Report to STP Board: 22 November 2018

Agenda item:	5.1
Title:	Risk Assurance
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Report purpose *(Please mark one in bold)*			
APPROVAL	DECISION	ASSURE	INFORM
Link to STP Priorities *(Please mark all applicable in bold)*			
AT HOME IS BEST	**SAFE & EFFECTIVE HOSPITAL CARE, WHEN NEEDED**	**WE'RE ONLY SUSTAINABLE TOGETHER**	**SUPPORTED DELIVERY**
Committees/groups where this has been presented to before *(including date)*			
Not applicable.			

Purpose of the paper

To ensure there is a clear and robust process on managing risk within the Sustainability and Transformation Partnership (STP), a STP Assurance Framework was established. The framework is based on the NHS National Patient Safety Agency's Model Risk Matrix

This report provides an update and revised plan for the administration of STP Board, Health and Care Executive (HCE) and Board Sub Committees' risks.

The STP Board is invited to:

The STP Board is asked to:

- note the contents of this report
- to approve the proposed next steps for the management and administration of risks.

1. INTRODUCTION / BACKGROUND

Following the HCE meeting in October 2018, it was agreed that a refresh of the risk review process would be valuable to assess the current risks for relevance and validity, and, if required, to define a new process for risks being presented to the STP Board.

This paper provides an update on the current risks reported to the HCE and the STP Board, including from two Board sub-committees – the Care Advisory Group (CAG) and the Financial Planning & Performance Group (FPPG).

2. BODY OF REPORT

The current approach to managing risks is set out in the STP Assurance Framework. The Framework is based on the NHS National Patient Safety Agency's Model Risk Matrix. This was refreshed in August 2018 to strengthen the escalation process and to ensure there is more robust distinction around project and System risks. All risks, including those from System projects, scoring 12 and above will be presented to the HCE for scrutiny and assurance, furthermore risks scored 15 and above following the review of the HCE will be escalated to the STP Board.

There are eight risks on the STP Board risk register, as well as eight further risks on the HCE and escalated sub-committee (CAG and FPPG) risk registers (see Appendices). There are also some further risks currently escalated by delivery and enabling groups (due to scoring over 12). However, many of the risks on the current risk registers are long-standing and are generalisable risks that might apply to any STP. Further, there are a large number of project risks that have high risk scores, which may be of significant risk to the project, but not to the overall System.

To address both the lack of actionable specificity in the highest scoring risks and the discrepancy in scoring of the project and programme level risks, it is proposed that we undertake a full refresh of all STP risks. This will help to ensure only the most relevant risks are presented to HCE and STP Board. It is envisaged that risks will relate to either the short and medium-term priority programmes (for example Delayed Transfers of Care (DTOCs)), and/or be those cross-cutting/fundamental risks to the System's aims and objectives that the STP Board have identified. The latter will need to be more concrete than they are currently.

The following next steps are proposed in order to complete the 'refresh' of System risks:

1) The appointment of two/three STP Board risk champions – from among the Chairs;
2) The System Delivery Unit (SDU), in consultation with the risk champions, will complete a focussed review of all current risks on the HCE, STP Board and sub-committee risk registers and close those that lack specificities and/are no longer current;
3) The SDU will work with Senior Responsible Officer (SROs) for the short and medium-term priorities to identify risks to their programmes, ensure these are being monitored appropriately at programme level and confirm the scoring-based criteria for escalation to HCE and STP Board;
4) An STP Board workshop for Spring/Summer 2019, to generate the cross-cutting/fundamental risks to the System Partnership, in line with our strategic objectives.

This means that HCE and the STP Board will only be presented with high-scoring programme risks related to priorities in the short-term. It is anticipated the new reporting would start at the STP Board in January.

3. RECOMMENDATIONS

The STP Board is asked to approve the next steps set out above.

