NHS
Bury
Clinical Commissioning Group

Meeting: Strategic Commissioning Board

Meeting Date	05 October 2020	Action	**Consider**
Item No.	8	Confidential	No
Title	Strategic Commissioning Board Risk Register		
Presented By	Lisa Featherstone, Deputy Director		
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Clinical 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.

The CCG's Risk Management Strategy sets out that all risks will be assigned to a Committee and / or Sub-Committee of the Governing Body for oversight.

This report provides an update in respect to the four (4) strategic risks, which are captured on the Governing Body Assurance Framework (GBAF), that have been assigned to the Strategic Commissioning Board for oversight.

- Urgent Care System - Re-design (level 20)
- Lack of effective working with key partners which influence the wider determinants of health (level 15);
- Assuring decisions are influenced by all staff including clinicians (level 15); and
- Lack of effective engagement with communities (level 15).

Reviews have been completed against 3 of these risks in the last month, however it should be noted that the ' lack of effective engagement with communities' has not yet been subject to a formal review with the risk owner, however this is scheduled November 2020.

The Strategic Commissioning Board is advised that of the risks presented in this report, 2[1] risks remain static with no change in current level of risk with the other two risks reporting a reduction in the level of risk presented.

Recommendations

It is recommended that the Strategic Commissioning Board:
- Receive the Strategic Commissioning Board Risk Register;
- Review the information presented; and

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[1] *Risk score assumption has been made for risk 'Lack of effective engagement with communities' as this risk has not been assessed at this time*

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

Links to CCG Strategic Objectives	
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	☒
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	☒
SO3 Budget To deliver a balanced budget	☐
SO4 Staff Wellbeing To increase the involvement and wellbeing of all staff in scope of the OCO.	☒
Does this report seek to address any of the risks included on the Governing Body Assurance Framework? If yes, state which risk below	Yes
GB2021_PR_1.3 Urgent Care System - Re-design 2020/21 **GB2021_PR_2.1 Lack of effective working with key partners which influence the wider determinants of the health** **GB2021_PR_4.1 Assuring decisions are influenced by all staff including clinicians** **GB2021_PR_1.1 Lack of effective engagement with communities**	

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	☒
Has a Equality, Privacy or Quality Impact Assessment been completed?	Yes	☐	No	☐	N/A	☒
Is a 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's risk register?	Yes	☒	No	☐	N/A	☐
The risks are articulated within the report and managed through the respective committee as appropriate						

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

Strategic Commissioning Board Risk Register

1. Introduction

1.1. The Strategic Commissioning Board Risk Register reflects those risks which have been identified as potential to impact on delivery of the agreed strategic objectives and are assigned to the Strategic Commissioning Board, as a sub-committee of the Governing Body for oversight.

1.2. The report presents the risk position and status as at 31st August 2020.

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. The CCG supports this level of good practice as set out in the CCG's approved Risk Management Strategy.

2.4. The report includes a summary risk register (Appendix A) and a more detailed reflection of each risk (Appendix B) along with a narrative of the key changes in the reporting period relevant to each risk.

2.5. The Strategic Commissioning Board should consider the updates provided in the context of the wider agenda, raising any additional points for consideration.

3. Strategic Commissioning Board Risk Register

3.1 There are currently four risks included on the Strategic Commissioning Board Risk Register.

3.2 The following narrative reflects the current position of each risk following review by the risk owner and risk manager.

Risks with no reported change

3.3 During the reporting period **1** risk has remained unchanged.

- **GB2021_PR_1.3 Urgent Care – Re-design 2020/21**

3.4 This risk has been reworded to reflect the current year rather than 2019/20 as previously recorded. It remains at its current level of 20, against a target level of 12 to

be achieved by March 2021.

3.5 Whilst decisions have been reached in respect to the Urgent Care re-design proposal, the risk owner considered that the risk should not be reduced at this time whilst the CCG more comprehensively understands the implications of COVID-19 on the demand in the system. Additionally, the rapid deployment of the GM Urgent Care by Appointment Project needs to be considered in parallel and any associated risks factored into the overall urgent care work programme.

3.6 Arrangements to support the redesign of urgent care are in place, with the Primary Care Networks (PCNs) and Neighbourhood Teams working well, although it should be noted that these are still developing and maturing.

3.7 The proposed model for Intermediate Care (IMC) will be subject to a review by the Strategic Commissioning Board on 05 October 2020.

3.8 Discussions are underway with the LCO to implement the IMC model; however, this is subject to further dialogue regarding the form and function of the LCO.

Risks that have reached their target level

3.9 During the reporting period **0** risks have reached their target score.

Risks that have reduced in score

3.10 During the reporting period **2** risks have reduced in score.

- **GB2021_PR_2.1 Lack of effective working with key partners which influence the wider determinants of health**

3.11 This risk has reduced from a level 20 to a level 15. Additionally, the review has seen the new risk owner adjust the target level of risk to be achieved from a level 15 to a level 10, by March 2021.

