Meeting: Strategic Commissioning Board

Meeting Date	02 December 2019	**Action**	Consider
Item No	10	**Confidential / Freedom of Information Status**	No
Title	Strategic Commissioning Board Risk Register		
Presented By	Margaret O'Dwyer, Director of Commissioning and Business Delivery, Bury CCG Lynne Ridsdale, Deputy Chief Executive, Bury Council		
Author	Lynne Byers, CCG Risk Manager David Hipkiss, Council Risk Manager		
Clinical Lead	-		
Council Lead	-		

Executive Summary

Risk Management is the process of identifying, analysing, evaluating, treating, monitoring and communicating **risks** associated with any activity, function or process in a way that will enable organisations to deliver against or manage challenges to its agreed objectives.

This report provides an updated position in respect to those risks within both the Council and CCG that have been identified, assessed and recorded on Pentana - the risk management system - and assigned to the Strategic Commissioning Board for oversight.

Notwithstanding the on-going programme of work to align the Risk Management Strategy and underpinning administration arrangements to support the One Commissioning Organisation, the current report includes five risks which have been assigned to the Strategic Commissioning Board for collective oversight:

CCG Risks
- Lack of effective working with key partners which influence the wider determinants of health (level 20);
- Assuring decisions are informed by all staff including clinicians (level 20);
- Lack of effective engagement with communities (level 15);

Council Risks
- Failure to implement Public Service Reform resulting in increased demand (level 16); and
- Decline in Ofsted ratings across the Borough (level 16).

Recommendations

It is recommended that the Strategic Commissioning Board:
- Receive the Strategic Commissioning Board Risk Register;

- Review the information presented; and
- Provide a Strategic Commissioning Board opinion on the risks reported and any reflections for future development.

Links to Strategic Objectives/Corporate Plan	Yes
Does this report seek to address any of the risks included on the Governing Body / Council Assurance Framework? If yes, state which risk below:	Yes

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	☐	No	☐	N/A	☒
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	☐	No	☐	N/A	☒
Have any departments/organisations who will be affected been consulted ?	Yes	☒	No	☐	N/A	☐
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	☐	No	☐	N/A	☒
Are there any financial implications?	Yes	☐	No	☐	N/A	☒
Are there any legal implications?	Yes	☐	No	☐	N/A	☒
Are there any health and safety issues?	Yes	☐	No	☐	N/A	☒
How do proposals align with Health & Wellbeing Strategy?	N/A					
How do proposals align with Locality Plan?	N/A					
How do proposals align with the Commissioning Strategy?	N/A					
Are there any Public, Patient and Service User Implications?	Yes	☐	No	☐	N/A	☒
How do the proposals help to reduce health inequalities?						
Is there any scrutiny interest?	Yes	☐	No	☐	N/A	☒
What are the Information Governance/	N/A					

Access to Information implications?						
Has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	☐	No	☒	N/A	☐
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	☐	No	☒	N/A	☐
Are there any associated risks including Conflicts of Interest?	Yes	☐	No	☐	N/A	☒
Are the risks on the CCG /Council/ Strategic Commissioning Board's Risk Register?	Yes	☐	No	☐	N/A	☒
Additional details						

Governance and Reporting		
Meeting	**Date**	**Outcome**

Strategic Commissioning Board Risk Register

1. Introduction

1.1. This report presents the Strategic Commissioning Board Risk Register. It is the first risk register to be presented to the Strategic Commissioning Board.

1.2. These risks, which have been identified across the CCG and Council as relating to the business the Strategic Commissioning Board, have been identified, assessed and recorded on Pentana - the risk management system.

1.3. The Strategic Commissioning Board is required to maintain oversight of the risks assigned to it.

1.4. The report presents the risk position and status as at November 2019.

2. Background

2.1. Risk Management is the process of identifying, analysing, evaluating, treating, monitoring and communicating **risks** associated with any activity, function or process in a way that will enable organisations to deliver against or manage challenges to its agreed objectives.

2.2. Once identified, each risk should be assigned a risk owner, who is responsible for ensuring day-to-day management and undertaking regular re-assessment of the risk level, taking into account changes in context, controls and assurance.

