

Meeting: Governing Body			
Meeting Date	24 March 2021	Action	Receive
Item No.	11c	Confidential	No
Title	Corporate Risk Register		
Presented By	Chris Wild, Lay Member and Audit Committee Chair		
Author	Lynne Byers, Interim Risk Manager		
Clinical Lead	-		

Executive 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>There are currently 3 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) as listed:</p> <ul style="list-style-type: none"> • Autistic Spectrum Conditions Assessment – Neurodevelopmental assessments; • PCFT - Mixed Sex Accommodation (SSA breaches); and • Datix: Resource requirements to maximise optimisation. <p>The Audit Committee considered the report presented at its meeting on 5th March 2021 and was assured on the process that has been applied in reviewing each of the risks, the actions currently being progressed to mitigate / reduce the risks accordingly and therefore recommended the report to the Governing Body.</p>
Recommendations
<p>It is recommended that the Governing Body:</p> <ul style="list-style-type: none"> • Receive the Corporate Risk Register.

Links to CCG Strategic Objectives	
<p>SO1 People and Place To enable the people of Bury to live in a place where they can co-create their own good health and well-being and to provide good quality care when it is needed to help people return to the best possible quality of life</p>	☒

SO2 Inclusive Growth To increase the productivity of Bury's economy by enabling all Bury people to contribute to and benefit from growth by accessing good jobs with good career prospects and through commissioning for social value	<input type="checkbox"/>
SO3 Budget To deliver a balanced budget	<input type="checkbox"/>
SO4 Staff Wellbeing To increase the involvement and wellbeing of all staff in scope of the OCO	<input 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"/>
These will be addressed through management of the risks						
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Have any departments/organisations who will be affected been consulted ?						
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>	
Following review by the Audit Committee, it will be appropriate to liaise with providers identified within the risks outlined that the report will be made available through the public Governing Body meeting.						
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 checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>	
These will be addressed through management of the risks						
Has a Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Is a 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 checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
The risks are articulated within the report and managed through the respective committees as appropriate						

Governance and Reporting		
Meeting	Date	Outcome
Audit Committee	05/03/2021	Recommended to Governing Body

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 January 2021**.

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 23 operational risks being monitored across the organisation, of which 3 (13%) are included on the Corporate Risk Register.

3. Corporate Risk Register

- 3.1 The following commentary presents updates to each of the 3 risks. The details for these risks are taken from the most recent report to the Committee with responsibility for reviewing the risk.
 - **WS_WC_O_PE_R_06 Autistic Spectrum Conditions Assessment – Workforce capacity to deliver assessments** (*previously workforce capacity to deliver assessments*)
- 3.2 As a result of the deep dive review by the Quality and Performance Committee in November 2020 the risk title and statement have been refreshed. The risk is now reflective of the children's welfare as opposed to performance measures and timely access to appointments.
- 3.3 The full refreshed risk is now articulated as follows:

*'Because of a lack of sufficient capacity for multi-disciplinary assessment (MDT) meetings there is a risk that **children in bury who are awaiting neurodevelopmental assessments may not achieve their potential as expected as a result of the current workforce capacity issues. This may impact on educational attainment and life chance for the child, including quality of care and poor patient experience.***
- 3.4 Additionally, the domains against which the risk is assessed have also been reviewed, which has resulted in the reputational impact being removed from the coding structure. The two domains which are most relevant when considering this risk now are Service Quality - Operational and Patient Experience, and the current level of impact in the event this risk materialises has been assessed at a level 4.

