Meeting: Strategic Commissioning Board			
Meeting Date	07 February 2022	**Action**	Consider
Item No	9	**Confidential / Freedom of Information Status**	No
Title	Strategic Commissioning Board Risk Register		
Presented By	Sam Evans, Executive Director of Finance		
Author	Lynne Byers, Interim 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 update in respect of the three strategic risks which are captured on the CCG's Governing Body Assurance Framework (GBAF) and two operational risks which have been assigned to the Strategic Commissioning Board for oversight:

GBAF risks:
- Creation of GM ICS (Integrated Care System) (level 16);
- Urgent Care System - Re-design (level 12, at target level); and
- Assuring decisions are influenced by all staff including clinicians (level 10, at target level).

Operational Risks:
- Lack of effective working with key partners which influence the wider determinants of health (level 10, at target level); and
- Lack of effective engagement with communities (level 10, at target level);

The January 2022 risk assessments have been completed against all 5 risks and the Strategic Commissioning Board is advised that there was an increase in the level of risk in respect to the Creation of GM ICS (Integrated Care System) risk. All other risks remain unchanged.

Risks which have reached their target level will require ongoing management to ensure the risk does not escalate due to future uncertainties.

Recommendations

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

- 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

GB2122_PR_2.1 Creation of GM ICS (Integrated Care System)

GB2122_PR_2.2 Assuring decisions are influenced by all staff including clinicians

GB2122_PR_3.1 Urgent Care System - Re-design 2021/22

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?	The report reflects risks identified to delivery of the Health & well-Being Strategy					
How do proposals align with Locality Plan?	The report reflects risks identified to delivery of the Locality Plan					
How do proposals align with the Commissioning Strategy?	The report reflects risks identified to delivery of the Commissioning Strategy					
Are there any Public, Patient and Service User Implications?	Yes	☐	No	☐	N/A	☒
How do the proposals help to reduce health inequalities?	Through the effective management of risk associated with delivery programmes identified to support wider commissioning and delivery					

Implications						
	agenda, improved outcomes will be delivered.					
Is there any scrutiny interest?	Yes	☐	No	☒	N/A	☐
What are the Information Governance/ Access to Information implications?	None					
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	☐	No	☒	N/A	☐
If yes, has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	☐	No	☐	N/A	☒
If yes, please give details below:						
If no, please detail below the reason for not completing an Equality, Privacy or Quality Impact Assessment:						
This is a report on risks associated with delivery of work programmes and does not required an EA.						
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 Report

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 **17 January 2022.**

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 five risks included on the CCG's 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 this reporting period **4** risks remained unchanged.

- **GB2122_PR_3.1 Urgent Care – Re-design 2021/22**

3.4   The January 2022 risk assessment saw no change to the level of risk and remains at target level.

3.5   The single improvement and transformation strategy remains robust with aspects of the strategy being fast tracked in response to the December 2021 COVID crisis.

3.6   Work is progressing to finalise and develop the GP collaborative working model to ensure Primary Care Networks are aligned with the neighbourhood teams.

- **GB2122_PR_2.2 Assuring decisions are influenced by all staff including clinicians**

3.7   The January 2022 risk assessment saw no change to the level of risk and remains at target level.

3.8   Management and clinical leadership capacity associated with transformation programmes have been very limited due to responding to the current COVID crisis waves, however the CCG continue to develop the clinical and professional senate whilst working collaboratively with the GP Federation and LMC.

- **OR_01 Lack of effective working with key partners which influence the wider determinants of health**

3.9   The January 2022 risk assessment saw no change to the level of risk and remains at target level.

3.10   On-going engagement remains a high priority and is satisfactory. The CCG continues to drive forward the health inequalities focus through neighbourhood teams working across the wider public services.

3.11   The continued development of the neighborhood team model in health and care with wider public services is progressing well. The model was presented to the Integrated Delivery Collaborative Board (IDCB) in October 2021 and subsequently presented to the Locality Board in December 2021.