12 November 2018

Appendices: *Annex 1 – STP Board risk register*
                   Annex 2 – Health and Care Executive risk register
                   Annex 3 – Sub-committee risks (scoring above 15)

Annex 1 - STP Board risk register

STP Risk Register 2018-19

Issue Flag?	Ref No.	Risks/Issue Description	Preferred State	Date Raised	Status (Open or Closed)	Risk Owner	Consequence (1-5)	Likelihood (1-5)	Priority Rating	Mitigating/resolution/ Actions (Describe what action needs to be taken)	Consequence (1-5)	Likelihood (1-5)	Priority Rating Following Response Implementation	Mitigation Review Date	Date closed
	R-08	There is a risk that, if we do not effectively engage with patients, members of the public and other stakeholders, STP implementation may be compromised due to lack of support.	Comms Strategy will ensure engagement with key stakeholders is effective	22/01/2016	Open	Executive Programme Director	5	4	20	Communication & Engagement Strategy refreshed for July 2018. Training & guidance in how to effectively engagement with stakeholders provided to all STP staff and clinicians. Active patient involvement in STP Delivery Groups and Clinical Communities. Routine stakeholder communication via STP Website, newsletter, social media. Launching quarterly listening events with the public in Autumn. Minutes of the HCE and STP Board to be published on the FftF website. STP Board and HCE committment to meeting in public towards the end of 2018.	5	3	15	Nov-18	
	I-15	There is an issue that Clinicians won't engage with STP implementation if they believe that clinical conclusions and agreed care models will not be implemented.	Robust Clinical Engagement Strategy.	07/03/2016	Open	CAG Chair	5	4	20	Clinical Engagement Strategy being implemented that 1) established Clinical Communites to lead clinical planning and proposed care models in areas such as Cardiovascular and Stroke 2) ensures clinical leaders are in place for every significant implementation area 3) strengthens, in collaboration with communication colleagues, engagement with specific clinical groups e.g. GPs.	4	3	12	Nov-18	
	R-16	There is a risk that proposed solutions are not supported by MPs, councillors and other elected representatives.	Full support and understanding from Politicians and a robust enaggement strategy	07/03/2016	Open	Executive Programme Director	5	5	25	Engagement with councillors via Health Committees, and Health & Wellbeing Boards. Collaborative agenda setting to ensure that there is an opportunity for councillors to influence solutions. Routine meetings with MPs, individually and collectively, to brief on issues. HCE rep to join new Independent Commission for Public Service Reform (CA).	4	3	12	Nov-18	
	R-25	There is a risk that negotiations with national bodies (Department of Health, Treasury) are un-coordinated among system partners, reducing negotiating leverage and likelihood of getting desired changes (e.g. to Market Forces Factor, for estates / infrastructure investment)	Full sign up to MOU from all system partners.	26/09/2016	Open	FPPG Chair	4	5	20	Application of MOU behaviours regarding sharing intelligence about strategic intent, via updates to HCE and/or FPPG. CEO commitment to speaking as a system, with one voice when negotiating with national bodies. STP Board having oversight of Regional Review papers. Refreshed committment at Time Out sessions. Routine touch points with regulators.	4	3	12	Nov-18	
	R-26	There is a risk that ineffective STP Governance may lead to failure to deliver on agreed actions.	Robust programme governance.	09/03/2017	Open	STP Board Chair	5	4	20	STP Board leading on governance review.	4	4	16	Nov-18	
	R-29	There is a risk that competing pressures placed on the CCG and Providers from National Bodies to deliver short term turnaround could be at the detriment of longer turn sustainability and deliverability of the STP.	Short term turnaround reduced.	21/03/2017	Open	STP Accountable Officer	5	4	20	HCE to monitor delivery of programme and to raise concerns honestly and openly in the HCE meetings in the first instance and escalate any unresolved issues to Bi-partite meeting with NHS England and NHS Improvement.	4	3	12	Nov-18	
	R-34	There is a risk that individual organisations will not hit their respective control totals for 2018/19 and result in financial pressure across the system.	All orgnaisations meeting their control totals	14/09/2017	Open	STP Accountable Officer	5	5	25	Coordinated programme of work to identify mitigations including expedite pace and impact of QIPP schemes, sustained focused on level of DTOCs and ongoing CEO to AO discussions. Early 2019/20 planning as a System.	5	4	20	Nov-18	
	R-35	There is a risk that our focus on short term priorities means that we do not give sufficient attention to longer term issues resulting in a lack off good medium term planning.		27/09/2018	Open	STP Board Chair	5	4	20	STP Board need to ensure the balance between the long term transfomation and the short term sustainability is maintained. The STP Board will ensure that whilst dealing with short term prirorities over the next few months they remain sighted on the Long Term priorities. We have also defined key medioum and long term priorities for delivery.	5	3	15	Nov-18	

