

Meeting: Governing Body			
Meeting Date	23 September 2020	Action	Approve
Item No.	8c	Confidential	No
Title	Corporate Risk Register		
Presented By	Lynne Ridsdale/ Will Blandamer		
Author	Lynne Byers, Interim Risk Manager		
Clinical Lead	-		

Executive Summary

A key part of the organisation's internal control system is its risk management function. This should ensure that the organisation has a process for identifying and assessing risks both external and internal in order to select the most appropriate controls to manage these risks and therefore ensure delivery of key business objectives.

In line with the Risk Management Strategy, the Audit Committee is required to retain oversight of any risks with a net risk score of 15 and above. These risks are classified as significant were they to materialise and therefore the Committee's review of these ensures that these have received independent scrutiny.

The Audit Committee reviewed the Corporate Risk Register, as presented at its meeting on the 04 September 2020. At the time of presentation, the CRR included 6 risks at a level 15 or above, however the Audit Committee was asked to consider the closure of the following two risks, which was supported, subject to any further reflections of the quality and performance committee at its meeting on 9th September 2020:

- Growth in Elective Waits; and
- Failure to achieve 2019/20 IAPT targets

The Quality and performance Committee raised no concerns with the closure of these risks.

The Audit Committee reflected on the level of assurance provided in respect to assessed levels and continued management of risk and was satisfied that the arrangements in place are robust and therefore recommended the Corporate Risk Register to the Governing Body.

The Governing Body is advised that following the amendments as outlined above, there are currently **4** risks included on the Corporate Risk Register (operational risks) at a level 15 or above, excluding those reported through the Governing Body Assurance Framework (strategic risks) as listed:

- Autistic Spectrum Conditions Assessment – Work force capacity to maintain waiting times.
- Delivering the NHSEI CHC recovery plan (New)

- PCFT - Mixed Sex Accommodation (SSA breaches);
- Datix: Resource requirements to maximise optimization; and

Recommendations

It is recommended that the Governing Body:

- Receive the Corporate Risk Register;
- Note that two corporate risks have been approved for closure by the Audit Committee with no subsequent concerns raised by the Quality and Performance Committee;
- Review the information presented; and
- Note the assurance provided by the Audit Committee on the arrangements in place to assess, mitigate and manage the risks identified.

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:

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	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>

from the proposal or decision being requested?						
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	04/09/2020	The Audit Committee was assured that the risks included on the Corporate Risk Register are being managed effectively.

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 August 2020**.

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 28 operational risks being monitored across the organisation, of which 6 (21.4%) are included on the Corporate Risk Register.

3. Corporate Risk Register

- 3.1 The following commentary presents updates to each of the 6 risks. Due to the impact of COVID-19, the details for these risks have not been reviewed by their respective committee.

- **WS_WC_O_PE_R_06 Autistic Spectrum Conditions Assessment – Work force capacity to deliver assessments**

- 3.2 This risk did not meet its target level of 4 by March 2020 and therefore remains on the risk register for 2020/21, with the risk target date adjusted to March 2021.
- 3.3 The August 2020 assessment saw no change to the current level of 20, against a target level of 4. Although it should be noted that waiting times are reducing, capacity in the system to reduce backlog continues to be a challenge as the assessment pathway uses capacity from 5 services. Children aged 5 plus will be seen within 18 weeks, however the backlog list reflects a 2 year wait due to different service providers.
- 3.4 Recovery plan discussions were undertaken with PAHT prior to COVID-19 and a recovery plan was requested April 2020, this is now being followed up. The current number of children waiting as reported in August 2020 is 158.
- 3.5 As part of the recovery plan, PAHT are providing monthly updates on the Social Communication Disorder Discussion Group (SCDDG) waiting list, which will be measured against the agreed trajectory.
- 3.6 This risk has been scheduled for a further risk review in September 2020.

