

WOLVERHAMPTON CCG
Governing Body Meeting
14th February 2017

Agenda item 7

Title of Report:	Update Report - Progress with Risk Register Refresh
Report of:	Manjeet Garcha, Director of Nursing and Quality
Contact:	Manjeet Garcha
(add board/ committee) Action Required:	<input type="checkbox"/> Decision <input checked="" type="checkbox"/> Assurance
Purpose of Report:	<p>The CCG BAF and Risk Register are undergoing a refresh and an action plan is in place following receipt of the Price Waterhouse Cooper audit. It was agreed at the Governing Body Meeting in November that an update progress report would be presented in February 2017.</p> <p>The BAF will not be available until after the March Governing Body development session, where the strategic objectives will be refreshed.</p>
Public or Private:	
Relevance to CCG Priority:	
Relevance to Board Assurance Framework (BAF):	
<ul style="list-style-type: none"> • Domain 1 – Better Health 	How the CCG is contributing towards improving the health and wellbeing of its population and bending the demand curve.
<ul style="list-style-type: none"> • Domain 2 – Better Care 	How the CCG is contributing towards improving the health and wellbeing of its population and bending the demand curve.
<ul style="list-style-type: none"> • Domain 3 – Sustainability 	How the CCG is remaining in financial balance and is securing good value for patients and the public from the money it spends;
<ul style="list-style-type: none"> • Domain 4 - Leadership 	The quality of the CCG's leadership, the quality of its plans, how the CCG works with its partners and the governance arrangements that the CCG has in place to ensure it acts with probity, for example in managing conflicts of interest.



1. BACKGROUND AND CURRENT SITUATION

- 1.1. The Board Assurance Framework and Risk Register are undergoing a refresh. The PwC internal audit of the CCGs Risk Management Report has rated the CCG as 'High'. Of the 7 areas examined 3 areas are rated as High and 4 are rated as Low (see below).

The recommendations are divided across the 7 areas:

1. Structure of the BAF and identification of strategic risks **High**
2. Lack of risk ownership **High**
3. Evidence of scrutiny of risks **High**
4. Regular review and update of risks **Low**
5. Number of risks on the risk register **Low**
6. Standard of documentation in Datix **Low**
7. Alignment of risk scoring with policy guidance **Low**

2. CURRENT SITUATION

2.1. Structure of the BAF

The CCG's BAF sets out the risks of the CCG not achieving the four domains set out by NHSE as part of their Improvement and Assessment Framework for CCGs, rather than setting out the risks of the CCG not achieving its objectives. As a result, the BAF cannot be used by the Governing Body to focus on the CCG objectives.

The CCG Strategic Objectives refresh work is still outstanding and is planned for the March development session; however, the Risk Register is being refreshed currently.

Following the same development session, several examples of BAF were shared with the Governing Body and following comments received a decision was made to trial one such template. (**Appendix 1**)

2.2 Lack of ownership

The current arrangements for how risk management is supported are being reviewed to take forward risk management in the CCG.

The structures of the risk management reports have been changed to include a summary dashboard. (**Appendix 1**)

2.3 Evidence of Scrutiny

All risks are being allocated to sub committees of the Governing Body. These committees will review their red risks at each meeting, whether new to register or because the score has increased and review all overdue risks to satisfy itself that the risks are being managed appropriately and in a timely manner. It has been



suggested a proforma will be designed for this process. This will be considered with the chairs of the sub committees.

Appendix 1 shows the alignment of the risks to the Quality and Safety Committee. Work to align risks to other sub committees is currently under plan, diary commitments made to complete this work before the end of February.

Each quarter the sub committees will undertake a deeper dive of the risk register to add, remove or reassess any key risks. The governance around this will be strengthened as the decisions of the deeper dives will be shared with the Audit and Governance Committee for added scrutiny. Audit and Governance Committee will assure the Governing Body that it is satisfied with the scrutiny afforded to the CCG risk management processes. The Governing Body will receive a report of the CCG's red risks at each meeting, together with a summary of the associated action plan, so that it can hold executives to account and be satisfied that risks are being appropriately managed.

