| | |
|---|---|
| **Date:** | 9 February 2017 |
| **Meeting:** | Governing Body |
| **Item Number:** | Item 8.1 |
| **Public/Private:** | Public ☒ |

| | |
|---|---|
| **Author:** *(Name, Title)* | John Pougher, Head of Governance |
| **GB Lead:** *(Name, Title)* | Catherine Wylie, Director of Nursing & Quality |
| **Director approved** | Catherine Wylie, Director of Nursing & Quality |

| **Report Title:** |
|---|
| Governing Body Assurance Framework |
| **Decisions to be made:** |
| To note and approve |

| | | | |
|---|---|---|---|
| **Continue to improve the quality of services** | ☒ | **Improve patient experience** | ☐ |
| **Reduced unwarranted variations in services** | ☐ | **Reduce the inequalities gap in North Lincolnshire** | ☐ |
| **Deliver the best outcomes for every patient** | ☐ | **Statutory/Regulatory** | ☒ |

**Executive Summary (Question, Options, Recommendations):**

To inform the Governing Body of the risks to the delivery of North Lincolnshire CCG (NL CCG) strategic objectives and risks.

The Assurance Framework provides a structure and process that enables the organisation to focus on those risks that might compromise achieving its most important (principal) objectives; and to map out both the key controls that should be in place to manage those objectives and confirm that there is sufficient assurance about the effectiveness of these controls.

In line with NL Risk Management Strategy all other identified risks are held on the Directorate Risk Registers. Work is on-going to ensure that risks, including partnership risks, continue to be captured and managed at the appropriate level.

This month's paper contains a presentation of the risks in both column format and table format. The column format is included to give Governing Body members a quick overview of all identified risks. The risks presented in a table format provide an opportunity to present more detailed information and includes a risk tolerance score and a tracker chart. The format will be developed in light of feedback, requirements of the CCG and best practice guidance. In addition the scoring matrix and severity guide taken from the CCGs Risk Management Strategy have been attached to help inform the Governing Body's review of the identified risks.

| | | |
|---|---|---|
| **Equality Impact** | Yes ☐ No ☒ | |
| **Sustainability** | Yes ☐ No ☒ | |
| **Risk** | Yes ☒ No ☐ | The AF is a key element of the organisations corporate governance framework. |
| **Legal** | Yes ☒ No ☐ | The organisation needs to demonstrate that it has an effective system to identify and manage risks |
| **Finance** | Yes ☐ No ☒ | |

***Patient, Public, Clinical and Stakeholder Engagement to date***

| | *N/A* | *Y* | *N* | *Date* | | *N/A* | *Y* | *N* | *Date* |
|---|---|---|---|---|---|---|---|---|---|
| **Patient:** | ☐ | ☐ | ☒ | | **Clinical:** | ☐ | ☐ | ☒ | |
| **Public:** | ☐ | ☐ | ☐ | | **Other: Exec Team** | ☐ | ☒ | ☐ | 30.11.16 |

