


MEETING DATE:	11 June 2015	 North Lincolnshire Clinical Commissioning Group REPORT TO THE CLINICAL COMMISSIONING GROUP GOVERNING BODY
AGENDA ITEM NUMBER:	Item 7.2	
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JOB TITLE: DEPARTMENT:	Assistant Senior Officer Quality and Assurance CCG	

RISK REPORT

PURPOSE/ACTION REQUIRED:	Decisions for Approval
CONSULTATION AND/OR INVOLVEMENT PROCESS:	The Governing Body Assurance Framework is reviewed by the Audit Group and Quality Group
FREEDOM OF INFORMATION:	Public

1. PURPOSE OF THE REPORT:

To inform the Governing Body of the risks identified for North Lincolnshire CCG (NL CCG) on the Governing Body Assurance Framework (AF).

The AF identifies key strategic risks in line with NL Risk Management Strategy. All other identified risks are held on the NL Risk Register. Both the AF and Risk Register are administered by the Y&HCS. As part of the development of the AF it is intended to increasingly provide links to relevant supporting policies and underpinning action plans that mitigate the risks.

To make the report easier to read all risks have been re-numbered and grouped by risk 'owner'.

The register and AF are reviewed on a regular basis by the CCG Senior Management Team and each risk has a nominated 'senior owner'. The AF and Risk Register are also reviewed regularly by the Quality Group.

Public bodies must provide assurance that they appropriately manage and control resources that they are responsible for. HM Treasurer requires all public bodies to produce an annual governance statement that demonstrates how they manage their resources – the assurance framework and risk register are key element of this document.

2. STRATEGIC OBJECTIVES SUPPORTED BY THIS REPORT:

Continue to improve the quality of services	X
Reduce unwarranted variations in services	X
Deliver the best outcomes for every patient	X
Improve patient experience	X
Reduce the inequalities gap in North Lincolnshire	

3. IMPACT ON RISK ASSURANCE FRAMEWORK:			
Yes	X	No	
The AF is a key element of the organisations corporate governance framework.			
4. IMPACT ON THE ENVIRONMENT – SUSTAINABILITY:			
Yes		No	X
5. LEGAL IMPLICATIONS:			
Yes	X	No	
The organisation needs to demonstrate that it has an effective system to identify and manage risks.			
6. RESOURCE IMPLICATIONS:			
Yes		No	X
7. EQUALITY IMPACT ASSESSMENT:			
Yes		No	X
8. PROPOSED PUBLIC & PATIENT INVOLVEMENT AND COMMUNICATIONS:			
Yes		No	X
Public concern/comments are incorporated where appropriate, however the risk assurance framework is not developed in conjunction with either the public or patients			
9. RECOMMENDATIONS:			
The Governing Body is asked to: -			
<ul style="list-style-type: none"> Approve the attached AF and provide assurance that it gives sufficient evidence that key risks are being managed effectively 			

Risk ID	Link to Strategic Objective	Risk Description	Key Controls	Current Risk Score				Previous Risk Score	Movement	Assurance on Controls	Positive / External Assurance	Gaps in Control	Gaps in Assurance	Last Review Date	Lead
				Impact	Likelihood	Risk Score	Status								
Q1	C	Risk that lack of collated or accurate data on out of hospital mortality means areas of high risk are not identified and/or addressed.	Medical Director reviewing Out of Hospital records. Primary Care development Group to review performance / mortality. Mortality data being collated from each practice. Work to be conducted with each practice and data benchmarked against 'expected' position.	4	4	16	H	16	same	The CCG is improving the accuracy of data collection and therefore analysis of mortality in primary care. Results of review to monitored by Primary Care Development Group/Quality Group	Joint Co-commissioning Board (NHSE membership)	Data not yet established and benchmarking exercise yet to commence.	Medical Director unable to obtain clinical records	03/06/2015	DRQA
Q2	C	Patients may not die in their preferred place at end of life care in circumstances that are avoidable.	Palliative Care services. End to end reviews	4	4	16	H	16	same	Work to be reviewed by Quality Group.	Joint Co-commissioning Board (NHSE membership)	Need to strengthen approach to Multi Agency approach to End of Life Care	Need to identify were this is being coordinated across North Lincolnshire	03/06/2015	DRQA
Q3	A	Risk of delayed delivery of Continuing Care services due to workforce capacity which may impact on the ability to conduct timely assessments (including retrospectives) and increased challenges through Independent Review Panel (IRP) and ombudsman resulting in a reputational risk to the CCG.	Continuing care action plan. CSU structure now in place and SLA and supporting service specification in place. Governance arrangements and full QIPP team in place, there continue to be vacancies across the team. Aug 14 - working on a revised business proposal for CSU agreed by engine room early Sep 14. CSU merger with WSYCSU from 1 October implementing changes to team	4	4	16	H	16	same	Continuing Care Internal Audit undertaken Q4 (Completed, provides limited assurance). Governance arrangements with CSU steering group agreed and budget management chaired by HSDA. Regular finance reports to Exec Meetings. Vulnerable Peoples Group set up to monitor progress. CHC high costs panel and review	Monthly finance reports to Engine Room and regular reports to Audit Group. Format agreed for regular report to Execs. Additional capacity has been secured from South Yorkshire CS re retrospectives from Aug 14. New arrangements from 1 Oct 14.	To be reviewed in the light of the move to the South Yorkshire CS team ?capacity relating to QIPP	Capacity Gaps. Progress on retrospective claims. Internal Audit report action plan agreed and being implemented	03/06/2015	DRQA
AO1	E	Failure to engage and work with key partners and stakeholders (including Local Authorities, GPs, Public) posing a threat to the delivery of strategic objectives.	Focusing work with key strategic partners and building locality based working. Health & Wellbeing Board established with CCG vice Chair. Engagement with practices - Engine Room, Governing Body, Council of Members, Safer Neighbour Boards, CCG Collaborative established.	4	4	16	H	16	same	Interpractice Agreement agreed. Health and Wellbeing Board Reports and minutes. Performance Report. HWB adopts areas as methods to improve health inequalities, health inequalities top priority. Agreement with LA to establish joint governance board re Better Care Fund. Joint HWB Strategy agreed. Meeting of Governing Body and Council of Members.	ICP / IWP established as working groups of Health and Wellbeing Board. Better Care Fund signed off by HWBB 15 Feb 14 including establishment of new governance arrangements including a joint board. Better Care Fund. CCG assurance process - NHSE Q4 assurance received.	Health and Wellbeing Board working ineffectively. HWBB peer review arranged for March 2015. Joint Board for Health and social Care reviewed and re-launched Nov 14 to include providers. HLHF's leadership and governance reviewed and implemented Dec 14.	Internal audit conducting audit on Partnerships	18/05/2015	AO
AO2	A	YHCS fails to maintain sufficient support to enable the CCG to deliver its duties and sustain business continuity whilst transitioning from CS to a new way of working	Transition Board. Make/Share/Buy options						new					18/05/2015	AO