- 3.7 Since reporting to the Audit Committee the Quality and Performance Committee has subsequently reviewed this risk at the 09 September 2020 meeting. The Committee was assured that the risk is being effectively managed
- **OR_HIN_PE_CE_01 Delivering the NHSEI CHC recovery plan**
- 3.8 This new risk, although identified on the 16 July 2020, underwent a final review with the risk owner and was added to the risk register in August 2020.
- 3.9 This has materialised due to the impact that COVID-19 had nationally on CHC processes, which were temporarily suspended.
- 3.10 From 01 September 2020 CHC assessment processes will re-commence for all new referrals, including retrospective assessment of those packages of care funded between March and September 2020. Early calculations has identified that approximately 400 patients have not been assessed and now require review. There is some concern that there may not be sufficient staff to deliver the requirements of the recovery plan which should see the backlog of assessments cleared by March 2021. This is the challenge across all boroughs in GM and is not isolated to Bury.
- 3.11 Taking all of these factors into account, the risk has been assessed as a level 16 (4x4) risk, with a target level of 4 to be achieved by March 2021.
- 3.12 To following controls are currently in place:
- Current team managing existing patients funding through CHC;
 - Remote reviews being undertaken;
 - Recent review of the database for existing CHC patients complete for accuracy to ensure the correct people are on the system (e.g. removing the deceased cases);
 - Patients risk stratified based on need; and
 - Early modelling of the workload to manage the backload completed.
- 3.13 NHSEI have requested a recovery plan and assurance that systems will be in place to manage the backlog of assessments by March 2021. This is currently in draft form, awaiting final agreement on the milestones for inclusion prior to submission to NHSEI in September 2020. Additional resource is being scoped and financial discussions are being addressed by the Finance, Contracting and Procurement Committee.
- 3.14 This risk has been scheduled for a risk review in October 2020.
- 3.15 Since reporting to the Audit Committee the Quality and Performance Committee has subsequently reviewed this risk at the 09 September 2020 meeting. The Committee noted the new risk and acknowledged that further progress has been made. This risk will be scrutinised as part of the deep dive review at the October 2020 meeting.
- **WS_MH_O_PE_R_03 PCFT Mixed Sex Accommodation (SSA breaches)**
- 3.16 This is a long-standing risk which did not meet its target level of 4 by March 2020. The risk owner feels this risk should remain on the risk register for 2020/21 and has adjusted the date for target risk to be achieved to March 2021, however it should be noted that this is unlikely to be achieved in-year as Phase 5 of the scheduled work,

which impacts on Bury's wards and patients is not due to be completed until August 2021.

- 3.17 The August 2020 assessment saw no change to the current level of 16.
- 3.18 The COVID-19 pandemic has impacted on the reconfiguration work scheduled, with some changes occurring earlier than planned and others put on hold as summarised below:
- For Bury's 3 wards and the impact on Bury patients, the risk stays the same as no changes have taken place in Bury;
 - For working age adults, there has been some change to single gender provision in Rochdale and Tameside but this would only benefit Bury patients if they were placed out of borough;
 - Bury's North and South wards are both still mixed sex. The transition of both wards to single gender was within phase 5 and before the pandemic was not due until August 2021; and
 - The dormitory and single gender refurbishment of Ramsbottom ward is within phase 1 and was due to begin in March 2020. Due to the pandemic this did not go ahead and was put on hold. It is now due to start in September 2020 and is anticipated to take 18 weeks.
- 3.19 In respect of monitoring and reporting to reduce the burden on providers during the COVID-19 pandemic, Mixed Sex Accommodation (MSA) breach reporting was one of the national contract reporting requirements that was stood down. However, locally, PCFT has continued to share information for a number of national standards, including MSA breaches with none reported on Bury wards or any serious incidents involving MSA breaches for Bury patients placed in other boroughs.
- 3.20 This risk has been scheduled for a risk review in November 2020.
- 3.21 Since reporting to the Audit Committee the Quality and Performance Committee has subsequently reviewed this risk at the 09 September 2020 meeting. The Committee was assured that the risk is being effectively managed.
- **WS_CE_O_R_04 Datix: resource requirements to maximise optimisation**
- 3.22 This risk did not meet its target level of 3 by March 2020 and therefore remains on the risk register for 2020/21, the risk target date has been adjusted to March 2021 accordingly.
- 3.23 This risk remains at its current level of 15, against a target level of 3 to be achieved by March 2021 as the impact of COVID-19 has impacted upon processes.
- 3.24 Due to COVID-19 the delegation of management of Datix issues to CCG workstreams was stood down and therefore is not yet fully implemented. This will resume as the workstreams are re-established, however resourcing for Datix will need further review given the changes in work load and staffing across the Quality and Safeguarding team. Overall, system administration still remains a gap, which is hoped can be addressed through the proposed Business Support Review.