Print Risk Register

**Update this page - columns G, H, I and J are automatically populated**

NHS
North Lincolnshire

## Governing Body Assurance Framework

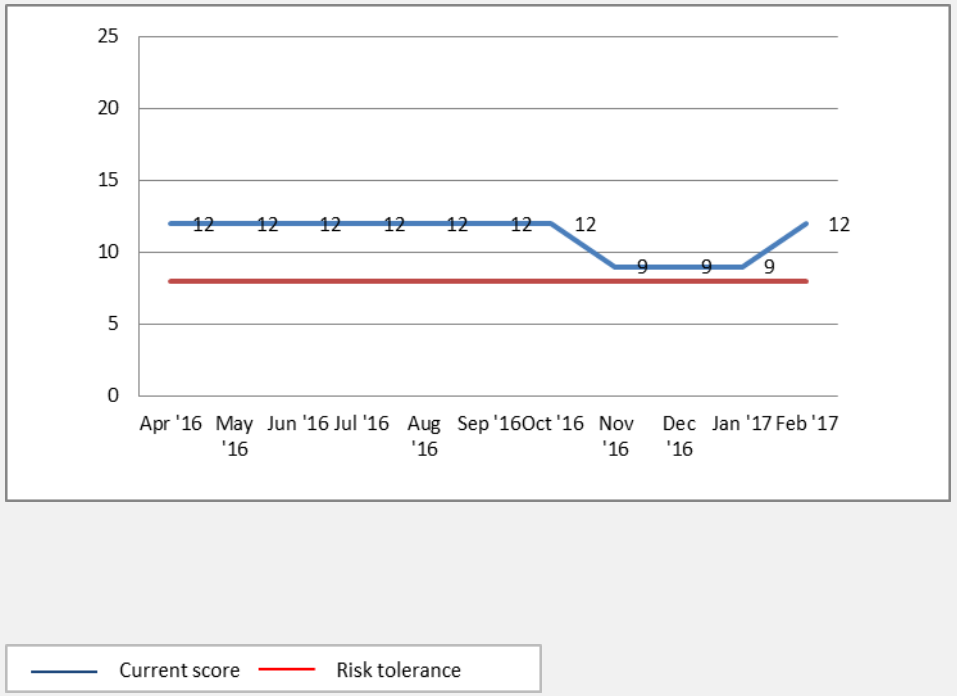
| Risk ID | Link to Strategic Objective | Risk Description | Key Controls | Source of Risk | Current Risk Score: Impact | Likelihood | Risk Score | Status | Previous Risk Score | Movement | Assurance on Controls | Positive / External Assurance | Gaps in Control | Gaps in Assurance | Last Review Date | Lead |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| AO1 | A, B, C, D, E | Breakdown in productive relationship with key partners would compromise the delivery of all CCG objectives | CCG structures and committees reviewed to ensure their effective utilisation. Council of Members operating in a new form<br>Working with Chair of Health and Wellbeing Board and support team to agree productive partnerships<br>Interim shared governance arrangements and integrated working with N Lincs LA established<br>Structure and processes and partnership working with Health Lives Healthy Futures (HLHF) including independent chair established<br>Through HLHF the CCG has a community finance approach and Memorandum of Understanding<br>Established agreed set of principles to support partnership working<br>Established AO to Chief Exec/equivalent regular 1:1s with key providers and LA<br>STP MOU and Joint Commissioning Committee established | Stress due to financial challenges across the system<br>Pace of change and competing priorities | 4 | 3 | 12 | M | 9 | up | Community finance plan.<br>HLHF MoU and ToR<br>Either NLCCG AO or NLC Chief Exec can represent each other in AT SCALE work | None | None | None | 1.02.17 | AO |
| F1 | A | If the CCG fails to deliver a balanced budget there will be no resources to support investment and the CCG could lose ability to self-direct from NHS England (direct intervention) | Financial controls, regular meetings with budget holders. QIPP monitoring, Contract monitoring. Finance & Performance Group. Financial Control Environmental Assessment. | Finance and performance data | 5 | 4 | 20 | H | 20 | Same | CCG Engine Room, Execs and Governing Body monitor. Monitoring information is also added to BIZ. Audit Group monitors adequacy of controls. Standard Checklist for Budget Holder meetings.<br>CCG assurance process includes finance (assured with support). MOU and various risk shares helps to minimise financial risk in 16/17. | The BCF metrics and finances are also reported to joint meetings with the Council & to NHS England, at least quarterly. The BCF contract is under review and scrutiny with delivery and financial implications. External Audit Value for Money Reports. Deloitte assurance report available to CCG and their auditors. NHSE QIPP review process, Regional QIPP monitoring reports to CCG. Underlying position reported to NHS England and included in Board Report. Independent review on CHC spend. | Resulting from the move to a more formal PBR contract with NLaG (as opposed to the MoU based contract in 2015/16). More scrutiny required on contract position and adherence to terms | QIPP plan is being reviewed and formalised.<br>From period 3 16/17 the CCG will be reporting an underlying deficit to NHS England – with risk of non-compliance with financial rules.<br>Forecast changed at M9 to reflect (£6.3m) deficit – (£3m) resulting from BCF arbitration process.<br>Further risk highlighted in QIPP programme report (£1.5m) | 27.01.17 | CFO |
| PC1 | A, B, C, D, E | Lack of accurate data on out of hospital mortality may result in areas of high risk not being identified or addressed | Community mortality action plan. | Ability of NLaG to share in-depth mortality data with community | 4 | 3 | 12 | M | 12 | Same | CCG Quality Group – overview of performance data | None | Roll out of end of life gold standard framework to be fully implemented | Lack of clear data | 01.02.17 | D of PC |
| PC2 | A, B, C, D, E | Inability to recruit sufficient GPs and nurses could lead to difficulty maintaining current level of service and quality outcomes for patients | The CCG is participating in the Health Education England (Yorkshire & Humber) Scheme to recruit more GPs and practice nurses | Primary Care data | 5 | 4 | 20 | H | 20 | Same | Each of the following provides a partial assurance/overview of the current position faced by NLCCG:-<br>CQC<br>NHS England<br>Healthwatch<br>NLCCG Joint Commissioning Group | CQC, NHS England, Healthwatch | None | None | 01.02.17 | D of PC |