- **OR_02 Lack of effective engagement with communities**

3.12   The January 2022 risk assessment saw no change to the level of risk and remains at target level.

3.13   The CCG remains connected to communities via the community hubs through integrated neighbourhood teams, through the CCG's transformation programme and working closely with Healthwatch and community engagement leads.

3.14   In addition, Healthwatch routinely report into the Locality Board and the new Chief Officer of the Voluntary Community Faith Alliance (VCFA) is strengthening the working relationship.

Risks that have reduced in score

3.15   During this reporting period **0** risks have reduced in score.

Risks that have increased in score

3.16   During this reporting period **1** risk has increased in score.

- **GB2122_PR_2.1 Creation of GM ICS (Integrated Care System)**

3.17   The January 2022 risk assessment saw an increase in the level of risk from a level 12 to a level 16 against a target level of 8 to be achieved by March 2022.

3.18   The likelihood of 3 (possible) has increased to 4 (likely) as although local arrangements have developed further, the national move to put Integrated Care Systems on a statutory footing and close Clinical Commissioning Groups has been delayed by a further three months from April 2022 to July 2022 which has prolonged staff uncertainty and governance arrangements across the system. To address the impact of this delay work is progressing within all CCGs to collate information and conduct the necessary reviews as directed by the nationally issued 'close down due diligence checklist'.

3.19   In addition, the shadow operating of revised governance was submitted to the GM Team for peer review in January 2022.

3.20   The CCG have continued to engage in the development of the GM ICS operating model through an initial locality stocktake review followed by the submission of the Locality Operating Model to the GM ICS in January 2022.

3.21   Communication remains embedded to ensure progress updates are cascaded to staff on a regular basis through scheduled staff engagement meetings including GM briefings.

Risks that have reached their target level

3.22   During this reporting period **0** risks have reached their target score, however, as at January 2022 four risks remain at their target level.

- GB2122_PR_3.1 Urgent Care – Re-design 2021/22
- GB2122_PR_2.2 Assuring decisions are influenced by all staff including clinicians
- OR_01 Lack of effective working with key partners which influence the wider determinants of health
- OR_02 Lack of effective engagement with communities.

Risks recommended for closure

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

New Risks

3.24   During this reporting period **0** new risks have been added to the risk register.

Risks that have not been reviewed in the reporting period

3.25   During this reporting period **0** risks have not yet been reviewed.

4   Risk Summary

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

	Jan	Jan %
Total Risks on Report	**5**	
New Risks	0	
Risks reduced since last report	0	0.0%
Risks increased since last report	1	20.0%
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)	4	80.0%
Significant Risks (15-25)	1	20.0%
Risks reviewed in this period (January 2022)	5	100.0%
Risks yet to be reviewed (January 2022)	0	0.0%
Risks to be reviewed for next report (April 2022 due date, year-end review)	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.

Lynne Byers
Interim Risk Manager
January 2022

Appendix A: Strategic Commissioning Board Risk Register: CCG 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	GB2122_PR_2.1	Creation of GM ICS (Integrated Care System)	04-Dec-2020	16	**17-Jan-2022**	16	8	⬆	Apr-2022
GBAF	GB2122_PR_3.1	Urgent Care System - Re-design 2021/22	14-Aug-2019	20	**17-Jan-2022**	12	12	▬	Apr-2022
GBAF	GB2122_PR_2.2	Assuring decisions are influenced by all staff including clinicians	29-Nov-2016	20	**17-Jan-2022**	10	10	▬	Apr-2022
CCG	OR_01	Lack of effective working with key partners which influence the wider determinants of health	14-Aug-2019	20	**17-Jan-2022**	10	10	▬	Apr-2022
CCG	OR_02	Lack of effective engagement with communities	28-Nov-2016	20	**17-Jan-2022**	10	10	▬	Apr-2022