2.3. Good practice also recommends assigning risks to Boards, Committees and Sub-Committees to provide a further level of objective and collective oversight, review and assurance.

2.4. Both the CCG and Council have existing risk management arrangements, however as part of the integration of health and care, including the development of the One Commissioning Organisation, a programme of work has commenced on aligning the underlying approaches within each organisation in respect to risk management, building on the good practice already in place.

2.5. This work continues to be developed and the aspiration is to achieve a joint Risk Management Strategy under which both organisations will operate by 1st April 2020.

3. Strategic Commissioning Board Risk Register

3.1 Recognising the on-going work to align to single risk reporting arrangements, the current Strategic Commissioning Board Risk Register includes risks identified by both the CCG and the Council.

3.2 The report includes an overarching risk register (Appendix A) which reflects the

summary position and a more detailed reflection of each risk (Appendix B).

3.3   Future reports will also include a supporting narrative in respect to risks that have been reviewed in the reporting period, which will summarise changes in assessed risk levels, changes in sources of control and assurance, progress against actions and any new risks that have been identified and assigned to the strategic Commissioning Board.

3.4   The Strategic Commissioning Board will consider the updates provided against each risk in the context of the wider agenda, raising any additional points for consideration.

3.5   There are five risks included on the Risk Register, all of which have been reviewed during the reporting month.

4   Risk Summary

4.1   The following summary is provided to the Strategic Commissioning Board:

	Nov	Nov %
Total Risks on Report	5	
New Risks	0	
Risks reduced since last report / review	0	0.0%
Risks increased since last report / review	2	33.3%
Risks that have remained static	3	33.3%
Risk that have reached target level	0	0.0%
Low Risks (1-3)	0	0.0%
Medium Risks (4-6)	0	0.0%
High Risks (8-12)	0	0.0%
Significant Risks (15-25)	5	100.0%
Risks reviewed in this period (October and November)	5	100.0%
Risks yet to be reviewed (November)	0	0.0%
Risks to be reviewed for next report (January Review, February Report)	5	100.0%

5   Recommendations

5.1   The Strategic Commissioning Board is asked to:
- Receive the Strategic Commissioning Board Risk Register;
- Review the information presented;
- Provide a Strategic Commissioning Board opinion on the risks reported and any reflections for future development.

Appendix A: Strategic Commissioning Board Risk Register: Summary

CCG Risks									
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**
GBAF	GB1920_PR_2.1	Lack of effective working with key partners which influence the wider determinants of health	14-Aug-2019	20	10-Oct-2019	20	15	▬	01-Jan-2020
GBAF	GB1920_PR_4.1	Assuring decisions are informed by all staff including clinicians	29-Nov-2016	20	10-Oct-2019	20	10	▬	01-Jan-2020
GBAF	GB1920_PR_1.1	Lack of effective engagement with communities	28-Nov-2016	20	10-Oct-2019	15	10	▬	01-Jan-2020

Council Risks									
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**
BC Corporate	CRR_E_01	Failure to implement Public Service Reform resulting in increased demand	01-Apr-2018	16	21-Nov-2019	16	12	⬆	01-Jan-2020
BC Corporate	CRR_E_03	Decline in Ofsted ratings across the Borough	01-Apr-2019	20	14-Nov-2019	16	9	⬆	01-Jan-2020

Appendix B: Strategic Commissioning Board Detailed Risk

CCG Risks

Areas highlighted in **BOLD** reflect additions to the risk at the last review

Risk Code & Title	GB1920_PR_2.1 Lack of effective working with key partners which influence the wider determinants of health			
Risk Statement	2.1 Because of the significant impact that the Public Sector Services has on health, there is a risk that opportunities to reduce inequalities will be minimised if health does not influence and work in harmony with key partners	**Assigned To**	**Current Risk Status**	**Direction of Travel**	**Annual profile**
		Margaret O'Dwyer	🔴	➖	
Current Issues				

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
14-Aug-2019	5	4	20	10-Oct-2019	5	4	20	**01-Jan-2020**	5	3	15	31-Mar-2020