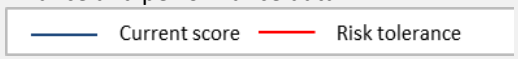
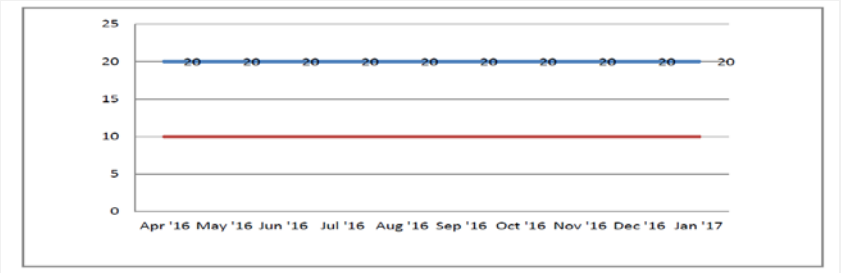
| Risk ID | Link to Strategic Objective | Risk Description | Key Controls | Source of Risk | Impact | Likelihood | Risk Score | Status | Previous Risk Score | Movement | Assurance on Controls | Positive / External Assurance | Gaps in Control | Gaps in Assurance | Last Review Date | Lead |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| PC3 | A,B,C | The Medicines Management programme will not deliver planned QIPP savings for 2016/17 | QIPP recovery plan<br><br>Actions from Internal Audit review agreed and being monitored | Ability of NECS to manage performance and willingness of GPs to engage with strategy | 5 | 4 | 20 | H | 20 | Same | Reports on QIPP delivery plan.<br><br>Monthly Budget Meetings | None | To complete recruitment process to Medicines Management Team | None | 01.02.17 | D of PC |
| PC4 | A,B,C,D, E | If ACP is not effectively established there will be a failure to make quality improvements, maximise financial benefits and move services into the community ultimately leading to a failure in our 'place' response to HLHF. | Appointment of a dedicated Models of Care Delivery Team<br>Close working between CCG and Strategic Commissioning Group ACP Executive Board | Willingness of independent providers and GPs to engage | 5 | 3 | 15 | H | 15 | Same | Progress report to CCG Executive and Strategic Commissioning Group | None | The GP federation does not have full engagement from all practices<br>Lack of clarity around desired contracting structure and current gaps and assets<br>The ACP is currently a loose structure with no legal entity | None | 01.2.17 | D of PC |
| Q4 | A,B,C,D, | Risk to CCG regarding delayed delivery of retrospective claims | Collaborative arrangements with Doncaster CCG.<br>MOU in place with governance arrangements and agreed trajectory.<br>Achievement of trajectory monitored<br>NHSE returns completed monthly | CHC performance data from Doncaster CCG. | 3 | 2 | 6 | L | 9 | Down | Monthly monitoring of performance data shows progress towards trajectory.<br>Progress is on target for agreed achievement | NHS Performance Data | Performance targets yet to be achieved. | None | 01.2.17 | DN&Q |
| Q5 | A,B,C,D | Failure to complete Decision Support Tools (DST) within national timescales could result in reputational damage to the CCG and people not being in respect of relevant/appropriate funding for their care | Restructure of workload within CHC team.<br>Appointment of CHC team manager<br>Formal regular monitoring of backlog<br>Procurement Officer appointed<br>Additional training for team members provided<br>Team resources increased | CHC performance data | 3 | 5 | 15 | H | | New | Monthly management review of position<br>Identified reduction in backlog<br>Data fed to NHS England who provide national benchmarking data | NHS National Benchmarking Data | None | None | 01.02.17 | DN&Q |
| Q6 | A,B,C,D | Failure to adhere to national guidelines (re prompt assessments for DSTs) will result in additional unnecessary care for individuals and unnecessary expenditure for the CCG | Monitoring progress and spend activity with benchmarking information from NHS England<br>Restructure of workload within CHC team.<br>Appointment of CHC team manager<br>Formal regular monitoring of backlog<br>Procurement Officer appointed<br>Additional training for team members provided<br>Team resources increased | CHC performance data | 4 | 5 | 20 | H | | New | Monthly management review of position<br>Identified reduction in backlog<br>Data fed to NHS England who provide national benchmarking data<br>From January 17 NHS E is asking for performance data against 28 day assessments | Data fed to NHS England who provide national benchmarking data<br>From January 17 NHS E is asking for performance data against 28 day assessments | None | None | 01.02.17 | DN&Q |
| 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 |