- 3.25 As part of readdressing resources a wider review of how to take Datix forward will also be considered.
- 3.26 This risk has been scheduled for a risk review in November 2020.
- 3.27 Since reporting to the Audit Committee the Quality and Performance Committee has subsequently reviewed this risk at the 09 September 2020 meeting. The Committee was assured that the risk is being effectively managed.

4. Risks removed from the Corporate Risk Register

- **WS_IC_O_PE_S_07 Growth in Elective Waits**

- 4.1 This risk materialised during 2019/20 as a consequence of non- achievement of the elective wait target which set out that less people should be waiting for elective treatment at the end of March 20 than March 19.
- 4.2 In March 20 the waiting list stood at 14754 Bury patients. This was 1775 (13.7%) higher than the target of 12979 patients waiting (March 18 position). Although this wasn't achieved it was expected that the work PAHT was doing on 'pathway plus' would have aided delivery of this target however the COVID-19 pandemic impacted on this.
- 4.3 As this risk is specific to 2019/20 financial year and based upon the rationale above this risk has been recommended for closure by the risk owner.
- 4.4 In April 2020 the target was reset so that by January 21 there should be fewer people waiting than in January 2020. This has been achieved during the first quarter of 2020/21 and therefore it is the view of the Risk Owner that there is no requirement for a new risk to be added onto the risk register at this time.
- 4.5 As part of recovery and transformation, PAHT continue to work to reduce waits and clear backlogs. An Elective Care Recovery Group has been set up that reports to the Health and Social Care Recovery Board to oversee delivery of recovery and transformation schemes.
- 4.6 Performance metrics will continue to be monitored during 2020/21, and risks associated with operational delivery and achievement will be managed and monitored through the Quality and Performance Committee and escalated on to the risk register as appropriate.
- 4.7 Since reporting to the Audit Committee, the Quality and Performance Committee subsequently reviewed this risk at the 09 September 2020 meeting and supported the position of the risk owner and view of Audit Committee to close this risk, with a view to adding a new, more reflective risk to take account any financial and quality implications for the CCG, as required.

- **WS_MH_O_PE_R_08 Failure to achieve 2019-20 IAPT targets**

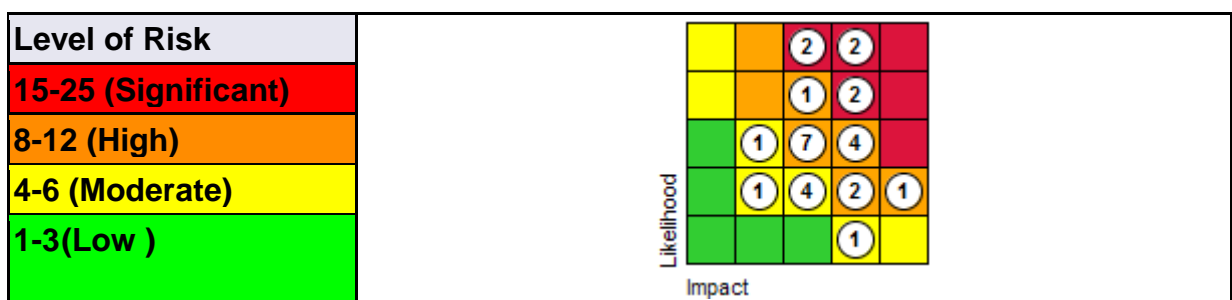
- 4.8 This risk materialised during 2019/20, given the likelihood that the constitutional IAPT

targets would not be achieved during the reporting period.

- 4.9 This target was always going to be challenging to achieve however the service gave some indication that they may hit the target at the end of the financial year, however once the COVID-19 response phase began this target became unachievable within the system in order for the service to prioritise the risk.
- 4.10 To support achievement of the target, the CCG funded 4 additional PWPs however the IAPT team continued to have reduced staff levels.
- 4.11 The staffing model has been reviewed between the CCG and PCFT for the purpose of informing the future IAPT model demand and capacity exercise and the recruitment drive remains on-going with the Trust.
- 4.12 Digital options have been commissioned (Silver Cloud) and a further revised model is being progressed.
- 4.13 As this risk is specific to 2019/20 financial year and based upon the rationale above this risk has been recommended for closure by the risk owner and this was supported by the Quality and Performance Committee in March 2020.
- 4.14 A new risk has not been added to the risk register, however this will be revisited once the new targets have been confirmed for 2020/21.
- 4.15 Performance metrics will continue to be monitored during 2020/21, and risks associated with operational delivery and achievement will be managed and monitored through the Quality and Performance Committee and escalated on to the risk register as appropriate.
- 4.16 The Quality and Performance Committee has subsequently reviewed this risk at the 09 September 2020 meeting and supported the recommendation of the risk owner as reported to the Audit Committee to close this risk.