Existing Assurance	Existing Controls	Gaps in Assurance / Gaps in Control
1. Health and Well-Being Board 2. Governing Body 3. Council Cabinet (key partner) 4. Joint Strategic Commissioning Board w.e.f. October 2019	1. Bury Strategy 2. Locality Plan 2. Commissioning Strategy which will include commissioning for social value (e.g. maximise the CCG's potential to become an anchor organisation by supporting the local supply chain/local recruitment, being an exemplar organisation, inclusion of social value goals in Provider contracts, support environmental sustainability etc.)	Gap(s) in controls: 1. Bury Strategy including **refresh of locality plans** is currently under development 2. **Commissioning Strategy not yet developed** 3. **Locality Plan currently being refreshed** 4. Potential failure of a systematic process to oversee the implementation of a number of high-level strategies which together could have a major impact in reducing health inequalities/improving health and well-being. Gap(s) in assurances: **1. None identified.**

Action	Due Date	Assigned To	'Action' progress update (latest)	% Progress	Status	
2.1a Active participation in the development of the Bury Strategy	31-Mar-2020	Margaret O'Dwyer	**Workshops held. Output of Bury Big Conversation being analysed.**	30%	▶️	In Progress
2.1b Refresh of the Locality Plan	30-Nov-2019	Margaret O'Dwyer	**Steering Group established. Final version due 30th November 19.**	30%	🔺	Check Progress
2.1c Development of an Integrated Outcome Based Commissioning Strategy	31-Mar-2020	Margaret O'Dwyer		0%	▶️	Assigned

Risk Code & Title	GB1920_PR_4.1 Assuring decisions are informed by all staff including clinicians					
Risk Statement	4.1- Because of the **commitment** to work as one commissioner there is a risk that the new governance structure fails to recognise the importance of **staff** and **clinicians in shaping the One Commissioning Organisation (OCO) and its decision making**	**Assigned To**	**Current Risk Status**	**Direction of Travel**	**Annual profile**	
		Margaret O'Dwyer	🛑	▬		
Current Issues						

	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
29-Nov-2016	5	4	20	10-Oct-2019	5	4	20	**01-Jan-2020**	5	2	10	31-Mar-2020

Existing Assurance	Existing Controls	Gaps in Assurance / Gaps in Control
1. Reports to GB on progress and development 2. GB and Clinical Cabinet sessions - stakeholder engagement 3. Joint Executive Team meetings 4. Primary Care Working Together meetings 5. Monthly EMT meetings with Clinical Directors **6. Bury System Board** **7. Strategic Commissioning Board** **8. NHS England approval of revised governance arrangements**	1. Clinical Director and Executive Director involvement in all key decision-making Committees/ Groups / Boards 2. Regular meetings across Health and Social Care to shape the working arrangements for integrated commissioning 3. Staff engagement events ongoing 4. Use of and access to all OD opportunities available to all staff (e.g. Employee Assistance Programme(EAP) , Perform @ Your Peak NHS North West Leadership Academy, Advancing Quality Alliance (AQuA)) **5. External capacity secured to support OCO transformation which has development of a comprehensive OD programme as a priority area which will ensure alignment across CCG and Council offer.**	<u>Gap(s) in controls:</u> 1. Clarity regarding support available to staff during the period of restructure <u>Gap(s) in assurances:</u> 1. Different decision-making cultures 2. Clarification of the committee substructure and role of clinicians in future sub-committees to be explored

Action	Due Date	Assigned To	'Action' progress update (latest)	% Progress	Status	
4.1a Roles and responsibilities as commissioners to be explored and made explicit	31-Mar-2020	Margaret O'Dwyer	**High level restructure issued 03rd October 2019 and is subject to a 3-month consultation.**	100%	✅	Completed
4.1b Continued development, engagement and involvement of all staff	31-Mar-2020	Margaret O'Dwyer	**New OD Programme to be put in place.**	20%	▶	In Progress
4.1c Review the roles and responsibilities of the Clinical Cabinet and Joint Professional Congress with the LCO	31-Mar-2020	Margaret O'Dwyer	**Joint clinical and professional congress meetings in situ. Strategic Commissioning Board (SCB) sub-committee structure under consideration.**	0%	▶	In Progress
4.1d Commence meetings between the Chief Officer and Clinical Directors to explore their future roles within integrated commissioning	31-Dec-2019	Geoff Little	**Joint meeting on potential new roles for directors / leads held September 19. To be explored through more joint meetings.**	20%	▶	In Progress
4.1e Bi-lateral conversations between the Chair and individual Clinical Directors	31-Mar-2020	Jeff Schryer	**Programme of meetings in situ and ongoing.**	60%	▶	In Progress