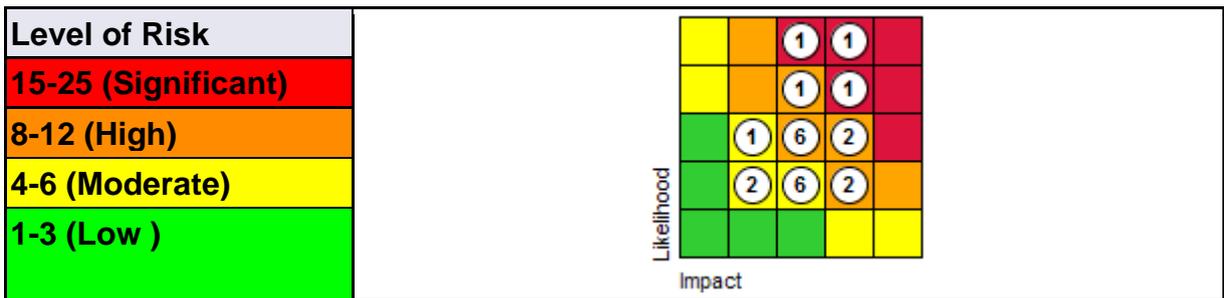
- 3.5 This risk is therefore at the same level as the previous risk, assessed at level 20 against a target level of 4 to be achieved by March 2021, however it is recognised that this will not be achieved, particularly as the CCG are still awaiting a response to the CCG's letter submitted to the NCA in September 2020 regarding the recovery plan and the next review will include a further assessment of target risk date.
- 3.6 Current waiting time figures are unknown and whilst the impact of waits is understood, this is not quantifiable in terms of experience at this time.
- 3.7 The update from the NCA is imperative in enabling effective management of this risk as all other arrangements are in place including Allied Health Professionals identified and available to support the neurodevelopment assessments and the Local Authority Educational Team ready to mobilise.
- 3.8 This risk was last assessed on the 14 December 2020 and reviewed by the Quality and Performance Committee at the 13 January 2021 meeting. The Committee welcomed the amends to the risk and was assured that the risk is being managed effectively
- 3.9 This risk was scheduled for a risk review in January 2021, however this did not take place and will therefore be reviewed as part of the risk review schedule in February 2021.
- **WS_MH_O_PE_R_03 PCFT Mixed Sex Accommodation (SSA breaches)**
- 3.10 As previously reported to the Audit Committee in December 2020 this risk is scheduled for a risk review in March 2021, therefore there are no further updates at this time.
- **WS_CE_O_R_04 Datix: resource requirements to maximise optimisation**
- 3.11 This risk remains at its current level of 15, against a target level of 3 to be achieved by March 2021.
- 3.12 As previously reported and in light of COVID-19 the CCG workstreams remain stood down and system admin remains a gap. To address this there is an opportunity to utilise some support from the Kickstart grant scheme (council scheme which forms part of the covid-19 recovery plan) which will enable reporting into the Quality and Performance Committee in the absence of the workstreams being stood down. Recruitment to the Kickstart programme has now commenced, although it was hoped that this would have already been completed to enable additional resource to support DATIX to be in place from February 2021, however this will not be possible, and an actual date is not yet known.
- 3.13 The Quality and Performance Committee reviewed this risk again at the 10 February 2021 meeting and had no concern in respect to the issues being reported through the system although requested greater focus on an interim solution whilst the recruitment was completed.
- 3.14 A review of the current DATIX system reports and extract processes has been undertaken by the interim Risk Manager in December 2020 and a standard operating procedure has been defined to support the extraction of information at workstream

level, for review by commissioners in the interim. This is being finalised and will be shared with the Director of Secondary care Commissioning early in March 2021.

3.15 This risk is scheduled for a risk review in April 2021.

4. Risk Distribution

4.1 The heat map below identifies a total of **23** operational risks distributed across the 5x5 matrix and excludes risks associated with the GBAF.



5 Recommendations

- 5.1 The Governing Body is required to:
- Receive the Corporate Risk Register.

Lynne Byers
 Interim Risk Manager
 March 2021

Appendix A: Audit Committee Corporate Risk Register: Summary

Risk Management	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
CCG	WS_WC_O_PE_06	Autistic Spectrum Conditions Assessment - Neurodevelopmental assessments	18-Jan-2019	20	14-Dec-2020	20	4		Feb-2021
CCG	WS_MH_O_PE_R_03	PCFT - Mixed Sex Accommodation (SSA breaches)	13-Feb-2018	16	13-Nov-2020	16	4		Mar-2021
CCG	WS_CE_O_R_04	Datix: Resource requirements to maximise optimisation	06-Jun-2019	15	20-Jan-2021	15	3		Apr-2021

