for GM to achieve overall control total through supporting individual organisations to achieve financial balance. . CFOs review the overall position on a monthly basis and are able to support achieving the overall control total. . Due diligence process under-way with Bury MBC to understand financial pressures and risk. . Joint governance arrangements with Bury MBC to manage pressures across the system rather than within organisational boundaries. . Improvement Boards and financial sub-groups monitoring and managing provider stability issues. . Transformation and integration agendas managed by joint governance arrangements with Bury MBC and subject to formal investment agreements. . Ongoing work to agree PMO resource requirements and frameworks and transformation implementation plans . Legal advice re procurement issues . Revised financial plans submitted to GM May 2018 	<p>Gaps in controls:</p> <ul style="list-style-type: none"> . Due diligence process to be finalised (03a) . Transformation plans not yet finalised. Not in the CCG's gift as the completion of the TP are reliant on a number of disparate partners and maybe hindered by capacity and capability issues(03d) <p>Gaps in assurances:</p> <ul style="list-style-type: none"> . None identified


Action	Due Date	Assigned To	'Action' progress update (latest)	% Progress	Status
OR_F_02c Agreement on PMO arrangement	31-Aug-2017	Rachel Coaker	This has moved into the LCO/OCO development workstreams and any residual or new risks will be captured as part of their remit	100%	 Completed
OR_F_03a Strengthen risk sharing agreements - Complete initial financial due diligence work with Bury MBC	31-Jan-2018	Rachel Coaker	The CFO/ DOF have set up a regular meeting to progress the work stream. A due diligence plan/ process has now been drafted on which work will start to progress.	40%	 Overdue
OR_F_03b Procurement of LCA including agreement of procurement route facilitation of alliance agreement and procurement advert	31-Mar-2018	Mike Woodhead	LCA shared the Draft alliance contract. The CCG has reviewed and shared their views/comments with the LCA	20%	 Overdue
OR_F_03c Revised financial plans	30-Apr-2018	Mike Woodhead	Final plans submitted to GM May 2018. The CCG has planned for breakeven; this includes 8.5M QIPP target and 5.4M net risk.	100%	 Completed
OR_F_03d Finalise Transformation Plans (i.e Transformation of Finance & Implementation Plan / Internal Investment Agreements)	30-Sep-2018	Mike Woodhead	Urgent Care and Children's' Services plans are at a good stage and are in the process of being implemented with funding approved. Programme 6 is significantly behind schedule and whilst funding has been released it is essential that more robust plans are developed and approved before the next funding gateway (September 2018). The Public Health led programmes are due to be scrutinised by the Transformation Programme Board in August 2018.	60%	 In Progress

Risk Code & Title	OR_F_05 Failure to operate within 2018/19 financial control totals				
Risk Statement	Because of the scale and range of financial issues (e.g. under funding, national direction/agendas, QIPP challenges) there is a risk that the CCG will fail to operate within 18/19 control totals. The effect of this would be regional and national challenge, with the possibility of the CCG being put into a formal turnaround programme. This could, in turn, lead to reputational damage as well as impacting on our transformation and integration plans and reducing our ability to invest. The prime risk to the CCG is financial impact.	Assigned To	Current Risk Status	Direction of Travel	Annual profile
		Rachel Coaker		New	
Current Issues	<ul style="list-style-type: none"> . CCG under-funding . Bury MBC financial pressures . Local provider instability - financial and quality issues . Complex integration and transformation agenda with inherent risks . National and regional must-dos . QIPP challenge 				

Original Risk				Current Risk				Next Risk Review	Target Risk			
Date Risk Identified	Impact	Likelihood	Rating	Current Risk Review Date	Impact	Likelihood	Rating		Impact	Likelihood	Rating	Target Date
24-Jul-2018	5	5	25	24-Jul-2018	5	4	20	Sep-2018	4	4	16	31-Jan-2019