5 Risk Distribution

5.1 The heat map below identifies a total of **28** operational risks (including the two CRR that have been closed) distributed across the 5x5 matrix and excludes risks associated with the GBAF.



6. Recommendations

6.1 The Governing Body is required to:




- Receive the Corporate Risk Register;
- Note that two corporate risks have been approved for closure by the Audit Committee with no subsequent concerns raised by the Quality and Performance Committee;
- Review the information presented; and
- Note the assurance provided by the Audit Committee on the arrangements in place to assess, mitigate and manage the risks identified.

Lynne Byers
Interim Risk Manager
August 2020

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_R_06	Autistic Spectrum Conditions Assessment - Workforce capacity to deliver assessments	18-Jan-2019	20	03-Aug-2020	20	4		Sep-2020
CCG	OR_HIN_PE_CE_01	Delivering the NHSEI CHC recovery plan	16-Jul-2020	16	16-Jul-2020	16	4	New	Oct-2020
CCG	WS_MH_O_PE_R_03	PCFT - Mixed Sex Accommodation (SSA breaches)	13-Feb-2018	16	18-Aug-2020	16	4		Nov-2020
CCG	WS_CE_O_R_04	Datix: Resource requirements to maximise optimisation	06-Jun-2019	15	04-Aug-2020	15	3		Nov-2020
CCG	WS_IC_O_PE_S_07	Growth in Elective Waits	10-Sep-2019	20	18-Aug-2020	20	16		Closed
CCG	WS_MH_O_PE_R_08	Failure to achieve 2019-20 IAPT targets	11-Dec-2019	15	03-Aug-2020	15	6		Closed


Appendix B: Audit Committee: Detailed Risk

Risk Code & Title	WS_WC_O_PE_R_06 Autistic Spectrum Conditions Assessment - Workforce capacity to deliver assessments				
Risk Statement	<p>Because of a lack of sufficient capacity for multi-disciplinary assessment (MDT) meetings there is a risk that assessment outcomes for CYP and families are not completed in a timely manner resulting in delayed access to appropriate post-diagnostic support services. This may impact on educational attainment and life chances, including quality of care, poor patient experience and reputational damage for the CCG.</p>	Assigned To	Current Risk Status	Direction of Travel	Annual profile
		Jemma Billing			
Current Issues	<p>. 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.</p> <p>. The Multidisciplinary Team Meetings (MDT), also known as the Social Communication Disorder discussion Group (SCDDG), has lacked priority within the 3 organisations which contribute.</p> <p>. Additionally, it is likely that greater numbers of children are referred for ASD assessment due to a lack of alternative provision and support.</p> <p>. 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</p>				

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	03-Aug-2020	4	5	20	Sep-2020	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 	<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 	<p>Gaps in current controls:</p> <ul style="list-style-type: none"> Backlog remains an issue. (06a) <p>Gaps in current assurances:</p> <ul style="list-style-type: none"> None identified

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	Jemma Billing	Monitoring as part of the PAHT recovery plan / trajectory will take at least 18 months to clear the backlog. Current waiting as at Aug 2020 158	50%	 In Progress

