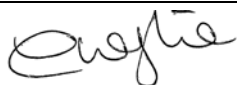


<b>Date:</b>	12 April 2018
<b>Meeting:</b>	Governing Body
<b>Item Number:</b>	Item 8.4
<b>Public/Private:</b>	Public <input checked="" type="checkbox"/> Private <input type="checkbox"/>

<b>Report Title:</b>
Strategic Risk Register
<b>Decisions to be made:</b>
To Review and Note

<b>Author:</b> <i>(Name, Title)</i>	Gary Johnson Risk Manager
<b>GB Lead:</b> <i>(Name, Title)</i>	Catherine Wylie Director of Quality & Nursing
<b>Director approval</b> <i>(name)</i>	Catherine Wylie Director of Quality & Nursing
<b>Director Signature</b>	

<b>Continue to improve the quality of services</b>	<input type="checkbox"/>	<b>Improve patient experience</b>	<input type="checkbox"/>
<b>Reduced unwarranted variations in services</b>	<input type="checkbox"/>	<b>Reduce the inequalities gap in North Lincolnshire</b>	<input type="checkbox"/>
<b>Deliver the best outcomes for every patient</b>	<input type="checkbox"/>	<b>Statutory/Regulatory</b>	<input checked="" type="checkbox"/>
<b>Purpose (tick one only)</b>	Approval <input type="checkbox"/>	Information <input type="checkbox"/>	To note <input checked="" type="checkbox"/> Decision <input type="checkbox"/>

<b>Executive Summary (Question, Options, Recommendations):</b>		
<p>The attached Strategic Risk Register identifies the risks to the delivery of the CCGs strategic objectives/intentions.</p> <p>Note for this version of the Strategic Risk Register that there are two tabs, with the second tab titled transitional risk register. This part of the Strategic Risk Register focuses on those risks that threaten the achievement of the CCGs ability to meet the legal directions placed upon it by NHS England.</p>		
<b>Recommendations</b>	1 Review and Note 2 3	
<b>Report history</b>		
<b>Equality Impact</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
<b>Sustainability</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
<b>Risk</b>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> The Strategic Risk Register is a key element of the CCGs overall assurance framework	
<b>Legal</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
<b>Finance</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

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

	<i>N/A</i>	<i>Y</i>	<i>N</i>	<i>Date</i>		<i>N/A</i>	<i>Y</i>	<i>N</i>	<i>Date</i>
<b>Patient:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<b>Clinical:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>Public:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<b>Other:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