Existing Assurance	Existing Controls	Gaps in Assurance / Gaps in Control
<ul style="list-style-type: none"> . Monthly forecast outturn preparation including identification of mitigating actions and controls reported on a monthly basis to Finance Committee, Board and NHSE . Regular review and contract monitoring of key providers (including formal minutes and reports from meetings) Regular reports to joint governance meetings with Bury MBC . Bury transformation finance group set up to provide specific cross locality support and recommendations to the Transformation Board. . Accelerated Savings Group (subgroup of FC&P) established to progress the QIPP programme 	<ul style="list-style-type: none"> . Monthly review of financial information (YTD position and FOT) with issues raised to the CFO and EMT for discussion and agreement on mitigating actions . QIPP programme in place for 18/19, continuous monitoring to identify schemes to ensure that targets are met . Provider activity and contract monitoring in place to ensure that performance is in line with expectation and agreement of mitigating actions with providers where necessary. . Provider activity and contract position agreed through discussion and AOB process . Obligation for GM to achieve overall control total through supporting individual organisations to achieve financial balance . CFOs review the overall position on a monthly basis and are able to support achieving the overall control total. . Detailed plans have been ratified with commissioners regarding significant must-dos (e.g. Mental Health and Primary Care Forward Views) . Joint governance arrangements with Bury MBC to manage pressures across the system rather than within organisational boundaries. . Improvement Boards and financial sub-groups monitoring and managing provider stability issues . Transformation and integration agendas managed by joint governance arrangements with Bury MBC and subject to formal investment agreements. 	<p>Gaps in controls:</p> <ul style="list-style-type: none"> . None identified <p>Gaps in assurances:</p> <ul style="list-style-type: none"> . None identified




Action	Due Date	Assigned To	'Action' progress update (latest)	% Progress	Status
OR_F_03c Revised financial plans	30-Apr-2018	Mike Woodhead	Final plans submitted to GM May 2018. The CCG has planned for breakeven; this includes 8.5M QIPP target and 5.4M net risk.	100%	 Completed

Risk Code & Title	WS_IC_S_03 Biliary Stents				
Risk Statement	In May 2018, Northern Care Alliance governance systems identified 3 patient harm events following biliary stent insertion via ERCP, who had not received appropriate follow up. The time period these events covered ranged from 2010-2018 and following investigation, a risk was identified relating to biliary stents inserted by gastroenterologists, which were being kept in situ beyond the recommended time period (6-8 weeks with a maximum period of 6 months). The occurrences were identified across North Manchester and Oldham Care Organisations, where ERCP procedures are carried out for the Trust, with stents in-situ for between 7 months and 8 years. This has resulted in associated harm ranging from moderate harm to death.	Assigned To	Current Risk Status	Direction of Travel	Annual profile
Current Issues	5527 ERCP procedures carried out at PAHT between 01/01/2008 and 08/06/2018 of these 3209 are still alive all procedures are to be administratively reviewed to ascertain if Stent(s) were inserted and removed. Those procedures where the circumstances relating to the stent(s) are unclear will be cross checked to confirm if there is an active WL associated with the patient or if a clinical review is required. . Capacity: A retrospective review of deceased patients with inserted biliary stents is also planned following the completion of the live patient reviews, so as not to draw resources from the living/new stent review. . Capacity: Liaison is also in place with the coroner to confirm accurate recording of cause of death for any inquests that took place between 01/01/2008- 08/06/2018.	Carolyn Trembath		New	

Original Risk				Current Risk				Next Risk Review	Target Risk			
Date Risk Identified	Impact	Likelihood	Rating	Current Risk Review Date	Impact	Likelihood	Rating		Impact	Likelihood	Rating	Target Date
01-Jun-2018	5	4	20	18-Jul-2018	5	4	20	Aug-2018	5	1	5	31-Mar-2019


Existing Assurance	Existing Controls	Gaps in Assurance / Gaps in Control
<ul style="list-style-type: none"> Quality and Performance Committee review Integrated Care Group review Audit Committee and Governing Body review Weekly Biliary Stent Review Group chaired by PAHT Weekly progress update reports CCG's supporting the administrative reviews 	<ul style="list-style-type: none"> Patient information leaflets developed describing signs and symptoms that may be experienced if stent removal becomes overdue Patients advised to seek urgent medical attention if symptoms present Additional clinical capacity in relation to outpatient and theatre availability to manage stent removal being sourced 	<p>Gaps in controls:</p> <ul style="list-style-type: none"> Clinical capacity yet to be sourced (03c) Outcome not yet known regarding biliary stent(s) reviews (live/deceased patients) (03d) <p>Gaps in assurances:</p> <ul style="list-style-type: none"> None identified