Risk Code & Title	OR_HIN_PE_CE_01 Delivering the NHSEI CHC recovery plan				
Risk Statement	Because the CCG may not be able to deliver the CHC recovery plan due to insufficient resource , there is a risk that the backlog will not be assessed followed up or case managed in line with national guidance which could result in health care funds being inappropriately allocated and also a quality assurance and safety risk	Assigned To Eve Moroney	Current Risk Status 	Direction of Travel New	Annual profile
Current Issues	<p>Background - March 2020 at the start of the COVID-19 pandemic nationally CHC processes were temporarily suspended. The rationale was that patient discharges from acute services should not be held up by the 28 day CHC assessment process and patients would be discharged and all on-going health costs funded through COVID-19 recharge NHS monies.</p> <p>From 1st September 2020 CHC assessment processes will re-commence for all new referrals and for those funded throughout March-Sept 2020. NHSEI have asked for a recovery plan and assurance that systems will be put in place to manage the backlog of assessments by 31st March 2021.</p> <p>Early calculations have identified approx. 400 patients who were not assessed between March-Sept 2020. Each assessment requires a detailed piece of work with the patient & family, HCPs including Social Workers involved with the individual, ensuring that national guidance is followed, funding is appropriate and care is delivered in the most appropriate setting to meet the person's needs.</p> <p>There are 25 working weeks until end of March 2021. The backlog based on experienced CHC nurses working would take 3 WTE nurses to manage the backlog, whilst the existing team manage new cases and take on the routine case management on the backlog cases.</p> <p>. There is a risk that we would not be able to find sufficient staff to fulfil the recovery plan because all boroughs in GM are in the same position.</p>				

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
16-Jul-2020	4	4	16	16-Jul-2020	4	4	16	01-Oct-2020	4	1	4	31-Mar-2021

Existing Assurance	Existing Controls	Gaps in Assurance / Gaps in Control
- Quality and Performance Committee - CHC National Guidance	<ul style="list-style-type: none"> . Current team managing existing patients funding through CHC . Remote reviews being undertaken . Recent review of the database for existing CHC patients complete for accuracy to ensure the correct people are on the system (e.g. removing the deceased cases) . Patients risk stratified based on need . Early modelling of the workload to manage the backlog completed 	<p>Gaps in current controls:</p> <ul style="list-style-type: none"> . Sufficient staff to manage the backlog of people funded under CHC (01a) <p>Gaps in current assurances:</p> <ul style="list-style-type: none"> - NHSEI sign off of the recovery plan (01d) - Local recognition of the work to complete the trajectory for recovery (01c/d) - Identified resource to meet the recovery plan (01c)




Action	Due Date	Assigned To	'Action' progress update (latest)	% Progress	Status	
OR_HIN_PE_CE_01a Additional resource to be engaged to support delivery in line with workforce modelling	10-Aug-2020	Eve Moroney	To commence work identifying agency staffing	0%		Overdue
OR_HIN_PE_CE_01b Modelling to be undertaken to determine extent of the backlog	20-Aug-2020	Catherine Jackson; Eve Moroney	Workload modelling completed	100%		Completed
OR_HIN_PE_CE_01c Funding to be identified to meet the targets in the recovery plan	01-Sep-2020	Catherine Jackson	The Finance, Contracting and Procurement Committee are currently reviewing the funding options	10%		Check Progress
OR_HIN_PE_CE_01d Recovery plan to be drafted and submitted to NHSEI for sign off	01-Sep-2020	Eve Moroney	Recovery plan written; milestones not yet in place	25%		Check Progress