3.12 Given the progress that has been made through the current integration and wider system working, additional clarity on the Bury 2030 and emerging revisions to the health strategy, air quality arrangements and economic ambition for the Borough, it was determined that the current level of risk has reduced from the last assessment.

3.13 Covid-19 has been a catalyst in developing more mature relationships and ways of working across the CCG, Council and Partners and at a pace greater than was previously envisaged, which has created significant benefits.

3.14 Additionally, significant progress through routine day-to-day operations, as outlined below, do and / or will provide a level of re-assurance on the effectiveness of these relationships:
- Implementation of neighbourhood working, operating on the same spatial level of neighbour working as the wider council view and reporting through the refreshed health and transformation programme;
- The wider Council view of neighbourhood working is clarified and the role of Public Service Reform (PSR) is being delivered on the confirmed footprint;

- the appointment of a PSR manager role in the Council who will be working closely with the OCO/LCO;
- the impending finalisation of the Bury 2030 vision which will prioritise health and wellbeing and neighbourhood working

- **GB2021_PR_4.1 Assuring decisions are influenced by all staff including clinicians**

3.15 The latest review has seen the risk reduce from level 20 to a level 15, against a target level of 10 to be achieved by March 2021.

3.16 The main driver for this reduction is greater integrated working across the OCO, and also within the wider CCG and Council, which is seeing relationships becoming more developed than they were and maturing well, resulting in the likelihood score being reduced from a level 4 (likely) to a level 3 (possible).

3.17 Progress continues to be made with the single leadership structure following the formal consultation process, with the Executive Director of Strategic Commissioning commencing in post in July 2020 to further drive forward the OCO development. Additionally, the Clinical Leadership of the CCG remains central and again has been pivotal to the management of the Covid-19 pandemic response. Further work is being progressed over the next three months to ensure a strengthened System Wide Clinical Reference Group is in place to continue to inform clinical commissioning, and the outcome from the Internal Audit on Clinical Engagement in Decision Making should be concluded.

3.18 Continued development, engagement and involvement of all staff is on-going through progression of the Organisation Development (OD) Programme, and recently the CCG was able to invite staff members to apply for a leadership development programme funded through the Council's Apprenticeship Levy. This will provide opportunities to develop local leadership across the partnership.

Risks that have increased in score

3.19 During the reporting period **0** risks have increased in score.

Risks recommended for closure

3.20 During the reporting period **0** risks have been recommended for closure by the risk owner.

New Risks

3.21 During the reporting periods **0** new risks have been added to the risk register.

Risks that have not been reviewed in the reporting period

3.22 During the reporting period **1** risk has not yet been reviewed.

- **GB2021_PR_1.1 Lack of effective engagement with communities**
3.23 This risk was last reviewed January 2020 and resulted in no change to the risk score

of 15.

3.24   Although this risk has not been reviewed prior to the drafting of this report, the risk was considered by the CCG's Audit Committee and presented in the GBAF report to the Governing Body in September 2020 for continued inclusion as a strategic risk.

3.25   This is a long-standing risk, initially identified in September 2017, with no change in risk score since that time, however it is anticipated that the next review scheduled in November 2020 will see a level of reduction and / or increased assurance given the good progress that has been made.

3.26   It has long been recognised that a different type of engagement is needed if improved outcomes for the population are to be achieved. Whilst Covid-19 has presented a number of challenges to the health and care economy, the level of engagement and different conversations has been apparent, across our communities and wider population. Through working in partnership with Bury Council as part of the emergency response to Covid-19, a number of Community Hubs have been established to support those in greatest need, alongside a cadre of community volunteers. The system is keen to grasp hold of the momentum that has been created and to continue to develop Community engagement networks and partnerships that have emerged and to this extent has committed to a Director of Communities post as part of the Corporate Core.

4   Risk Summary

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

	August	Aug %
Total Risks on Report	**4**	
New Risks	0	
Risks reduced since last report	2	50.0%
Risks increased since last report	0	0.0%
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)	4	100%
Risks reviewed in this period (August 2020)	3	75.5%
Risks yet to be reviewed (August 2020)	1	25.0%
Risks to be reviewed for next report (November due date)	4	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

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	GB2021_PR_1.3	Urgent Care System - Re-design 2020/21	14-Aug-2019	20	**14-Aug-2020**	20	12	▬	**Nov-2020**
GBAF	GB2021_PR_1.1	Lack of effective engagement with communities	28-Nov-2016	20	14-Jan-2020	15	10	▬	**Nov-2020**
GBAF	GB2021_PR_2.1	Lack of effective working with key partners which influence the wider determinants of health	14-Aug-2019	20	**14-Aug-2020**	15	10	⬇	**Nov-2020**
GBAF	GB2021_PR_4.1	Assuring decisions are influenced by all staff including clinicians	29-Nov-2016	20	**14-Aug-2020**	15	10	⬇	**Nov-2020**