Risk Code & Title	GB1920_PR_1.1 Lack of effective engagement with communities				
Risk Statement	1.1 - Because of a lack of effective engagement with communities there is a risk that the public will not access preventative services and make lifestyle changes which supports good health and quality of life	**Assigned To**	**Current Risk Status**	**Direction of Travel**	**Annual profile**
		Catherine Jackson	🔴	▬	📉
Current Issues					

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
28-Nov-2016	5	4	20	10-Oct-2019	5	3	15	01-Jan-2020	5	2	10	31-Mar-2020

Existing Assurance	Existing Controls	Gaps in Assurance / Gaps in Control
1. Patient Cabinet reports to the Governing Body 2. Lay Member for PPI voting member on the Governing Body and Primary Care Commissioning Committee 3. Healthwatch attend PCCC 4. NHSE PPI indicator assessment (an external assessment of the CCG's website/annual reports etc.) 5. Annual 360 Stakeholder Survey **6. New Strategic Commissioning Board in place October 2019.**	1. Close working with Public Health to co-ordinate joint working and messages 2. Communications and Engagement Strategy for CCG activity 3. Patient Cabinet in place to promote active engagement and public voice 4. Self-care has an increased focus in the refreshed locality plan 2017 **5. Beginning to mobilise locality plan e.g. integrated neighbourhood teams.** 6. Neighbourhood engagement models 7. Joint Comms & Engagement Team in place.	**Gap(s) in controls**: 1. Engagement Strategy related to the locality plan **not yet in place**. 2. Slow pace in respect of the implementation required to deliver the transformation programme **3. Patient cabinet is currently on hold pending agreement of future arrangements** **4. refreshed Locality Plan is not yet approved** **5. Neighbourhood engagement models currently under development** **Gap(s) in assurances:** **1. Unable to monitor the Strategy see as currently being developed.**

Action	Due Date	Assigned To	'Action' progress update (latest)	% Progress	Status	
1.1a PPI action plan to be implemented	31-Mar-2019	Catherine Jackson	A significant number of actions have been progressed and whilst there is still work to be completed the recent self-assessment prepared indicates a score of 13 (out of a total 15) which would improve the rating from amber to green. External validation of the self-assessment by NHS England will not be known until July 19.	100%	✅	Completed
1.1b CCG Engagement Programme to be developed	30-Sep-2019	Catherine Jackson	**Action has been superseded by OCO Bury 2030 Survey.**	100%	✅	Completed
1.1c Commence development of an integrated Communications and Engagement Strategy	30-Sep-2019	Catherine Jackson	**This action has been superseded by new OCO Engagement Strategy being developed.**	100%	✅	Completed
1.1d Scrutiny of the Health and Well-being of the local population to be built in to regular reporting	31-Mar-2020	Catherine Jackson	**Recent Public Health Paper presented to SCB and GB on Health Inequalities in two of the boroughs. To be extended to the whole locality.**	50%	▶️	In Progress
1.1e OCO Bury 2030 Survey	01-Dec-2019	Catherine Jackson	**Survey being provided via Public Engagement and Social Media Events etc.**	50%	⚠️	Check Progress
1.1f OCO Engagement Strategy to be developed following Bury 2030 Survey	29-Feb-2020	Catherine Jackson		0%	▶️	Assigned

Council Risks

Risk Code & Title	CRR_E_01 Failure to implement Public Service Reform resulting in increased demand				
Risk Statement	4.1 Investment of transformation funding to deliver reform to reduce increasing demand	**Assigned To**	**Current Risk Status**	**Direction of Travel**	**Annual profile**
		Mike Woodhead	🛑	⬆️	📈
Current Issues					

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-Apr-2018	4	4	16	21-Nov-2019	4	4	16	**01-Jan-2020**	4	3	12	31-Mar-2020