Risk Code & Title	WS_MH_O_PE_R_03 PCFT - Mixed Sex Accommodation (SSA breaches)				
Risk Statement	Because all of PCFT's acute inpatient mental health wards (for both working age and older people) do not comply with national same sex accommodation (SSA) guidance, there is a risk to the quality of care received by patients, as their safety, privacy and dignity may be compromised resulting in potential harm, poor patient experience and reputational damage.	Assigned To	Current Risk Status	Direction of Travel	Annual profile
		Sarah Tomlinson			
Current Issues	<ul style="list-style-type: none"> . The safety, privacy and dignity of patients not being maintained, results in harm, poor patient experience, serious incidents and complaints . PCFT's non-compliance with Department of Health (DoH) guidance on Single Sex Accommodation (SSA) was identified in the trust's 2016 Care Quality Commission inspection report, identifying PCFT being in breach of the HSCA (2010) (not meeting patients' safety, privacy and dignity needs) . The scale of change for PCFT to become compliant requires all acute inpatient wards to change from being mixed sex to a single sex environment . Impact of the reconfiguration on acute working age adults inpatient wards is low - current provision will enable 1 male and 1 female ward in each borough. in Bury, North Ward and South wards will both from mixed sex to single sex wards (male and female wards respectively) . As well as a gender split, PCFT is also taking the opportunity to make two further changes to their older people's wards. The first is to improve clinical care and environmental space by separating services by illness, so all PCFT's older people's wards are single speciality. Bury's Ramsbottom ward and Rochdale's Beech ward currently care for patients with mixed speciality - patients with functional illnesses such as schizophrenia, bi-polar and severe depression as well as patients with organic illnesses, such as dementia . Impact of this additional reconfiguration along gender and clinical speciality on acute older people inpatient wards is high - current provision does not enable each borough to have 2 male wards (male/functional, male/organic) and 2 female wards (female/functional, female/organic). Therefore, 2 cross border models are planned - one for the north of the trust's footprint and one for the south. Bury, Rochdale and Oldham boroughs will be served by 4 older people's wards: Bury's Ramsbottom ward will become a female, organic illness ward; Rochdale's Beech ward will become a male, functional illness ward; and Oldham will have a female, functional illness ward and a male organic ward. The disadvantages of having to be cared for outside of your home borough, with family and carers also having to travel is felt to be outweighed by compliance with national SSA guidance and CQC requirement, an enhanced clinical offer including tailored social activities, all organic wards being on an acute hospital site, ability to provide more 'dementia-friendly' environments and a reduction in having to contain the wandering of patients with an organic illness. The second change is the removal of wards with dormitories; the only older people's ward with such provision is Ramsbottom ward. The change to single bedrooms will better support both patients' privacy and dignity, and infection control precautions and measures. To accommodate this change, the number of beds on Ramsbottom ward will reduce from 14 to 10 beds 				

Original Risk				Current Risk				Next Risk Review	Target Risk			
Date Risk Identified	Impact	Likelihood	Rating	Current Risk Review Date	Impact	Likelihood	Rating		Impact	Likelihood	Rating	Target Date
13-Feb-2018	4	4	16	18-Aug-2020	4	4	16	Nov-2020	4	1	4	31-Mar-2021

Existing Assurance	Existing Controls	Gaps in Assurance / Gaps in Control
<ul style="list-style-type: none"> . The Care Quality Commission (CQC) has formally identified the non-compliance and the associated risks in their inspection reports, with a resulting legal requirement upon PCFT to take action PCFT's progress against this action is being formally monitored by the CQC and NHSI (external assurance) . GMHSCP Improvement Board and the Quality Assurance Board monitor PCFT's against the CQC action plan (external assurance) . PCFT is fully committed to providing same-sex accommodation through proactive planning as identified in the current controls . National reporting from PCFT via UNIFY (external assurance) . Quality & Performance Committee monitor received performance management reports (internal assurance) . Risk monitored via the Mental Health work stream and Quality & Performance Committee (Internal assurance). . PCFT review, triangulate and report patient safety, patient experience and clinical effectiveness on a monthly and quarterly basis 	<ul style="list-style-type: none"> . PCFT has developed and put in place guidance (a Mixed-Sex Accommodation (MSA) Algorithm) to guide the decision making of operational staff on whether to admit a person to a bed assigned to person of the opposite gender, detailing what actions must be taken to safeguard the involved patients. . PCFT has put in place a Standard Operating Procedure regarding the reporting of any same sex accommodation breaches (reporting these as required to the DoH and to CCGs). . PCFT has completed a comprehensive appraisal of its estates and on 20/12/2017 PCFT's board approved the recommendation to reconfigure all their adult and older people's acute wards to single sex. . Findings and recommendations from the consultation being prioritised by PCFT focus group (on-going) 	<p>Gaps in current controls:</p> <ul style="list-style-type: none"> . It is not possible for PCFT to provide older peoples same-sex accommodation in each borough with their current ward configuration. A considerable service redesign is needed across their entire footprint (5 localities). <i>This is outside of the CCG's gift to influence and will be a phased approach (03b)</i> <p>Gaps in current assurances:</p> <ul style="list-style-type: none"> . None identified