Appendix B: : Strategic Commissioning Board : Detailed Risk

Risk Code & Title	GB2021_PR_1.3 Urgent Care System - Re-design **2020/21**				
Risk Statement	1.3 - Because of long standing pressures on urgent care there is a risk that improvements across the wider health and care economy will not materialise, impacting upon patient experience and CCG reputation, if the urgent care system re-design **(which also takes in to account an element of the programme related to GM urgent care by appointment strategy)** is not implemented in a timely manner.	**Assigned To**	**Current Risk Status**	**Direction of Travel**	**Annual profile**
		Will Blandamer	🔴	▬	
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	4	5	20	14-Aug-2020	4	5	20	**Nov-2020**	4	3	12	**31-Mar-2021**

Existing Assurance	Existing Controls	Gaps in Assurance / Gaps in Control
1. Bury System Board 2. Governing Body oversight of performance reports 3. Detailed scrutiny by the Recovery and Transformation Board 4. Primary Care Commissioning Committee oversee the development of the Primary Care Networks and alignment with Neighbourhoods 5. Oversight by the Strategic Commissioning Board (SCB) 6. Clinical/Cabinet/Professional Congress	1. Review of the system wide urgent care facilities 2. Implementation of a suite of initiatives under Transformation Programme 5 (urgent care treatment centre, NWAS Green Car, same day emergency/ambulatory care established) 3. Implementation of the redesign of intermediate care including the development of integrated neighbourhood teams, rapid response to minimise demand in the system 4. Engagement with GM Urgent and Emergency Care Board to explore system wide solutions to address urgent care demand and capacity	**Gap(s) in controls:** 1. Financial sustainability of the Urgent Care Treatment Centre **to be** determined as part of the urgent care review 2. Sufficient recruitment to enable Intermediate Care Transformation (LCO remit) 3. Impact of the development of Primary care networks unknown 4. Capacity of LCO to oversee implementation of new model - **Gap(s) in assurances:**

Action	Due Date	Assigned To	'Action' progress update (latest)	% Progress	Status	
1.3e Primary Care Committee to ensure the development of Primary Care Networks is aligned with the Neighbourhood Teams	**31-Mar-2021**	Will Blandamer	**PCNs & Neighbourhood working still developing and maturing**	90%	▶	In Progress
1.3f Bury System Board and Strategic Commissioning Board to receive and agree proposals of IMC	**30-Nov-2020**	Will Blandamer	**IMC proposed model being submitted to the SCB 5/10/2020**	**80%**	▶	In Progress
1.3i Discussions commenced to hand over implementation of new model when agreed to the LCO	**31-Oct-2020**	Will Blandamer	**Subject to further discussions regarding form and function of the LCO**	20%	▶	In Progress

Risk Code & Title	GB2021_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 impacting on outcomes and experience for our population	Assigned To	Current Risk Status	Direction of Travel	Annual profile
		Will Blandamer	🛑	⬇️	▬◣

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	14-Aug-2020	5	3	15	-Nov-2020	5	2	10	31-Mar-2021

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	1. Bury 2030 Strategy under development, including supporting strategies and delivery plans (e.g. Housing, Industry, Environment) 2. Development of a 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.) 3. Refresh of Locality Plan completed emphasising the importance of wider Public Sector Reform on improving health and reducing health in-equalities	Gap(s) in controls: 1. 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 2. Resources required to support the Bury 2030 Strategy is unclear Gap(s) in assurances: 1. None identified

Action	Due Date	Assigned To	'Action' progress update (latest)	% Progress	Status	
2.1d Continue with on-going engagement as the Bury 2030 Strategy develops	31-Mar-2021	Will Blandamer	**Awaiting the next iteration of the Strategy expected October 2020**	50%	▶️	In Progress

Risk Code & Title	GB2021_PR_4.1 Assuring decisions are influenced 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
		Will Blandamer	🔴	⬇	
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	14-Aug-2020	5	3	15	Nov-2020	5	2	10	31-Mar-2021

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. Executive Director in Post (July 2020) 9. System Wide Clinical Reference Group**	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. 6. Senior Team restructure now nearly complete	**Gap(s) in controls:** 1. Clarity regarding support available to staff during the period of restructure 2. Sub Senior structure still under review **Gap(s) in assurances:** 1. Different decision-making cultures 2. Clarification of the committee substructure and role of clinicians in future sub-committees being explored **3. System wide Clinical Reference Group yet to be strengthened**

Action	Due Date	Assigned To	'Action' progress update (latest)	% Progress	Status	
4.1b Continued development, engagement and involvement of all staff	31-Mar-2021	Will Blandamer	New OD Programme to be put in place.	50%	▶	In Progress
4.1e Strengthening relations between the OCO and LCO	**31-Mar-2021**	Will Blandamer	**Joint meetings routinely held**	**70%**	▶	In Progress