Annex 2 – Health and Care Executive risk register

										Health and Care Executive Risk Register 2018-19						
Issue Flag?	Ref No.	Risks/Issue Description	Preferred State	Date Raised	Status (Open or Closed)	Risk Owner	Consequence (1-5)	Likelihood (1-5)	Priority Rating	Mitigating/resolution/ Actions (Describe what action needs to be taken)	Consequence (1-5)	Likelihood (1-5)	Priority Rating Following Response Implementation	Mitigation Review Date	Closed
	R-01	There is a risk the system will not have the ability to capture sufficient savings opportunities in 2018/19 due to the lack of dedicated delivery resources.	Delivery resource correctly aligned.	01/08/2016	Open	Executive Programme Director	4	4	16	Prioritise where to focus effort and response for 2018/19. CCG have realigned staff to priority projects. Focussed oversight of delivery by SDU.	4	3	12	01/10/2018	
	R-02	There is a risk of delivery of STP wide projects due to capacity of front line teams and SROs alongside business as usual pressures.	Smooth delivery of the STP and BAU.	21/03/2017	Open	Executive Programme Director	5	4	20	Delivery/Enabling Group chairs to actively monitor delivery of STP objectives, seek to resolve any delivery issues and escalate unresolved issues to HCE. Review engagement and communication strategy within organisations to ensure understanding and awareness of the STP. Development of the Staff Involvement Strategy. Implementing the OD Strategy.	4	3	12	01/10/2018	
	R-04	There is a risk that if a number of business cases all rely on recruiting new staff it may be difficult to recruit to all positions and if they are recruited from within the system this may cause problems for existing services.	Existing services unaffected by recruitment.	21/03/2017	Open	STP Accountable Officer	5	4	20	Business cases to be based on effectively utilising current staff instead of creating new vacancies.	5	3	15	Oct-18	
	R-05	There is a risk that current transformation staff within all organisations aren't fully aligned to the STP and could result in the programme failing to achieve its objectives.	Staff involvement and OD strategy delivered.	21/03/2017	Open	STP Accountable Officer	5	5	25	Delivery/Enabling Group chairs to actively monitor delivery of STP objectives, seek to resolve and any unresolved issues to be escalated to HCE. Review engagement and communication strategy within organisations to ensure understanding and awareness of the STP. Development of the Staff Involvement Strategy. Implementing the OD Strategy.	5	3	15	Oct-18	
	R-06	There is a risk that current approved projects will not be completed/embedded due to focus being distracted by developing new schemes.		05/03/2018	Open	STP Accountable Officer	4	4	16	1. Evaluation of current projects planned and delivered and reported within SDU structure 2. Staff are not pulled from one project to another to detriment of both 3. Prioritise full delivery of current programmes- including comms and engagement with staff, patients/users and healthcare professionals referring into services 4. Resourcing - clinical staff and project/management staff adequate to see projects through to full delivery.	2	4	8	01/10/2018	

Annex 3 – Sub-committee risks

Sub-com	Ref No.	Risks/Issue Description	Preferred State	Date Raised	Status (Open or Closed)	Risk Owner	Consequence (1-5)	Likelihood (1-5)	Priority Rating	Mitigating/resolution/ Actions (Describe what action needs to be taken)	Consequence (1-5)	Likelihood (1-5)	Priority Rating Following Response Implementation	Mitigation Review Date
CAG	R-04	There is a risk that if a number of business cases all rely on recruiting new staff it may be difficult to recruit to all positions and if they are recruited from within the system this may cause problems for existing services.	Existing services unaffected by recruitment.	21/03/2017	Open	STP Accountable Officer	5	4	20	Business cases to be based on effectively utilising current staff instead of creating new vacancies.	5	3	15	Oct-18
CAG	R-05	There is a risk that current transformation staff within all organisations aren't fully aligned to the STP and could result in the programme failing to achieve its objectives.	Staff involvement and OD strategy delivered.	21/03/2017	Open	STP Accountable Officer	5	5	25	Delivery/Enabling Group chairs to actively monitor delivery of STP objectives, seek to resolve and any unresolved issues to be escalated to HCE. Review engagement and communication strategy within organisations to ensure understanding and awareness of the STP. Development of the Staff Involvement Strategy. Implementing the OD Strategy.	5	3	15	Oct-18
CAG	R-07	There is a risk that the health system will not maximise its clinical effectiveness, cost effectiveness and reduce health inequalities, due to insufficient emphasis on the development of primary care and prevention as part of the STP		17/08/2017	Open	AG	5	4	20	Development of a Clinical Engagement Strategy with a bespoke emphasis on general practice engagement Fit for the Future 3-5 year road map will not only set out why GP is important, but what actions we will take to support developing	4	4	16	Nov-18