Action	Due Date	Assigned To	'Action' progress update (latest)	% Progress	Status
WS_MH_O_PE_R_03a PCFT to carry out consultation with support from the CCG	31-Mar-2021	Sarah Tomlinson	The Trust has now completed its 3-stage pre-consultation work. The findings and recommendations were due to be presented to the Trust's Board in December 2018 but this	100%	Completed

			was postponed due to illness.			
WS_MH_O_PE_R_03b To monitor PCFT phased approach to the planned reconfiguration (including any impact on Bury's planned re-configuration).	31-Mar-2021	Sarah Tomlinson	The COVID-19 pandemic impacted on the reconfiguration work, with the planned dormitory and single gender refurbishment of Ramsbottom ward not starting and being put on hold. It is now due to start in September 2020 and is anticipated to take 18 weeks.	10%		In Progress
WS_MH_O_PE_R_03c Monitor PCFT's Quality Improvement reporting system	31-Mar-2020	Sarah Tomlinson	Since October 2018, no issues or concerns have been raised regarding patient safety, privacy and dignity as a result of non-compliance with SSA.	100%		Completed
WS_MH_O_PE_R_03d Monitor PCFT's Quality Improvement reporting system	31-Mar-2021	Sarah Tomlinson	No issues identified. To reduce the burden on providers during the COVID-19 pandemic, Mixed Sex Accommodation (MSA) breach reporting was one of the national contract reporting requirements that was stood down. However, locally, PCFT has continued to share information for a number of national standards, including MSA breaches with none reported on Bury wards or any serious incidents involving MSA breaches for Bury patients placed in other boroughs.	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 (currently 195 incidents) . 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	04-Aug-2020	3	5	15	Nov-2020	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	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		0%		Assigned
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



Risks Closed and removed from Corporate Risk Register

Risk Code & Title	WS_IC_O_PE_S_07 Growth in Elective Waits							
Risk Statement	<p>Because of the pressures in the health and social care system the monthly growth in waiting times for Bury CCG has become exponential. This growth is against the target of having no more patients waiting in March 2020 than there were in March 2018 (12979 patients waiting). By the 31/3/2020, there is a risk that the CCG will be non-compliant with national standards by not being able to deliver timely access to secondary care appointments for Bury patients which will result in the non-delivery of the GM national targets, poor patient experience and outcomes, reduced patient confidence and may cause reputational damage for the CCG.</p>				Assigned To	Current Risk Status	Direction of Travel	Annual profile
					Catherine Tickle			
Current Issues	<p><u>Funding is fundamental in addressing the RTT backlogs, however this could create a further financial pressure for the CCG</u> Due to the size and continued growth of the RTT backlogs there is a risk that the funding required to address the waiting times backlog to enable the CCG to achieve the target will create a further financial pressure for the CCG, resulting in the CCG being unable to fund the additional activity required to be delivered to meet the national target. <u>Patients waiting may be increased as the 'lessons learnt' are shared across all specialities</u> Due to recent issues the CCG have been made aware of in relation to problems with the management of current waiting list processes within certain specialities delivered by the acute trust, there is a risk that new issues will surface as the trust shares the lessons learnt from these investigations across all specialities and undertakes the work to assure the management of the waiting lists resulting in a further increase in the number of patients waiting <u>Implementation of the QIPP schemes may not be realised until 2020</u> As some of the implementation time lines for the QIPP schemes have slipped there is a risk that the schemes will not realising the projected deflections by 31st March 2019 resulting in the CCG not achieving the waiting times target in 19/20). - Increased demand and diminishing Provider capacity to manage the demand - Knock on effects of non-elective pressures and cancer demands. - Ageing population, multiple co-morbidities - Pension tax issues impacting on Provider clinical staffing hours</p>							

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
10-Sep-2019	4	5	20	18-Aug-2020	4	5	20		4	4	16	31-Mar-2020