Appendix B: Audit Committee: Detailed Risk

Risk Code & Title	WS_WC_O_PE_06 Autistic Spectrum Conditions Assessment - Neurodevelopmental assessments			
Risk Statement	Because of a lack of sufficient capacity for multi-disciplinary assessment (MDT) meetings there is a risk that children in bury who are awaiting neurodevelopmental assessments may not achieve their potential as expected as a result of the current workforce capacity issues. This may impact on educational attainment and life chance for the child , including quality of care and poor patient experience.	Assigned To	Current Risk Status	Direction of Travel
		David Latham		
Current Issues	<ul style="list-style-type: none"> . The current assessment pathways have evolved over time to meet an increasing demand - based on custom and practice. As agencies have become more efficient in identifying need, the efficiency of the pathway for assessment has not kept pace. As a result, the number of CYP and families awaiting assessment has increased consistently. For ASD assessment, the service is diagnostic led rather than needs based. . The Multidisciplinary Team Meetings (MDT), also known as the Social Communication Disorder discussion Group (SCDDG), have lacked priority within the 3 organisations which contribute. . Additionally, it is likely that greater numbers of children are referred for ASD assessment due to a lack of alternative provision and support. . Neuro development pathway now live and although children 5 plus will be seen within 18 weeks the backlog list remains a 2 year wait due to different service Providers resulting in inequalities and reputational damage . Improvement trajectory not formally agreed as at December 2020 			

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
18-Jan-2019	4	5	20	14-Dec-2020	4	5	20	Feb-2021	4	1	4	31-Mar-2021

Existing Assurance	Existing Controls	Gaps in Assurance / Gaps in Control
<ul style="list-style-type: none"> . Women and Children's workstream to monitor via regular status reports from Pennine Acute (Community Paediatrics). . Quality and Performance Committee . Escalation to Audit Committee / Governing Body . Task and finish group established for 'Early help pathway design . Exec to Exec meetings to address the issues . Allied professionals available to support and ready to mobilise (Local Authority Education Team) . Health and Care Children's Charter oversight by the Health and Care Board 	<ul style="list-style-type: none"> . Increased capacity of MDT review - via an increased number of MDT meetings . A whole service review for Community Paediatrics has been completed - learning from this will contribute to a more efficient pathway . Joint commissioning with children's social care and education colleagues to support the early help agenda to allow children to access appropriate support . A co-production workshop held on the 17th December, with agreement from all partners on the future pathway . Neuro development pathway now live . PAHT providing monthly updates on the Social Communication Disorder Discussion Group (SCDDG) waiting lists which will be measured against the trajectory . Recovery plan received from NCA, formal letter sent from exec to Pennine Acute outlining expectations. Further follow up between execs Oct 2020 	<p>Gaps in current controls:</p> <ul style="list-style-type: none"> . Backlog remains an issue. (06a) . Improvement trajectory not formally agreed (06a) <p>Gaps in current assurances:</p> <ul style="list-style-type: none"> . Support from the NCA and Community Medical Team yet to mobilise

Action	Due Date	Assigned To	'Action' progress update (latest)	% Progress	Status
WS_WC_O_PE_R_06a Hold PAHT to account by: monitoring the impact of WL Initiatives on a monthly basis, including supporting partners	31-Mar-2021	David Latham	CCG has been awaiting a response regarding the improvement trajectory for three months now. Current waiting time figures are unknown, the risk owner will follow this up directly whilst awaiting a formal response from the NCA.	75%	 In Progress

Risk Code & Title	WS_CE_O_R_04 Datix: Resource requirements to maximise optimisation				
Risk Statement	Due to a lack of resource to manage incidents recorded on Datix by General Practice, there is a risk that the CCG may be unaware of significant issues that may affect patient safety and/or cause harm	Assigned To	Current Risk Status	Direction of Travel	Annual profile
		Carolyn Trembath			
Current Issues	<ul style="list-style-type: none"> . Backlog of issues/incidents logged by General Practice currently unresponded too . No capacity in the Quality and Safeguarding Team to follow up incidents logged . Vacancy controls in place meaning no option to recruit (only on exceptional basis) . Loss of System Administrator w.e.f 6/12/2019 . Current system set up is not in line with the agile working policy . Current SLA with Datix 2020 . Loss of appetite by General Practice to record incidents limiting options to theme and address . COVID-19 has impacted upon processes . Controls limited 				

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
06-Jun-2019	3	5	15	20-Jan-2021	3	5	15	Apr-2021	3	1	3	31-Mar-2021