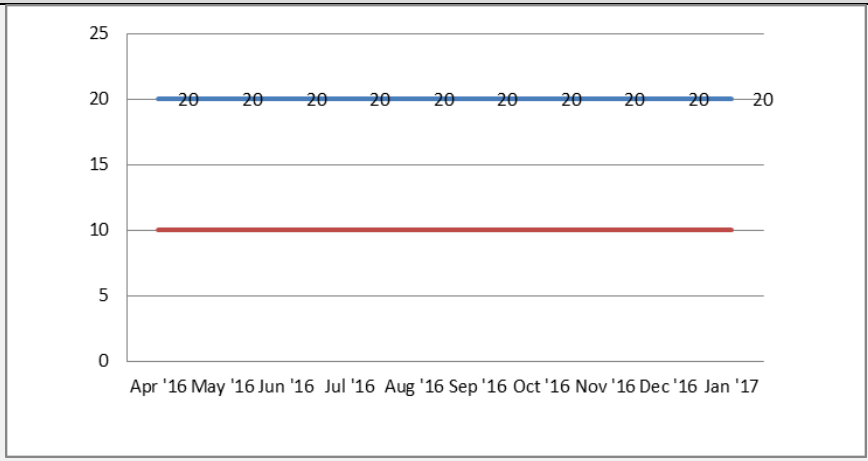
| **Risk AO1: Breakdown in productive relationship with key partners would compromise the delivery of all CCG objectives** | | | **Lead Director/risk owner: Accountable Officer** | |
|---|---|---|---|---|
| **Strategic Objective – links to all strategic objectives** | | | **Date of last review** 1.02.17 | |
| **Controls** (what mitigating actions are being taken):<br>CCG structures and committees reviewed to ensure their effective utilisation<br>Council of Members operating in a new form<br>Working with Chair of Health and Wellbeing Board and support team to agree productive partnerships<br>Interim shared governance arrangements and integrated working with N Lincs LA established<br>Structure and processes and partnership working with Health Lives Healthy Futures (HLHF) including independent chair established<br>Through HLHF the CCG has a community finance approach and Memorandum of Understanding<br>Established agreed set of principles to support partnership working<br>Established AO to Chief Exec/equivalent regular 1:1s with key providers and LA<br>STP MOU and Joint Commissioning Committee established | | | **Actions**<br>Work with Health Wellbeing Board to agree provider partnership strategy for the year<br>Develop more integrated problem solving approach<br>Develop next stage integrated governance and reporting (with GGI)<br>Develop integrated commissioning approach – workshop April 17<br>Build relationships with new NLaG interim C/Ex when appointed | **Owner**<br>AO<br><br>AO<br><br>DNQ<br><br>AO<br><br>AO | **Due date**<br>Sept 2016<br><br>Sept 2016<br>complete<br><br>Feb 17<br><br>April 17 |
| **Gaps in Controls –** Awaiting appointment of interim Chief Executive | | | | |
| **Assurances** (how do we know if the things we are doing are having an impact?):<br>Community finance plan.<br>HLHF MoU and ToR<br>Either NLCCG AO or NLC Chief Exec can represent each other in AT SCALE work | | | **Gaps in assurances** (what additional assurances should we seek?): | |
| **Reasons for current risk score:**<br>Impact score 4 as without these productive relationships the CCG will be unable to achieve financial stability.<br>Likelihood score 2 due to increasing stability following recent changes | **Rational for risk tolerance score:**<br>Score 8 (likelihood 3 impact 4)<br>A score of 2 for impact identifies a position where partners are in an on-going productive relationship with few challenges to this situation. | | **Additional comments**<br>Whilst a significant amount of work has been undertaken over the past few months has resulted in an improvement. The secondment of the current Chief Executive of NLaG has resulted in an element of uncertainty. | |

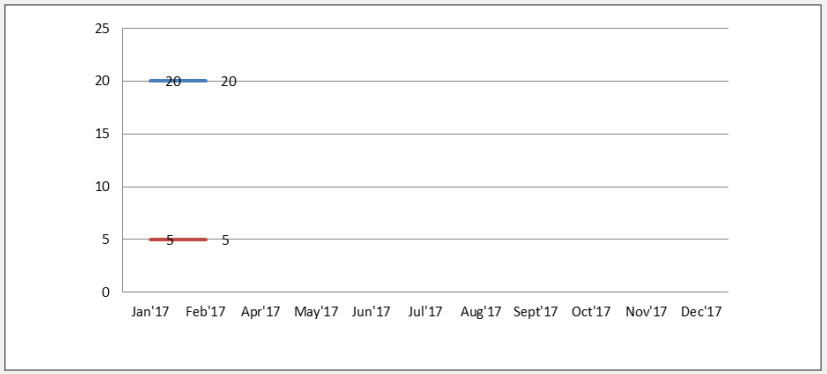
**Risk Rating**
Likelihood 3
Impact 4
**Current Score:**
Likelihood 3 x Impact 4 = 12
**Risk tolerance:**
Likelihood 4 x Impact 2 = 8
**Source of Risk:**
Stress due to financial challenges across the system
Pace of change and competing priorities



| **Risk F1 If the CCG fails to deliver a balanced budget there will be no resources to support investment and the CCG could lose ability to self-direct from NHS England (direct intervention)** | | **Lead Director/risk owner: CFO** | |
|---|---|---|---|
| **Strategic Objective A** | | **Date of last review**: 27.01.17 | |
| **Controls** (what mitigating actions are being taken):<br>Financial controls, regular meetings with budget holders. QIPP monitoring, Contract monitoring. Finance & Performance Group. Financial Control Environmental Assessment. | **Actions**<br>New operational group in place including, Transformation Group, Planning and Oversight, Contract Management Group<br>Exec chaired sub-teams include: Demand Management, Prescribing, Urgent Care, Technical Contract/Finance<br>Recovery Plan to NHSE, NHSE Review of Forecast, NHSE involved in some review meetings, Internal audit review in second half of year, Engine Room engagement.<br>PWC review and report due mid February 2017 | **Owner**<br>CFO | **Due date**<br>On-going to April 2017 |
| **Gaps in Controls** Resulting from the move to a more formal PBR contract with NLaG (as opposed to the MoU based contract in 2015/16). More scrutiny required on contract position and adherence to terms | | | |
| **Assurances** (how do we know if the things we are doing are having an impact?):<br>CCG Engine Room, Execs and Governing Body monitor. Monitoring information is also added to BIZ. Audit Group monitors adequacy of controls. Standard Checklist for Budget Holder meetings. The BCF metrics and finances are also reported to joint meetings with the Council & to NHS England, at least quarterly. The BCF contract is under review and scrutiny with delivery and financial implications.<br>External Audit Value for Money Reports. Deloitte assurance report available to CCG and their auditors. NHSE QIPP review process, Regional QIPP monitoring reports to CCG. Independent review on CHC spend. Underlying position reported to NHS England and included in Board Report. CCG assurance process includes finance (assured with support). MOU and various risk shares helps to minimise financial risk in 16/17. | | **Gaps in assurances** (what additional assurances should we seek?):<br>QIPP plan is being reviewed and formalised.<br>From period 3 16/17 the CCG will be reporting an underlying deficit to NHS England – with risk of non-compliance with financial rules. Forecast changed at M9 to reflect (£6.3m) deficit – (£3m) resulting from BCF arbitration process. Further risk highlighted in QIPP programme report (£1.5m) | |
| **Risk Rating** likelihood 4 impact 5<br><br>**Current Score:**<br>Likelihood 4 x Impact 5 = 20<br>**Risk tolerance:**<br>Likelihood 5 x Impact 2 = 10<br>**Source of Risk:**<br>Finance and performance data<br>  |  | **Reasons for current risk score:**<br>Impact – risk to corporate autonomy<br>Likelihood – underlying financial position deficit at P9 equals (£6.2m variance).<br>Forecast (£8.5m variance) adverse full year<br><br>**Rational for risk tolerance score:**<br>A likelihood score of 2 would demonstrate that the underlying financial position is strong and financial performance targets are being met as a priority.<br><br>**Additional comments**<br>Corrective actions have already been identified. The position has been notified to NHS England office and formalised in this month's return. | |