Action	Due Date	Assigned To	'Action' progress update (latest)	% Progress	Status	
WS_IC_S_03a CCG's to identify any administrative capacity to support the audit review	18-Jun-2018	Carolyn Trembath	Resources from Bury and HMR CCG's and GMSS released to support the audit review	100%		Completed
WS_IC_S_03b Clinicians to be identified to support clinical review of patients as required following the audit	03-Jul-2018	Carolyn Trembath	Three clinicians have been identified to support clinical review of patients as required following the audit	100%		Completed
WS_IC_S_03c Business cases for increasing capacity within gastroenterology being developed by PAHT	31-Jul-2018	Carolyn Trembath	Meeting with SRFT to review options of additional clinical capacity scheduled 17/7/2018.	20%		Check Progress
WS_IC_S_03d New clinics for clinical reviews of identified patients should be in place by 31/7/2018, this is subject to a new gastroenterologist commencing in post on 16/7/2018	31-Jul-2018	Carolyn Trembath	Update 2/8/2018: currently 7 additional lists planned in July and August, additional dates in September being agreed. Clinical review continues and patients being booked to clinics/theatre as appropriate	0%		Check Progress
WS_IC_S_03e Biliary Stent Reviews (live patients)	03-Aug-2018	Carolyn Trembath	'All live patients where an ERCP has been carried out to be to ascertain if stent(s) were inserted and subsequently removed. Those procedures where the circumstances relating to the stent(s) are unclear will be cross checked to confirm if there is an active WL associated with the patient or if a clinical review is required. Update 2/8/2018 Admin review of the live patients is now complete.	100%		Completed
WS_IC_S_03f Biliary Stent Reviews (dead patients)	03-Aug-2018	Carolyn Trembath	Due date tentative, yet to be confirmed by the Biliary Stent Review Group. Deceased patients where an ERCP had been carried out to be reviewed - detail of review to be confirmed by the Biliary Stent review Group	0%		Check Progress

Risk Code & Title	WS_MH_Q_15 PCFT - Mixed Sex Accommodation (SSA breaches)				
Risk Statement	Because all of PCFT's acute inpatient mental health wards (for both working age and older people) do not comply with national same sex accommodation (SSA) guidance, there is a risk to the quality of care received by patients, as their safety, privacy and dignity may be compromised resulting in potential harm, poor patient experience and reputational damage.	Assigned To Sarah Tomlinson	Current Risk Status 	Direction of Travel 	Annual profile 
Current Issues	<ul style="list-style-type: none"> . The safety, privacy and dignity of patients not being maintained, results in harm, poor patient experience, serious incidents and complaints. . PCFT's non-compliance with Department of Health (DoH) guidance results in them being in breach of HSCA (2010) (not meeting patients' safety, privacy and dignity needs). . The scale of change for PCFT to become compliant requires all acute inpatient wards to change from being mixed sex to a single sex environment. . Due to the proposed scale of change a formal public consultation and engagement programme across all 5 localities may be needed is required. . The planned consultation exercise regarding the proposed ward re-configuration to achieve same sex compliance may cause current patients and their families to feel they are currently at risk/not receiving high quality care. . Impact of proposed reconfiguration on acute working age adults inpatient wards is low - current provision will enable 1 male and 1 female ward in each borough; e.g. North and South wards both changing from mixed sex to single sex wards. . As well as a gender split, PCFT is also recommending all of their older people's wards are reconfigured along illness presentation, separating patients with functional diagnoses such as schizophrenia, bi-polar and severe depression from those patients with organic diagnosis, such as dementia. . Impact of proposed reconfiguration on acute older people inpatient wards is high – current provision does not enable each borough to have 2 male wards (male/functional, male/organic) and 2 female wards (female/functional, female /organic). Therefore, a cross border model is proposed. . The planned consultation exercise regarding the proposed older people's ward re-configuration to a cross border model may cause patients and their families to feel they will be disadvantaged because of the additional travelling requirements. . PCFT continues to raise their inability to achieve safe staffing levels (due to historical and current underfunding) in order to provide a safe, therapeutic in-patient environment. If additional monies are not provided, PCFT is highlighting this may have a significant negative impact on bed capacity. 				

Original Risk				Current Risk				Next Risk Review	Target Risk			
Date Risk Identified	Impact	Likelihood	Rating	Current Risk Review Date	Impact	Likelihood	Rating		Impact	Likelihood	Rating	Target Date
13-Feb-2018	4	4	16	16-Jul-2018	4	4	16	Oct-2018	4	1	4	31-Mar-2019