Existing Assurance	Existing Controls	Gaps in Assurance / Gaps in Control
<ul style="list-style-type: none"> . Quality and Performance Committee . Finance, Contracting and Procurement Committee . Primary Care Workstream - standing agenda item . Primary Care Committee . 1:1 line management meetings . UC/IC/MH/W&C workstream meetings 	<i>To be addressed as part of action 04d</i>	<p>Gaps in current controls:</p> <ul style="list-style-type: none"> . No resource available to review / investigate incidents logged by General practice (04d) . Dedicated System Administrator (04d) . Datix Operational Group not yet established . Actions from the Inaugural Operational Group meeting identified - initial review of system recording and reporting undertaken and front end system enhancements agreed but limited progress since then. (04d) <p>Gaps in current assurances:</p> <ul style="list-style-type: none"> . Limited reporting provided to any of the CCG Committees or Workstreams - needs development and refinement

Action	Due Date	Assigned To	'Action' progress update (latest)	% Progress	Status	
WS_CE_O_R_04a SMT paper from May 2018 to be updated and submitted to Q&P 10/7/2019 meeting : Resource to review backlog of incidents reported to be identified	01-Jul-2019	Carolyn Trembath	Datix risk discussed at July Q&P.	100%		Completed
WS_CE_O_R_04b Submit exception proforma to Budget Control Group for consideration (if applicable)	22-Jul-2019	Carolyn Trembath	Q&P didn't agree to exception proforma being submitted to Budget Control Group	100%		Completed
WS_CE_O_R_04c Resource to be recruited to (if applicable)	30-Nov-2019	Carolyn Trembath	Aug update - Recruitment is currently not an option	100%		Completed
WS_CE_O_R_04d Datix resourcing to be readdressed as part as business as usual including wider review of how to take Datix forward	31-Mar-2021	Carolyn Trembath	A review of the current system reports will be undertaken in the next few weeks to ascertain the level of support required as a solution via the Kickstart grant scheme which forms part of the covid-19 recovery plan Update 1/12/2020: current system reports review and standard operating procedure defined Update 21/1/21 - outcome of Kickstart recruitment is not yet known	5%		In Progress
WS_CE_O_R_04e Training to be delivered (if applicable)	31-Mar-2021	Carolyn Trembath	System administrator role vacant since December 2019	0%		Assigned

Appendix C: Risk Matrix

Quantitative Measure of Risk – Impact / Consequence Score

	Impact / Consequence score (severity levels) and examples of descriptors				
	1	2	3	4	5
Domains	Very Low	Minor	Moderate	High	Severe
Service Quality –Patient Safety	Minor injury or illness requiring no medical attention and no long term impact.	Minor injury or illness requiring minor medical intervention with impact limited to 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
Service Quality – Clinical Effectiveness	Minor breach of guidance – no impact on patient outcomes.	Breach leading to minor harm or impact on patient outcomes for an individual or a small number of patients	Significant breach of guidance leading to moderate harm for an individual or small number of patients.	Significant breach leading to serious harm (as defined by the SI framework) for an individual or group of people.	Significant breach leading to fatality or permanent disability.
Service Quality – Patient Experience	Minor inconvenience to single individual.	Minor inconvenience to many individuals, significant inconvenience to single individual.	Significant inconvenience to many individuals, patient experience impact on health outcomes for a few.	Patient experience impact on health outcomes for a significant number.	Fatality or permanent disability.
Service Quality – Operational	Minor reduction in quality of treatment or service. No or minimal effect for patients.	Single failure to meet national standards of quality of treatment or service. Low effect for a small number of patients if unresolved.	Repeated failure to meet national standards of quality of treatment or service. Moderate effect for multiple patients if unresolved.	On-going non-compliance with national standards of quality of treatment or service Significant effect for numerous patients if unresolved.	Gross failure to meet national standards with totally unacceptable levels of quality of treatment or service Very significant effect for a large number of patients if unresolved.
Health Inequalities	Possible increase to inequalities.	Probable small increase to inequalities.	Probable significant increase to inequalities.	Actual small increase to inequalities.	Actual substantial increase to inequalities.
Health Improvement	Possible slowing of decline of prevalence.	Probable slight slowing in rate of improvement in death rates. No decline or significant slowing in prevalence.	Probable significant slowing in improvement of death rates. Slight increase in prevalence.	Slight increase in death rates. Substantial increase in prevalence.	Substantial increase in death rates.

