

NHS COVENTRY AND RUGBY CLINICAL COMMISSIONING GROUP

Report To:	Coventry and Rugby Clinical Commissioning Group Governing Body – 8 January 2014
Report From:	Rebecca Blyth, Head of Corporate Affairs
Title:	Corporate Risk Register

Purpose of the Report:

To present to the Governing Body the Corporate Risk Register for the Coventry and Rugby Clinical Commissioning Group covering updates for the period October – November 2013.

Key Points:

All changes and additions to the Risk Register are highlighted in blue for ease of identification.

There are currently 14 risks noted on the Register of which 6 are red.

1 risk have been removed during the period specified:

- The secondary care orthodontic risk is now removed as the CCG have now fully handed over commissioning responsibility for this service to the LAT.

1 risk has been downgraded during the specified period:

- This relates to the concern over capability and capacity within the ACS Quality Team, the SLA has been reviewed and the related CCG structure.

1 new risk has been added during the period specified:

- This relates to concerns relating to IT functionality which has prevented staff accessing both statutory mandatory and IG training this year. 95% of staff are expected to have completed the training in both of these areas by the end of March 2014 and this target is unlikely to be achieved.

Recommendation(s):

That the Governing Body note and comment on the report.

Approved by:

Committee / Meeting	Date
Clinical Quality and Governance Committee	27 November 2013

Implications:

Financial:	The Corporate Risk Register does contain financial risks relating to overperformance of contracts and under delivery of QIPP.
HR / OD:	There are significant risks in this area relating to the Arden Commissioning Support that need to be managed by the CCG. Issues with Payroll services Staff may not have engaged in the required statutory mandatory and IG training.
Board Assurance / Use of Resources :	The Risk Register forms part of the overall assurance framework for the CCG.
Risk Rating:	The report details at present both the red rated and amber rated Risks faced by the CCG.
Equality & Diversity:	
PPI:	Radio Mast site development Ophthalmology services for DESP at UHCW
Health Strategy:	Risks included on register.

RISK REGISTER: COVENTRY & RUGBY CLINICAL COMMISSIONING GROUP (CRCCG) (NOVEMBER 2013)

ID No.	Source of Risk	Risk Summary	Total Risk Rating (LxC) 4 x 4 = 16	Actions and Progress	Responsible Officer	Review Date	Residual Risk Rating	Acceptability of Risk	Source of Assurance and monitoring
2	A&E performance UHCW	Failure of 4 hour target in 11/12 Q3 and Q4, and 12/13 Q1	↔ 20	Action plan in place. CQUINN aligned to support flow. Performance notice issued. Improvement shown in Q2. Performance delivery in Quarter 3. "Perfect Weekend" pilot commenced DTOC workstream with LA and community service in place.	Matt Gilks	01/12/13	16	yes	Daily reports, monthly meeting with UHCW. Ad Hoc information requests
3	QIPP delivery	Delayed implementation, some project leads not yet in place.	↔ 20	Strengthened QIPP programme management arrangements now established based upon recommendations within Deloitte's report. Monthly programme of QIPP Assurance meetings established. Issues with access to timely monitoring information still to be resolved with Arden CS. Risk sharing arrangement with UHCW significantly reduces financial consequences of QIPP under-achievement, albeit non-recurrently.	Juliet Hancox	01/11/13	16	no	Locality meetings. Project lead meetings. Monthly reports to Performance Committee. QIPP assurance meetings
4	Financial balance	Significant risk posed by a) allocation errors b) contract settlements/over-performance and c) QIPP under delivery	↔ 12	Remaining allocation issues unlikely to be resolved in the CCGs favour. Currently anticipating that the resultant budget shortfall can be managed but this is dependent upon other volume related expenditure risks being managed within remaining contingency funds. Will continue to monitor actual value of activity that has transferred and will raise any significant anomalies with the Area Team.	Clare Hollingworth, Steve Allen	01/12/13	9	yes	Monthly reports to Performance Committee.
13	Out of Hours Service	Quality and performance issues raised.	↔ 12	Raised with CWPT and monitored through contract meetings. The CCG will make a decision about the future commissioning options for OOHs over the next 6 months. The provider is current meeting KPIs within the contract and therefore no further action to be taken at this time.	Matt Gilks	01/01/14	9	no	Monthly performance reports
14	111 Service	Lack of Progress from CWPT in relation to actions required to implement 111 by 1 April 2013	↔ 12	NHS 111 Service transferred to WMAS as interim provider on 12th November 2012. No issues or problems have been highlighted since the transfer and immediate risks have been mitigated.	Matt Gilks	01/12/13	9	no	Monthly performance reports
15	Radio Mast Site Development	No primary care capacity near the Radio mast development site (5000 homes by 2015)	↔ 9	Active discussions are ongoing between the Area and Team and the Borough Council, as there are concerns about future funding for new premises from the centre	Jeff Cotterill	01/11/13	9	yes	Rugby Locality sub committee
17	Specialised Services	Potential mismatch between deduction from CCG allocation and value of activity that has transferred to Specialised Services	↔ 12	Remaining allocation issues unlikely to be resolved in the CCGs favour. Currently anticipating that the resultant budget shortfall can be managed but this is dependent upon other volume related expenditure risks being managed within remaining contingency funds. Will continue to monitor actual value of activity that has transferred and will raise any significant anomalies with the Area Team.	Clare Hollingworth	01/01/14	9	no	Updates to Performance Committee