Appendix B: Strategic Commissioning Board: CCG Detailed Risk

Risk Code & Title	GB2122_PR_2.1 Creation of GM ICS (Integrated Care System)				
Risk Statement	2.1 - Because of the impending changes which will see the disestablishment of the CCG (2021/2022) in favour of an Integrated care System (ICS). There is a risk that current relationships and progress to deliver the local place-based agenda and outcomes is overshadowed. Resulting in adverse impact on delivery of outcomes at a locality/borough level	Assigned To	Current Risk Status	Direction of Travel	Annual profile
		Will Blandamer	🔴	⬆️	⋀⋀
Current Issues	1. NHSE/I released 26/11/2020 consultation signaling creation of ICS (Integrated Care System) and disestablishment of CCG (subject to legislation) 2. Potential for work that has already progressed to address needs across the Bury locality to be derailed within a 'one way' GM approach 3. Potential for loss of locality memory and knowledge 4. Potential that Bury CCG is unable to influence what is retained at a place-based level to deliver best outcomes for the local population 5. Potential loss of mandated and elected clinical leadership in the Bury system **6. ICS go live date delayed to July 2022 which has prolonged staff uncertainty and governance arrangements**				

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
04-Dec-2020	4	4	16	17-Jan-2022	4	**4**	16	Apr-2022	4	2	8	31-Mar-2022

Existing Assurance	Existing Controls	Gaps in Assurance / Gaps in Control
1. Governing Body oversight 2. Strategic Commissioning Board oversight 3. Engagement in Greater Manchester Governance arrangements 4. Bury Locality Board	1. Local governance structures reflect the proposal 2. Shadow operating of revised governance from October 2021 **submitted to GM Team for peer review January 22** 3. Approved corporate plan which sets priorities for the borough 4. Bury 2030 strategy 5. Generic Communications and Engagement Strategy which supports the public message 6. Revised Locality Plan approved by SCB July 2021 **7. CCG close down strategy in place (enabler)**	**Gaps in controls:** 1. Awaiting further clarity on the GM ICS model **Gaps in current assurances:**

Action	Due Date	Assigned To	'Action' progress update (latest)	% Progress	Status	
2.1a Shadow governance arrangements to be designed	30-Sep-2021	~~Lisa Featherstone~~	Governance has been designed and in the process of being implemented subject to key outstanding issues from the GM ICS including financial flow, workforce and clinical leadership. Update: July 2021 All governance arrangements have been designed and are in the process of being implemented as the CCG enters into the transition phase which will see the creation of the system Board in Autumn which will run in conjunction with the Governing Body and Strategic Commissioning Board to ensure statutory responsibilities continue to be discharged whilst preparing for the future.	100%	✅	Completed
2.1b Bespoke communication approach to address this agenda	31-Mar-2022	Will Blandamer	**Communication is embedded to ensure progress updates are cascaded to staff on a regular basis through scheduled staff engagement meetings including GM briefings.**	80%	▶️	In Progress
2.1c Continue to work with GM partners to ensure the GM ICS operating model creates the conditions for the locality to continue its integration and transformation journey and not to move backwards from our current integrated arrangements	31-Mar-2022	Will Blandamer	**Locality Operating Model submitted to GM ICS January 2022.**	70%	▶️	In Progress

Risk Code & Title	GB2122_PR_3.1 Urgent Care System - Re-design 2021/22				
Risk Statement	3.1 - Because of long standing pressures on urgent care there is a risk that If the urgent care system re-design (which also takes in to account an element of programme related to GM urgent care by appointment strategy) is not implemented in a timely manner, then the improvements across the wider economy will not materialise, impacting upon patient experience and CCG reputation	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	17-Jan-2022	4	3	12	Apr-2022	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 (approved), 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 5. Working closely with HMR CCG to appropriately deflect A&E hospital attendances and smooth discharge pathways 6. Delivery of Phase 1 completed 7. Reframing of urgent care phase 2 in the light of delivery of phase 1 and lessons learnt through COVID 8. Consolidation of single improvement and transformation strategy	**Gap(s) in controls:** 1. Financial sustainability of the Urgent Care Treatment Centre to be determined as part of the urgent care review 2. Understanding the impact of covid **Gap(s) in assurances:**

Action	Due Date	Assigned To	'Action' progress update (latest)	% Progress		Status
3.1a System Board and Integrated Delivery Collaborative to ensure the development of Primary Care Networks is aligned with the Neighbourhood Teams	31-Mar-2022	Will Blandamer	**Work is progressing to finalise and develop the GP collaborative working model.**	90%	▶	In Progress