Existing Assurance	Existing Controls	Gaps in Assurance / Gaps in Control
1. Scrutiny via CWB SMT, escalation to JET if required - lead Tracy Minshull/Adrian Crook. 2. Working group in pace for ControCC reporting to DMT, led by Assistant Director (Social Care). 3. Where not stated, separately assurance is via internal scrutiny either at CWB SMT or Commissioning Board. 4. Established Quality Assurance Framework testing compliance against CQC measures and Care Act compliance (commissioned services). 5. Quarterly joint meetings with CQC to support inspection visits/provider compliance over KLOE's. 6. Monthly integrated provider contract meeting (including Infection Control and CCG),	1. Finance fortnightly savings tracker and monthly finance report. 2. Fortnightly JET report re: activity relating to activity in long-term residential placements - further report being developed relating to short-term residential care. 3. Development of new care finance IT system. 4. Programme of activity around reducing reliance / spend on social care such as panel scrutiny of care packages. 5. Flexible Purchasing System in place (LD). 6. LD plan in line with GM approach. 7. Development of local offer to carers. 8. Leading blended roles - trailblazer. 9. Zoned Care at home model. 10. Ongoing programme of contract and care package reviews. 11. Development of social prescribing model. 12. Adoption strengths-based approach. 13. System flow group exploring System Balance Model - managing system demand/blockages - Trusted Assessor Model. 14. Bury 2030 Locality Plan - Neighbourhood Plan.	1. System wide change control programme established.

Action	Due Date
CRR_L_01a There is a strong GM programme of work which is supporting Bury in its approach to mitigating the effects of Adult Social Care demand. This includes wider system (i.e at a GM level) to provider failure, rising and predicting demand etc	28-Oct-2019
CRR_L_01b System flow work is a multi-agency approach across health and social care stakeholders.	28-Oct-2019

Risk Code & Title	CRR_E_03 Decline in Ofsted ratings across the Borough				
Risk Statement	4.2 Decline in Ofsted ratings across the Borough	Assigned To	Current Risk Status	Direction of Travel	Annual profile
			🔴	⬆️	
Current Issues	National comparisons against Bury's performance				

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-Apr-2019	4	5	20	14-Nov-2019	4	4	16	01-Jan-2020	3	3	9	31-Mar-2020

Existing Assurance	Existing Controls	Gaps in Assurance / Gaps in Control
1. The Cabinet Member for Children and Young People, alongside the Interim Assistant Director of Education to appear before each sitting of the Scrutiny Committee for this municipal year to brief members on the steps being taken by Bury Council to drive up educational standards. 2. Life Chances Commission reviewing life readiness. 3. Improved Quality Assurance arrangements for social work practice including audit framework, social work standards and audit recommendation tracker. 4. Monthly Performance Management Meetings for Social Care with Team managers to account for team performance report cards. 5. Monthly SEND Partnership Board accountable and with oversight of the SEND system 6. SEND Improvement Governance Structure in place	1. Notice of Motion at July 2019 Council - The Interim Assistant Director of Education to provide a written report to all councillors by Friday 9th August 2019 to confirm what steps must be taken to improve educational standards within the Borough. 2. Working group of councillors be appointed to assume responsibility for overseeing the transformation of educational standards within the Borough. 3. Inspection Action Plan in place following social care inspections of Front Door and Care Leavers 4. Recovery plans in place for those areas of weaknesses following Joint Area SEND inspection revisit (13 May 2019)	1. Question of whether a role for internal audit or a wider peer challenge to assess impact of Council activity in the role of school standards (particularly for maintained) 2. Recognition of potential impact of wider determinants of health on school standards and performance 3. Ofsted framework for inspection changes significantly 4. Level/intensity of concerns and views of parents on SEND 5. Increase in number of SEND tribunals and judicial reviews 6. Political "goal posts" locally and nationally change

Action	Due Date
CRR_E_03a Determined through written report by Interim AD Education	31-Oct-2019
CRR_E_03b Role of BAMP/BASH to be explored in driving the required improvements	31-Oct-2019
CRR_E_03c Education given greater prominent with Health and Wellbeing Board arena.	31-Oct-2019
CRR_E_03d Horizon scanning for future changes in policy and system design	31-Oct-2019
CRR_E_03e Positive relationships with parents through work on co-production and with wider stakeholders	31-Oct-2019
CRR_E_03f Strong local political relationships	31-Oct-2019