19	ED / AMU Model 2 - No capacity on AMU1 & delay in medical assessments	When hospital flow is poor and no capacity on AMU1 patients on the low acuity medical stream have a delay in beginning full medical assessment and subsequent senior review as patients wait in ED cubicle for bed on AMU1. This leads to delay in patient management including investigations and decision making, with potential for patients to deteriorate.	25 ↔	Additional staff recruited. Transformation programme 'to getting emergency care in the right place'. Performance of some for medical review being monitored in CQR. September 2013 data showing an improvement but delays remain. October data expected to demonstrate change, risk to remain until October data is seen.	Jacqueline Barnes	01/12/13	12	no	On going performance management and review at meetings with UHCW
18	Capacity and capability within Arden Commissioning Support (ACS)	Concerns arising relating to ACS's capability and capacity with an untested business model	↔ 20	Ongoing discussions with ACS to ensure procedures and processes are in place to provide the CCG with the required standards of service. Monthly meetings with Senior Relationship Manager and quarterly meetings with ACS senior management team. CCG plan to review their make, share, buy decisions in light of concerns raised. Log of ongoing issues kept in each Directorate. Consultant employed on a short term contract within CCG to explore ACS processes and VFM in relation to their business model.	Juliet Hancox	01/09/13	8	no	Weekly senior team meetings.
20	Capability and capacity in ACS Quality Team	Insufficient capability and capacity within the ACS Quality Team will impact on the ability of the CCG to provide adequate oversight of the quality of commissioned services	↓ 12	The SLA is being reviewed alongside the CCG structure. Clarity in the roles and responsibilities has been agreed	Jacqueline Barnes	01/01/14	8	no	Weekly meetings with key leads in place
21	Payroll services	Wide ranging issues relating to efficiency of payroll provider contract with SBS which is managed through ACS. 4 months in to the new service there are a number of issues include over and underpayments, issues with travel claims, tax and pension calculations. Staff morale and CCG credibility as an employer are being affected.	↓ 20	SBS and HR staff from ACS on site on payday each month. Issues escalated via Authorised Officer and Chief Operating Officer to the Managing Director of ACS. Chief Finance Officer exploring financial penalties which can be levied. Support offered to staff affected by line managers. Numbers of incidents diminishing on a month by month basis, majority of staff now reassured and being paid correctly.	Rebecca Blyth	01/12/13	6	no	Regular dialogue with HR in ACS and chasing of issues on the log developed since April 2013. Reporting to the CGQ on a monthly basis via risk register report.
23	Diabetic Eye Screening Programme (DESP)	Backlog of follow-up patients within UHCW ophthalmology service. UHCW failing to provide performance data on national DESP TTR standards for routine referrals.	↔ 12	Delays / prevents effective treatment of patients identified with diabetic retinopathy -> Loss of vision	Matt Gilks	01/10/13	6	yes	Waiting list initiatives being run. Data available and min. standards met for urgent referrals

24	Nurse and HCA Training - shared with Godiva and Rugby localities	Lack of clarity of what constitutes mandatory training and associated competencies to enable appropriate training to be accessed by practices	↔ 12	Working group established to determine mandatory training and associated competencies	Madeleine Wells Jacqueline Barnes	31/12/2014	6	no	Ongoing discussions with GP members, practice managers and locality lead nurses.
25	Access and deadlines for IG and Statutory and Mandatory training	Lack of IT functionality affecting the elearning roll out to ensure that 95% of staff have completed the required training by March 2014	↔ 16	Training arranged for key admin staff to enable on site assistance for staff	Rebecca Blyth	01/01/2014	6	no	IG steering group, CQG committee, monthly meetings with HR

Key					
Likelihood					
Consequence	1	2	3	4	5
	Rare	Unlikely	Possible	Likely	Almost Certain
5. Catastrophic	5	10	15	20	25
4. Major	4	8	12	16	20
3. Moderate	3	6	9	12	15
2. Minor	2	4	6	8	10
1. Negligible	1	2	3	4	5

How is Risk Measured
Risk Categories

Low	1-3 4-6	Normal Risks which can be managed by routine procedures. To be placed on local risk register, annual review
Medium	8 - 12	High risk to be placed on local and central risk register. Remedial action plan monitored locally, 6
High	15 - 25	Extreme Risk - Immediate action, remedial action plans to be monitored by Trust Board, 3 monthly.

Change in Risk Score Key

New Risks

Risk has diminished since last period

Risk has remained the same since last period = 18

Risk has increased since last period