Risk Code & Title	GB2122_PR_2.2 Assuring decisions are influenced by all staff including clinicians				
Risk Statement	2.2 - 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	17-Jan-2022	5	2	10	Apr-2022	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. Clinical and Professional Senate 10. Weekly Primary Care Webinar 11. GP Federation monthly review meetings 12. LMC monthly review meetings	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. 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. 5. OCO Senior Team restructure now complete	**Gap(s) in controls:** **Gap(s) in assurances:**

Action	Due Date	Assigned To	'Action' progress update (latest)	% Progress	Status	
2.2a Development of a clinical and professional senate	31-Mar-2022	Will Blandamer	**Transition meeting held in November 2021, next meeting scheduled for February 2022.**	**80%**	▶	In Progress

Risk Code & Title	OR_01 Lack of effective working with key partners which influence the wider determinants of health				
Risk Statement	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**
		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	17-Jan-2022	5	2	10	Apr-2022	5	2	10	31-Mar-2021

Existing Assurance	Existing Controls	Gaps in Assurance / Gaps in Control
1. Health and Well-Being Board (established and working effectively) 2. Governing Body 3. Council Cabinet (key partner) 4. Joint Strategic Commissioning Board 5. Neighbourhood Development Group established 6. Locality Board 7. Population Health Board (subgroup to the Health and Well-Being Board)	1. Bury 2030 Strategy delivered, including supporting strategies and delivery plans (e.g. Housing, Industry, Environment) 2. Refresh of Locality Plan completed emphasising the importance of wider Public Sector Reform on improving health and reducing health in-equalities 3. The Northern Care Alliance (NCA) is the anchor organisation for commissioning social value (e.g. inclusion of social value goals in Provider contracts, support environmental sustainability etc.)	**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	
OR_01a Continue with on-going engagement as the Bury 2030 Strategy develops and is implemented	31-Mar-2022	Will Blandamer	Population Health Board established as a subgroup of the Health and Well-Being Board.	90%	▶	In Progress
OR_01b Continue to build the neighbourhood team model in health and care and with wider public services and communities	31-Mar-2022	Will Blandamer	**The model was presented to the Integrated Delivery Collaborative Board (IDCB) in October 2021 and subsequently presented to the Locality Board in December 2021.**	90%	▶	In Progress

Risk Code & Title	OR_02 Lack of effective engagement with communities				
Risk Statement	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**
		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
28-Nov-2016	5	4	20	17-Jan-2022	5	2	10	Apr-2022	5	2	10	31-Mar-2022

Existing Assurance	Existing Controls	Gaps in Assurance / Gaps in Control
1. Patient Cabinet reports to the Governing Body 2. Healthwatch attend PCCC 3. NHSE PPI indicator assessment (an external assessment of the CCG's website/annual reports etc.) 4. Annual 360 Stakeholder Survey 5. New Strategic Commissioning Board in place October 2019 6. Health and Well-being Board (role reformatted) **7. Healthwatch routinely report into the Locality Board**	1. Close working with Public Health to co-ordinate joint working and messages 2. Communications and Engagement Strategy for CCG activity 3. Self-care has an increased focus in the refreshed locality plan 2017 4. Beginning to mobilise locality plan e.g. integrated neighbourhood teams. 5. Neighbourhood engagement models under development 6. Joint Comms & Engagement Team in place. 7. Inclusion of the objectives of the Locality Plan within the Bury 2030 Strategy 8. Strengthened working relationship with the new Health Watch Team	**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 **Gap(s) in assurances:** 1. Unable to monitor the strategy as currently being developed

Action	Due Date	Assigned To	'Action' progress update (latest)	% Progress	Status	
OR_02a To ensure the work on the Bury 2030 Strategy and the operating plan continues to reflect the particular contribution of the OCO throughout 2021/22	31-Mar-2022	Will Blandamer	The Bury 2030 Strategy was received by the SCB in September 2021 and now routinely informs the workplan.	100%	✅	Completed