Terms of reference for sub-committees are being revised to allow for this change as is the addition of risk management to appropriate meeting agendas. All committee meeting chairs will be reminded of this important change.

The CCG's Risk Management Strategy is being revised to reflect the new arrangements.

2.4 Regular review and update of risks

The proposal to review risks at every sub-committee meeting will ensure that risks are reviewed monthly at a minimum, more often if required. Datix reviews will be aligned to the monthly meetings.

2.5 Number of risks on the risk register

At the time of the audit there were a number of risks on the register that were rated at or below the acceptable rating and it has been recognised that the CCG should provide refresh training for all risk handlers. A training schedule is being planned for all appropriate CCG staff. An all staff briefing is planned for the staff meeting on 8th February with more targeted training to follow.

2.6 Standard of documentation

There is currently a range of quality and detail in the risk documentation. Some risks have insufficient detail to understand the risk and its implications. Similarly, there is a range in the depth of the descriptions of mitigating actions and updates to the risks.

Staff briefings and further training will provide training on the functionality of Datix (as appropriate to staff needs). More in depth training sessions will include quality and



detail. In addition the Risk Management Strategy will be amended to include training and refresher frequency and induction for new members of staff.

2.7 Alignment of risk scoring with policy guidance

The current quantification system used in Datix is not aligned to the National Patient Safety Agency Standards. The CCG is aware of this; however, until recently the CCG could not manipulate this locally and nationally the work had not been completed. The changes have now been completed and the CCG is able to implement the new scoring system. This was shared with the Executives on 2nd February and a CCG wide briefing session will take place on 8th February, SMT meeting and followed by additional training as required for risk scorers.

3. CLINICAL VIEW

- 3.1. A clinical view has not been sought for the purpose of this report; however, if relevant, a clinical view is always sought via the appropriate committee membership.

4. PATIENT AND PUBLIC VIEW

- 4.1. Not applicable for the purpose of this report.

5. RISKS AND IMPLICATIONS

Key Risks

- 5.1 The CCG BAF and Risk Register refresh work is critical as failure to identify and manage risks is a risk to the achievement of the CCGs strategic objectives.

5.2 Financial and Resource Implications

There is an extensive amount of work to be carried out to address the risks identified in the review. The executive ownership of this portfolio sits with the Chief Nurse and the administrative tasks are split between two band 6 quality assurance officers. i.e. Datix administration and report compilation. Priority has been given to this work which has resulted in other work streams being delayed. This is being monitored by the Head of Quality and Risk.

5.3 Quality and Safety Implications

Quality is at the heart of all CCG work and whilst no impact assessment has been undertaken for the purpose of this report, all risks have a patient safety, quality assessment.

5.4 Equality Implications

NA



5.5 Medicines Management Implications

NA

5.6 Legal and Policy Implications

Risk Management Strategy is being updated. Risk Management is a statutory requirement.

6. RECOMMENDATIONS

The Governing Body is requested to

- To **RECEIVE** and **DISCUSS** the Update Report
- **NOTE** the actions taken to date
- **NOTE** the on-going work with Risk Register and BAF format
- **APPROVE** the Dashboard format
- **APPROVE** the strengthened governance processes
- To **REQUEST** a full report in April

Name: Manjeet Garcha

Job Title: Director of Nursing and Quality

Date: 1st February 2017



REPORT SIGN-OFF CHECKLIST

This section must be completed before the report is submitted to the Admin team. If any of these steps are not applicable please indicate, do not leave blank.

	Details/ Name	Date
Clinical View		
Public/ Patient View		
Finance Implications discussed with Finance Team		
Quality Implications discussed with Quality and Risk Team		
Medicines Management Implications discussed with Medicines Management team		
Equality Implications discussed with CSU Equality and Inclusion Service		
Information Governance implications discussed with IG Support Officer		
Legal/ Policy implications discussed with Corporate Operations Manager		
Signed off by Report Owner (Must be completed)	MGARCHA	1.2.2017