<table>
<tr><td colspan="2">Risk PC1: Lack of accurate data on out of hospital mortality may result in areas of high risk not being identified or addressed</td><td colspan="2">Lead Director/risk owner: Director of Primary Care</td></tr>
<tr><td colspan="2">Strategic Objective - All objectives</td><td colspan="2">Date of last review: 1.2.17</td></tr>
<tr><td>Controls (what mitigating actions are being taken):<br><br>Community mortality action plan.</td><td>Actions<br><br>Working with NHS Public Health England to incorporate data into performance dashboards<br>Roll out of Gold Standard Framework project</td><td>Owner<br><br>D of PC<br><br>D of PC</td><td>Due date<br><br>April 2017<br><br>March 2017</td></tr>
<tr><td colspan="4">Gaps in Controls - Roll out of end of life gold standard framework to be fully implemented.</td></tr>
<tr><td colspan="2">Assurances (how do we know if the things we are doing are having an impact?):<br>CCG Quality Group – overview of performance data</td><td colspan="2">Gaps in assurances (what additional assurances should we seek?):<br><br>Lack of clear data</td></tr>
<tr><td colspan="2">Risk Rating likelihood 3 impact 4<br><br>Current Score:<br>Likelihood 3 x impact 4 = 12<br>Risk tolerance:<br>Likelihood 4 x impact 2 = 8<br>Source of Risk:<br>Ability of NLaG to share in-depth mortality data with community<br><br> 
</td><td colspan="2">Reasons for current risk score:<br>Impact (4) for risk of not learning from or incorporating actions to develop care networks.<br>Likelihood (3) reflects need to understand what the information is telling us<br><br>Rational for risk tolerance score:<br>Likelihood Score of 2 demonstrates information has been accessed and understood with subsequent relevant actions in place<br><br>Additional comments Once we can understand and interpret the data with relevant actions in place for individual practices it is anticipated that the risk score will be reduced and removed from the assurance framework</td></tr>
</table>

| **Risk PC2: Inability to recruit sufficient GPs and nurses could lead to difficulty maintaining current level of service and quality outcomes for patients** | | **Lead Director/risk owner: Director of Primary Care** | |
|---|---|---|---|
| **Strategic Objective: Linked to all strategic objectives.** | | **Date of last review**: 1.2.17 | |
| **Controls** (what mitigating actions are being taken):<br>The CCG is participating in the Health Education England (Yorkshire & Humber) Scheme to recruit more GPs and practice nurses | **Actions**<br>Hub and Spoke Model to be included in Primary Care Development Plan – to identify ways of working with practices to increase recruitment and promote sustainability<br>Working with local NHS England to develop the viability of services to existing practice lists (currently 2 practices).<br>CCG working with NHS E to recruit from abroad | **Owner**<br>D of PC<br><br>D of PC<br><br>D of PC | **Due date**<br>**Completed**<br><br>**Completed**<br><br>Autumn 2017 |
| **Gaps in Controls -** None | | | |
| **Assurances** (how do we know if the things we are doing are having an impact?):<br>Each of the following provides a partial assurance/overview of the current position faced by NLCCG:-<br>CQC<br>NHS England<br>Healthwatch<br>NLCCG Joint Commissioning Group | | **Gaps in assurances** (what additional assurances should we seek?): | |
| **Risk Rating** likelihood 4 impact 5<br><br>**Current Score:**<br>likelihood 4 x impact 5 = 20<br>**Risk tolerance:**<br>likelihood 5 x impact 2 = 10<br>**Source of Risk:**<br>Primary care data<br>Current score — Risk tolerance |  | **Reasons for current risk score:**<br>Impact – Reduction of services to patients<br>Likelihood – High retirement rate amongst GPs and nurses and low recruitment to local area<br><br>**Rational for risk tolerance score:**<br>Likelihood score of 2 would indicate that recruitment situation is positive for nurses and doctors combined possibly with a low turnover rate<br><br>**Additional comments**<br>Actions to reduce this risk continue to be extremely challenging due to the national context as well as the local position. | |