Risk ID	Link to Strategic Objective	Risk Description	Key Controls	Impact	Likelihood	Risk Score	Status	Previous Risk Score	Movement	Assurance on Controls	Positive / External Assurance	Gaps in Control	Gaps in Assurance	Last Review Date	Lead
AO3	A	Failure to agree an acceptable / affordable option for Health Lives Healthy Future in a timely manner.	Programme Board established. CSU providing longer term support. External finance advice and external programme SRO established. Lead Accountable Officer (LAO) now appointed (Dec 14). AO have agreed the resources needed to deliver HLHF for next 12 months. Clinical Workshops held to tease out potential options.	5	4	20	H	20	same	Programme Board and Governing Body reports. Joint NEL CCG. CSU providing support. Jul 14 - out to consultation for ENT/Hyperacute Stroke (Phase 1). LAO agreeing new Governance / Project Structure.	Independent Chair appointed for Assurance Group. Area Team engaged. Strategic engagement from NLaG. Gateway report received. Joined up plan for Healthy Lives, Healthy Futures, Better Care Fund and Commissioning Plan signed off by Governing Body. Oct 14 - PWC have reviewed financial gap, Single Version of the Truth (SVT) and will model costs for next phase. April 2015 - HLHF Programme Board scrutiny	Developing a full plan for 15/16 and onwards. Phase 2 - agreed revised programme arrangements for HLHF. Strategic Workforce Group. Underpinning Clinical Working Groups in place and support including finance / BI etc and links to BI work emerging. Care Groups to be agreed. To appoint Programme Director.	Agreed outline plan, need more detailed plan by end May 15	18/05/2015	AO
F1	A	CCG could face financial challenges (ie fail to deliver a balanced budget) and therefore does not achieve statutory financial obligations in 2015/16 and beyond including Better Care Fund	Financial controls, regular meetings with budget holders. QIPP monitoring, Contract monitoring.	4	4	16	H	16	same	Position monitored by CCG Engine Room and Governing Body. Reviews of monitoring reports. Added to BIZ. Audit Group monitors adequacy of controls. Standard Checklist for Budget Holder meetings. The Better Care Fund metrics and finances are reported to the Frail and Elderly Joint Board. Finance and Performance Group meets monthly.	Deloitte assurance report available to CCG and their auditors. CSU QIPP review process, with QIPP monitoring reports to CCG. Independent review on CHC spend. PWC provided costing support for Better Care Fund plans	Recurrent QIPP was not delivered in 2014/15. Action plans to be delivered. Sufficient Implementation Plans with Partners and Capacity issues. BCF Risk share to be amended for revised plan. Activity plan for QIPP to be agreed with NLaG.	No (3rd party) assurance on CHC and BI via service auditor reporting. Internal audit drafted assurance mapping of the Deloitte's audit of the CSU and third party assurance - for review by CCG (Assistant Senior Officer Quality and Assurance). Deliverability of Better Care Fund. NLaG and other providers plans to reduce activity in a joined up way - to be described at Joint Board.	26/05/2015	CFO
A. Continue to improve the quality of services															
B. Reduce unwarranted variations in services															
C. Deliver the best outcomes for every patient															
D. Improve patient experience															
E. Reduce the inequalities gap in North Lincolnshire															

Almost certain	5	10	15	20	25
Likely	4	8	12	16	20
Possible	3	6	9	12	15
Unlikely	2	4	6	8	10
Rare	1	2	3	4	5
Probability					
Severity	Negligible	Minor	Moderate	Serious	Catastrophic