	Impact / Consequence score (severity levels) and examples of descriptors				
	1	2	3	4	5
Domains	Very Low	Minor	Moderate	High	Severe
Operational and Legal Compliance	No or minimal impact or breach of guidance /statutory duty. Minor breach of standards with no impact on organisation.	Breach of statutory legislation Breach of broader health standards or minor targets.	Single breach of statutory duty. Breach leading to discussion with National Commissioning Board (NCB).	Multiple breaches in statutory duty. Breach leading to DH improvement team intervention. Breach leading to threat of court action.	Multiple breaches in statutory duty. Breach leading to court action against executive.
Financial Balance / Claims	<£50,000 loss. Small loss risk of claim remote.	£50,001 - £250,000 loss. Claims less than £10,000.	£250,001 - £1M loss. Claims between £10,000 & £100,000.	£1,000,001 - £3M. Claims between £100,000 & £1 million.	>£3M. Claims >£1million.
Financial Governance	Small loss>£100 Isolated technical breach with minimal impact.	Loss > £1,000 Numerous minor technical breaches. Technical breach leading to financial loss.	Loss>£10,000 Limited assurance on single key financial systems.	Loss> £100,000 Failure to get Statement on Internal Control agreed. Fraud leading to imprisonment of staff member. No assurance on single key financial system. Limited assurance on multiple systems.	Loss > £1,000,000 Investigation by the National Audit Commission. No assurance on multiple financial systems.
Business Objectives/ Projects	Insignificant cost increase/ schedule slippage. No impact on delivery of objectives.	<5 per cent over project budget / Schedule slippage. Minor impact on delivery of objectives.	5–10 per cent over project budget / Schedule slippage. Moderate impact on delivery of objectives.	10–25 per cent over project budget / Schedule slippage. Key objectives not met.	>25 per cent over project budget / Schedule slippage. Failure of strategic objectives impacting on delivery of business plan.
Information and Technology (Information Governance)	Minor technical breaches of standards not directly impacting on members of the public.	Single loss of data or other breach affecting a single individual.	Multiple losses of data or other breaches of governance standards impacting on small numbers of people. Single loss of data impacting on many people.	Multiple losses of data or other breaches of governance standards each impacting on hundreds of individuals.	Breach leading to court action against executive.
Reputation	Complaint /concern only. Not relevant to mandate priorities. No adverse media. No negative recognition from the public.	Minor impact on achieving mandate priorities. Low level of adverse media coverage. Small amount of negative public interest.	Moderate impact on achieving mandate priorities. Moderate amount of adverse media coverage. Moderate amount of negative public interest.	High impact on achieving mandate priorities. High level of adverse media coverage. Negative impact on public confidence.	Mandate priorities will not be achieved. National adverse media coverage. Total loss of public confidence.
Service Business Interruption	Loss/interruption for >1 hour.	Loss /interruption for >8 hours.	Loss /interruption for >1 day.	Loss /interruption for >1 week.	Permanent loss of service or facility.

	Impact / Consequence score (severity levels) and examples of descriptors				
	1	2	3	4	5
Domains	Very Low	Minor	Moderate	High	Severe
Staff Safety and Wellbeing	Minor cuts and bruises. Isolated incidence of low morale.	Medical treatment required. Less than three days' absence. Low morale among a number of staff groups.	Single admittance to hospital for less than 24 hours. Absence of three days or longer. Sickness rates increasing.	Single fatality or permanent disability. Rapid increase in sickness rates threatening service delivery.	Multiple fatalities or cases of permanent disability.
People and Change (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 training.	Uncertain delivery of key objectives due to lack of staff. Unsafe staffing level (>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.

Qualitative measure of risk – Likelihood Score

Descriptor	1	2	3	4	5
	Rare	Unlikely	Possible	Likely	Almost certain
Frequency Time framed descriptors	Not expected to occur for years	Expected to occur annually	Expected to occur monthly	Expected to occur weekly	Expected to occur daily
Frequency Broad descriptors	Will only occur in exceptional circumstances	Unlikely to occur	Reasonable chance of occurring	Likely to occur	More likely to occur than not occur
Probability	<15%	15-39%	40-59%	60-79%	=>80%

Quantification of the Risk – Risk Rating Matrix

		Likelihood					
		1	2	3	4	5	
		Rare	Unlikely	Possible	Likely	Almost certain	
Impact / Consequence	5	Severe	5	10	15	20	25
	4	High	4	8	12	16	20
	3	Moderate	3	6	9	12	15
	2	Minor	2	4	6	8	10
	1	Very Low	1	2	3	4	5