| **Risk PC3: That Medicines Management programme will not deliver planned QIPP savings for 2016/17** | | **Lead Director/risk owner: Director of Primary Care (DPC)** | |
|---|---|---|---|
| **Strategic Objective: A, B, C** | | **Date of last review**: **1.2.17** | |
| **Controls** (what mitigating actions are being taken): | Actions | Owner | Due date |
| QIPP recovery plan | Rolling programme of implementation for Medicines Optimisation Strategy | DPC | April 2017 |
| | To monitor progress via monthly meetings | DPC | On-going |
| Actions from Internal Audit review agreed and being monitored | Appointment of new clinical lead | DPC | **Completed** |
| | Improve efficiency of APC | DPC | April 2017 |
| **Gaps in Controls**<br>To complete recruitment process to Medicines Management Team | | | |
| **Assurances** (how do we know if the things we are doing are having an impact?):<br><br>Reports on QIPP delivery plan.<br><br>Monthly Budget Meetings | | **Gaps in assurances** (what additional assurances should we seek?):<br>None | |
| **Risk Rating**<br>likelihood 4 impact 5<br><br>**Current Score:**<br>likelihood 4 x impact 5 = 20<br>**Risk tolerance:**<br>Likelihood 5 x Impact 1 = 5<br>**Source of Risk:**<br>Ability of NECS to manage performance and willingness of GPs to engage with strategy |  | **Reasons for current risk score:**<br>Significant overspend at this point with lack of traction and performance management from NECS. Overspend has reduced by significant amount however challenges remain for 16/17 | |
| | | **Rational for risk tolerance score:**<br>It is acknowledged that there will always be some challenge to delivering savings however a likelihood of 1 would denote a position where planned savings were consistently within trajectory | |
| | | **Additional comments**<br>NECS are recruiting two posts and there is a reduction in forecast outturn for 16/17 | |

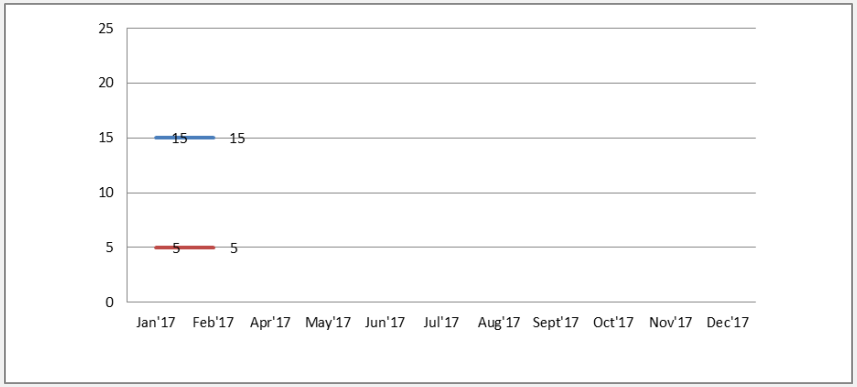
| **Risk PC 4: If ACP is not effectively established there will be a failure to make quality improvements, maximise financial benefits and move services into the community ultimately leading to a failure in our 'place' response to HLHF.** | **Lead Director/risk owner: Director Primary Care (DPC)** |
|---|---|
| **Strategic Objective: All** | **Date of last review**: **01.02.17** |

| **Controls** (what mitigating actions are being taken): | Actions | Owner | Due date |
|---|---|---|---|
| Appointment of a dedicated Models of care Delivery Team | For all ACP members to be in place | DPC | **Completed** |
| Close working between CCG and Strategic Commissioning Group ACP Executive Board | Engagement work with practices and LMC | DPC | On-going |
| | Review of options to determine legal entity | DPC | **Completed** |
| | MoU/contract legal agreement for APC to be signed | DPC | End of March 2017 |

**Gaps in Controls**
The GP federation does not have full engagement from all practices.
Lack of clarity around desired contracting structure and current gaps and assets. The ACP is currently a loose structure with no legal entity.

| **Assurances** (how do we know if the things we are doing are having an impact?): | **Gaps in assurances** (what additional assurances should we seek?): |
|---|---|
| Progress report to CCG Executive and Strategic Commissioning Group | None |

**Risk Rating**
likelihood 3 x impact 5
**Current Score:**
likelihood 3 x impact 5 = 15
**Risk tolerance:**
likelihood 5 x impact 1 = 5
**Source of Risk:**
Willingness of independent providers and GPs to engage




**Reasons for current risk score:**
Failure to achieve would result in significant impact on CCG performance. Score of 3 reflects significant amount of work which has been undertaken whilst acknowledging progress is still required

**Rational for risk tolerance score:**
A score of 1 would denote that the ACP has been effectively established and is meeting its key objectives.

**Additional comments**
Proposed date of 1st October for APC formation and functioning beyond which the CCG will revert to alternative plan.