Existing Assurance	Existing Controls	Gaps in Assurance / Gaps in Control
<ul style="list-style-type: none"> . Q&P Committee . Elective Care Tactical Group . Integrated Care Group . Operational Management Group . Health and Care Recovery Board . Governing Body 	<p><u>QIPP Demand Reduction Schemes:</u> The CCG has established a programme of QIPP schemes as outlined below with an aim of reducing elective activity into secondary care: - Referral Management Scheme (includes Advice & Guidance and Clinical Triage) - Virtual Clinics - Patient Initiated Follow up - Diagnostic/Pathology Review - Ophthalmology - Dermatology - Respiratory Successful delivery of this QIPP scheme programme of work, which includes the schemes outlined above, is the main control in addressing the waiting list performance. <u>Work being undertaken by the trust includes:</u> - On-going provider-led waiting list cleansing/validation. - Creating additional short-term capacity through Waiting List Initiatives.</p>	<p><u>Gaps in current controls:</u> . All relevant QIPP schemes need to be fully modelling to highlight deflection rates from secondary care and/or reduction in Out Patient Appointments and the correlation with RTT waits in the relevant specialities, to obtain the actual level of impact of the controls in place (schemes) on the aforementioned risk. . There is currently no identified funding to address the waiting list backlogs.</p> <p><u>Gaps in current assurances:</u> . Detailed deflection plans and correlations with waiting times cannot as yet be provided to all boards. Confirmation from the trust that the management of waiting times lists is robust across all specialities following recent issues with Ophthalmology and Clinical Haematology.</p>

Action	Due Date	Assigned To	'Action' progress update (latest)	% Progress	Status	
WS_IC_O_PE_S_07a All associated QIPP schemes to be fully modelled to highlight the elective deflect rates and impact on current waiting times in addition to financial savings.	31-Dec-2019	Catherine Tickle	Action cancelled in light of risk materialising - 31/3/2020	0%		Cancelled
WS_IC_O_PE_S_07b Confirmation from PAHT that the learning from the management of waiting list for Ophthalmology and Haematology has been cascaded to other directorates and the necessary checks have been undertaken	30-Nov-2019	Catherine Tickle	Action cancelled in light of risk materialising - 31/3/2020	0%		Cancelled
WS_IC_O_PE_S_07c Discussions to take place with excess re: affordability to increase activity	31-Oct-2019	Catherine Tickle	Action cancelled in light of risk materialising - 31/3/2020	0%		Cancelled

Risk Code & Title	WS_MH_O_PE_R_08 Failure to achieve 2019-20 IAPT targets									
Risk Statement	Although NHS Bury CCG funded 4 additional PWPs to support achievement of the national IAPT measures for the Bury population, there is a risk that as the IAPT team have lost 5 existing staff members, these targets may not be achieved.						Assigned To	Current Risk Status	Direction of Travel	Annual profile
							Kez Hayat			
Current Issues	<ul style="list-style-type: none"> . Capacity of the service to meet on-going demand due to Loss of five PWPs October / November 2019 and challenges in recruiting to posts . Potential for increase in secondary waits . Impact of trainees / increased workforce to achieve prevalence not yet understood 									

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
11-Dec-2019	3	5	15	03-Aug-2020	3	5	15		3	2	6	31-Mar-2020

Existing Assurance	Existing Controls	Gaps in Assurance / Gaps in Control
<ul style="list-style-type: none"> . Monthly MH Workstream meetings . PCFT IAPTS weekly service meetings . CCG Performance lead and Mental Health Commissioning lead monitor performance . Quality and Performance oversight of metric and associated risk . IAPT Task and Finish Group 	<ul style="list-style-type: none"> . PCFT capacity and demand review of the current IAPT service and provision . Improvement Trajectory . Commissioned GM wide IAPT digital offer May 2020 (Silver Cloud) 	<p>Gaps in current controls:</p> <ul style="list-style-type: none"> . Current staffing model does not meet future demand and performance requirements <p>Gaps in current assurances:</p> <ul style="list-style-type: none"> . Recruitment process includes minimum 3 month lead time

Action	Due Date	Assigned To	'Action' progress update (latest)	% Progress	Status	
WS_MH_O_PE_R_08a Monthly reviewing PCFT IAPT performance against improvement trajectory	31-Jan-2020	Kez Hayat	Monitoring undertaken against trajectory pre Covid-19	100%		Completed
WS_MH_O_PE_R_08b Maintain oversight of recruitment progress within PCFT	31-Jan-2020	Kez Hayat	Recruitment continues to fill vacancies	100%		Completed
WS_MH_O_PE_R_08c Staffing Model to be agreed between CCG and PCFT that will need current and future demand and required performance levels	29-Feb-2020	Kez Hayat	Staffing model reviewed for the purpose of informing the future IAPT model, demand and capacity exercise	100%		Completed
WS_MH_O_PE_R_08d Exploration of alternative offer, including digital options	31-Mar-2020	Kez Hayat	Digital options commissioned (Silver Cloud) and a further revised model being progressed	100%		Completed

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