Existing Assurance	Existing Controls	Gaps in Assurance / Gaps in Control
<ul style="list-style-type: none"> . The Care Quality Commission (CQC) has formally identified the non-compliance and the associated risks in their inspection reports, with a resulting legal requirement upon PCFT to take action. PCFT's progress against this action is being formally monitored by the CQC and NHSI (external assurance). . GMHSCP Improvement Board and the Quality Assurance Board monitor PCFT's against the CQC action plan (external assurance). . PCFT is fully committed to providing same-sex accommodation through proactive planning as identified in the current controls. . National reporting from PCFT via UNIFY (external assurance). . Quality & Performance Committee monitor received performance management reports (internal assurance). . Risk monitored via the Mental Health work stream and Quality & Performance Committee (Internal assurance). . PCFT review, triangulate and report patient safety, patient experience and clinical effectiveness on a monthly, quarterly and 6 monthly basis. 	<ul style="list-style-type: none"> . PCFT has developed and put in place guidance (a Mixed-Sex Accommodation (MSA) Algorithm) to guide the decision making of operational staff on whether to admit a person to a bed assigned to person of the opposite gender, detailing what actions must be taken to safeguard the involved patients. . PCFT has put in place a Standard Operating Procedure regarding the reporting of any same sex accommodation breaches (reporting these as required to the DoH and to CCGs). . PCFT has completed a comprehensive appraisal of its estates and on 20/12/2017 PCFT's board approved the recommendation to reconfigure all their adult and older people's acute wards to single sex (subject to consultation). 	<p>Gaps in controls:</p> <ul style="list-style-type: none"> . Consultation date has not yet been confirmed (15a) . It is not possible for PCFT to provide same-sex accommodation with their current acute ward configuration. A considerable service redesign is needed across their entire footprint (5 localities). <i>This is outside of the CCG's gift to influence and will be a phased approach (15b)</i> <p>Gaps in assurances:</p> <ul style="list-style-type: none"> . None identified

Action	Due Date	Assigned To	'Action' progress update (latest)	% Progress	Status
WS_MH_Q_15a PCFT to carry out consultation with support from the CCG	31-Mar-2019	Sarah Tomlinson	PCFT confirmed engagement work is progressing. The work is divided into a 3 stage process of limited stakeholder consultation – stage 1 (June) being introductory conversations with staff and patents directly impacted by any potential changes. 2nd stage (July) – more formal facilitated sessions on effected wards. 3rd stage (at the end of August, date TBC) – the	50%	 In Progress

			Trust will send out an on-line survey to the wider stakeholder group, including the e CCG. The Trust is still of the view that wider public consultation may not be necessary.			
WS_MH_Q_15b To monitor PCFT phased approach to the planned reconfiguration (including any impact on Bury's planned re-configuration).	31-Mar-2019	Sarah Tomlinson	Due date tentative, not yet known. As part of this phased approach, PCFT will review the impact after each phase is completed before embarking on the next. This will provide an opportunity to learn, assess and manage any emerging risks prior to the next phase being implemented. This approach will also enable other transformation and improvement schemes to mature (hopefully reducing demand on inpatient services). However, as PCFT has identified the other 4 boroughs across their footprint (HMR, Oldham, T&G and Stockport) as greater priority over Bury's reconfiguration, the proposed changes to Bury's wards is subject to review and change.	0%		Assigned
WS_MH_Q_15c Monitor PCFT's Quality Improvement reporting system	31-Mar-2019	Sarah Tomlinson	PCFT's Quality Improvement system has not identified any trend or theme regarding patient safety, privacy and dignity being compromised (resulting in potential harm, poor patient experience) as a result of non-compliance with SSA. PCFT's Quality Improvement report in quarter one of 2017/18 considered patient safety incidents and patient experience across the 3 acute wards with regard to adequate staffing levels, with the contingency actions being taken to maintain staffing levels detailed. The Trust's Quality Improvement review for quarters 2 and 3 did not identify any concerns. 2018/19 reports due 31 August 2018 and March 2019.	0%		Assigned

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.	Minor injury or illness, requiring minor intervention	Moderate injury requiring professional intervention RIDDOR/agency reportable incident An event which impacts on a small number of patients	Major injury leading to long-term incapacity/disability Mismanagement of patient care with long-term effects	Incident leading to death 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	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 Severely critical report
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 Low staff morale Poor staff attendance for mandatory/key training	Uncertain delivery of key objective/service due to lack of staff Very low staff morale No staff attending mandatory/ key training	Non-delivery of key objective/service due to lack of 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	Multiple breaches in statutory duty Enforcement action Low performance rating Critical report	Multiple breaches in statutory duty Prosecution Zero performance rating Severely critical report

	Consequence score (severity levels) and examples of descriptors				
	1	2	3	4	5
Domains	Negligible	Minor	Moderate	Major	Catastrophic
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 <3 days service well below reasonable public expectation	National media coverage h >3 days MP concerned (questions in the House) Total loss of public confidence
Business objectives/ projects	Insignificant cost increase No impact on objectives	<5 per cent over project budget Minor impact on delivery of objectives	5–10 per cent over project budget	Non-compliance with national 10–25 per cent over project budget Major impact on delivery of strategic objectives	Incident leading >25 per cent over project budget Failure of strategic objectives impacting on delivery of business plan
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	Loss of 0.5–1.0 per cent of budget Claim(s) between £100,000 and £1 million	Loss of >1 per cent of budget 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