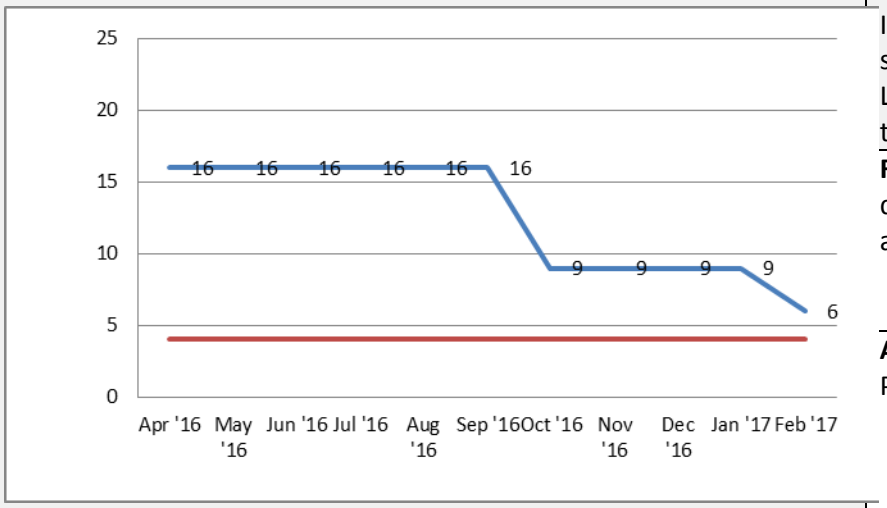
| **Risk Q4: Risk to CCG regarding delayed delivery of retrospective claims.** | | **Lead Director/risk owner: DN&Q** | |
|---|---|---|---|
| **Strategic Objective: Linked to A,B,C,D** | | **Date of last review**: 01/02/17 | |
| **Controls** (what mitigating actions are being taken):<br>Collaborative arrangements with Doncaster CCG.<br>MOU in place with governance arrangements and agreed trajectory.<br>Achievement of trajectory monitored<br>NHSE returns completed monthly | **Actions**<br>1 Monitor the performance of collaborative PUPOC service<br><br>2. Review of data accuracy with Doncaster CCG<br><br>3 Anticipate further cohort of PUPOC in 2017 | **Owner**<br>Hof N<br><br>Hof N<br><br>Hof N | **Due date**<br>On-going<br><br>October 2016 – completed<br><br>Anticipated early 2017 |
| **Gaps in Controls**<br>**Performance targets yet to be achieved.** | | | |
| **Assurances** (how do we know if the things we are doing are having an impact?):<br><br>Monthly monitoring of performance data shows progress towards trajectory. Progress is on target for agreed achievement. | | **Gaps in assurances** (what additional assurances should we seek?): | |

**Risk Rating** likelihood 2 impact 3

**Current Score:** likelihood 2 impact 3 = 6

**Risk tolerance:** likelihood 1 impact 4= 4

**Source of Risk:**
**CHC performance data from Doncaster CCG.**




**Reasons for current risk score:**
Impact: Significant financial, in addition to quality and service delivery risks
Likelihood: Significant challenge remains to meet agreed trajectory

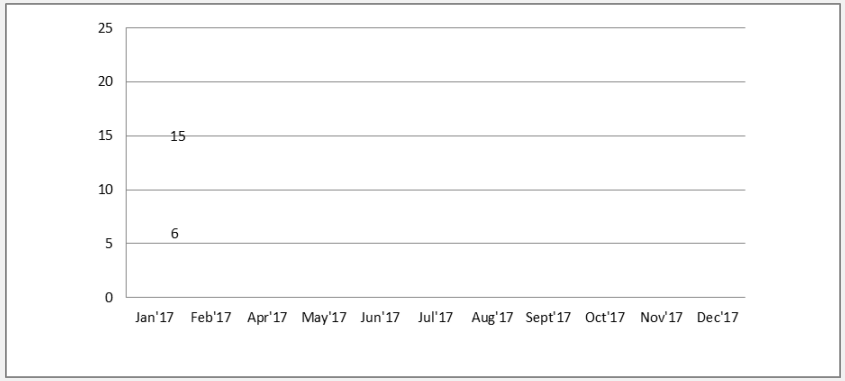
**Rational for risk tolerance score:** A likelihood of 1 would denote a position where the backlog is down to 0 and anticipated to remain so.

**Additional comments**
Position improving resulting in lower likelihood score

| **Risk Q5 Failure to complete Decision Support Tools (DST) within national timescales could result in reputational damage to the CCG and people not being in respect of relevant/appropriate funding for their care** | | | **Lead Director/risk owner: DN&Q** |
|---|---|---|---|
| **Strategic Objective A,B,C,D** | | | **Date of last review**: 1.2.17 – new |
| **Controls** (what mitigating actions are being taken):<br>Restructure of workload within CHC team.<br>Appointment of CHC team manager<br>Formal regular monitoring of backlog<br>Procurement Officer appointed<br>Additional training for team members provided<br>Team resources increased | Actions<br>Programme in place to achieve 100% of DSTs within 60 days<br><br>Plan to achieve 10% of DSTs within 28 day framework | Owner<br>Head of Nursing<br><br>Head of Nursing | Due date<br>End Sept 2017<br><br>End July 2017 |
| **Gaps in Controls – None** | | | |
| **Assurances** (how do we know if the things we are doing are having an impact?):<br><br>Monthly management review of position<br>Identified reduction in backlog<br>Data fed to NHS England who provide national benchmarking data | | | **Gaps in assurances** (what additional assurances should we seek?):<br>None |

**Risk Rating**
(likelihood 5 x 3 impact)

**Current Score:**
likelihood 5 x impact 3 = 15
**Risk tolerance:**
likelihood 2 x impact 3 = 6
**Source of Risk:**
CHC performance data




**Reasons for current risk score:**
Whilst the position is showing an improvement significant challenges remain to ensure the CCG operates within national timeframes.

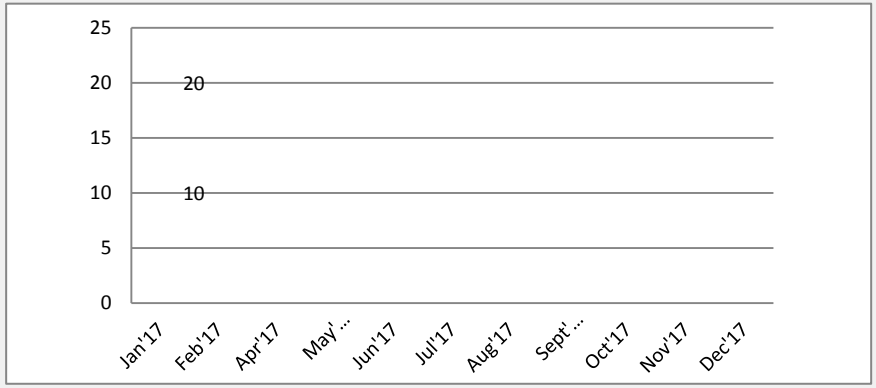
**Rational for risk tolerance score:**
A likelihood score of 2 would represent a position where the CCG is meeting 28 day timescale on a regular basis for all new recipients

**Additional comments:**
None

| **Risk Q6 Failure to adhere to national guidelines (re prompt assessments for DSTs) will result in additional unnecessary care for individuals and unnecessary expenditure for the CCG** | | **Lead Director/risk owner: DN&Q** | |
|---|---|---|---|
| **Strategic Objectives: a,b,c,d** | | **Date of last review**: 1.2.17 | |
| **Controls** (what mitigating actions are being taken):<br><br>Monitoring progress and spend activity with benchmarking information from NHS England<br>Restructure of workload within CHC team.<br>Appointment of CHC team manager<br>Formal regular monitoring of backlog<br>Procurement Officer appointed<br>Additional training for team members provided<br>Team resources increased | Actions<br><br>Programme in place to achieve 100% of DSTs within 60 days<br><br>Plan to achieve 10% of DSTs within 28 day framework | Owner<br><br>Head of Nursing<br><br>Head of Nursing | Due date<br><br>End Sept 2017<br><br>End July 2017 |
| **Gaps in Controls**<br>None | | | |
| **Assurances** (how do we know if the things we are doing are having an impact?):<br><br>Monthly management review of position<br>Identified reduction in backlog<br>Data fed to NHS England who provide national benchmarking data<br>From January 17 NHS E is asking for performance data against 28 day assessments | | **Gaps in assurances** (what additional assurances should we seek?):<br>None | |

**Risk Rating**
(likelihood 5 x 4 impact)

**Current Score:**
likelihood 5 x impact 4 = 20
**Risk tolerance:**
likelihood 2 x impact 5 = 10
**Source of Risk:**
CHC performance data




**Reasons for current risk score:**
5 for likelihood reflects that national targets are not being met
Impact of score 4 reflects negative position on CCG budgets

**Rational for risk tolerance score:**
Score of 2 would represent no significant backlog and new cases dealt with within 28 day timescale

**Additional comments**
NLCCG spend relative to other CCGs lists us as £56 highest spend per case out of 209.

**Risk Scoring Matrix (NPSA)**

**Probability (Likelihood) x Severity (Consequences) = Risk**

All risks need to be rated on 2 scales, probability and severity using the scales below.

**Probability**

Risks are first judged on the *probability* of events occurring so that the risk is realised.

Enter a number (1-5) indicating the probability of the risk occurring. Please refer to the definition scale below.

| | | **Broad descriptors of frequency** | **Time framed descriptors of frequency** |
|---|---|---|---|
| 1 | Rare | This will probably never happen/recur | Not expected to occur for years |
| 2 | Unlikely | Do not expect it to happen/recur but it is possible it may do so | Expected to occur at least annually |
| 3 | Possible | Might happen or recur occasionally | Expected to occur at least monthly |
| 4 | Likely | Will probably happen/recur but it is not a persisting issue | Expected to occur at least weekly |
| 5 | Almost certain | Will undoubtedly happen/recur, possibly frequently | Expected to occur at least daily |

| | | | | | |
|---|---|---|---|---|---|
| **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** |