**TRANSITIONAL RISK REGISTER : MARCH 2018**

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

Current Risk Score

Risk ID	Link to Strategic Objective	Risk Description	Key Controls	Source of Risk	Impact	Likelihood	Risk Score	Status	Previous Risk Score	Movement	Risk Tolerance Level	Assurance on Controls	Positive / External Assurance	Gaps in Control	Gaps in Assurance	Last Review Date	Updated actions	Lead	Target date for completion Quarter and Year
1	A,C	The CCG is under legal directions with NHS England, and need to fulfil a number of requirements to have them removed. The risk being if the CCG fails to have systems and process in place to comply with these requirements	The directions for the CCG had 3 areas of focus financial recovery the governance review and leadership.	Finance and performance date, limited resources alignment of systems to manage financial risk	5	4	20	H	25	Down	8	Improvement plan submitted Feb 2018 to NHS England letter of acknowledgment on progress received March 2018 - Quality of leadership self assessment moved from Amber to Green March 2018	NHS England, Local Strategic partners local authority, Health Watch, NL&G and RDASH	New interim Chief finance officer in place Jan 2018, from neighbouring 'Outstanding rated CCG'.	Monthly review meeting with NHS England continue to monitor planning activity and finance	09/03/2018	improvement plan submitted Feb 2018 to NHS England letter of acknowledgment on progress received March 2018 Quality of leadership self assessment moved from Amber to Green March 2018	AO	Q3 out of special measures and Q4 out of legal directions
2	A,C,	If the CCG fails to deliver a financial recovery plan there will be no resources to support investment and the CCG could lose ability to self-direct from NHS England (Direct intervention) or could be required to submit to regional NHSE reorganisation and review.	Financial controls, regular meetings with budget holders. QIPP monitoring, Contract monitoring. CFO reviewed the financial controls and new SFIs introduced Feb 2018, Newly formed Quality Performance and Finance group meeting since Jan 2018. Integrated Audit and Governance group meeting since Feb 2018. Financial Control Environmental Assessment. Review by regulators and external advisory groups. Both internal and external auditors reviewing systems and processes and reporting to Integrated Governance and audit group.	Finance and performance data, growing demand, limited resources, alignment of systems resources to manage financial position across North Lincs - Risk has crystallised and CCG is now under "Directions" with appointment of NHSE appointed Turnaround Director to ensure change and recovery.	5	4	20	H	25	Down	12	Quality Performance and Finance committee, Planning and Commissioning Committee, Execs and Governing Body monitor. Monitoring information is also added to BIZ. Integrated Audit and Governance Group monitors adequacy of controls. Standard Checklist for Budget Holder meetings. CFO meets monthly with NHS England. Working with Neighbouring CCGs for Acute contracts	The BCF metrics and finances are also reported to joint meetings with the Council at least quarterly & to NHS England, at Monthly. The BCF contract is under review and scrutiny with delivery and financial implications. External Audit Value for Money Reports. Deloitte assurance report will be 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.	Joint working with neighbouring CCGs for Acute contract needs formalising. Joint working with N Lincs Council to review integrated budgets including BCF	The CCG continues to work with NHS England on a financial recovery plan but needs to be aligned to the special measures regime at NL&G and their financial recovery plan	09/03/2018	Q1 revised plans submitted for the planning round 18/19 - quarterly reviews	CFO	Q4 18/19
3	A,C,	If The CCG fails to deliver the recommendations outlined in the external governance review, which was a requirement of the legal directions from NHS England	CCG structures and committees reviewed to ensure their effective utilisation, external meetings reviewed to ensure they are effective for utilisation - work with internal audit to assess effectiveness and delivery of the governance structures annually and amend accordingly.	External Governance review and within the direction from NHS England	5	3	15	M	20	Nil	6	Execs and governing body review the recommendations and develop an action plan to be monitored by the committee structure as appropriate	NHS England,	Reviewed the committee structures and new arrangements in place from Q3 17/18	Sub committees need to be reviewed in line with the wider Governance review. Q4 18	09/03/2018	Governing Body approved Governance changes and new arrangements been operating since January 2018	AO	Q4 17/18
4	A,C,	The CCG does not have the correct capacity and capability to deliver all its constitutional requirements	Review of structures and capability by each directorate, Working with Neighbouring CCGs within the STP to understand what can be done at Scale. Working with other partners such as the council to review joint working	The governance review, finance and performance data, The focus has been on day to day delivery rather than strategic planning.	5	5	25	H	25	Nil	16	Structures aligned to strategic priorities and CCG OD plan will develop capacity where required or work with others.	NHS England, Neighbouring CCGs in the Humber or STP	The directorate structures are being reviewed in line with CCG priorities. Being reviewed as part of the planning process for 18/19.	The review is not concluded so the governing Body cannot endorse a future structure	09/03/2018	The directorate structures have been reviewed Q3 17/18 and gaps identified	AO	Qtr4 17-18
5	A, C,	The CCG is not assured that the local Acute Provider (NL&G) is improving against the special measures imposed by NHS Improvement following the CQC inspections	Monthly system improvement board with regulators and partners. Independent chair for the patient harm group, a number of sub committees set up to oversee the work plan of which the CCG are members, established a Humber Acute Services review in response to providing safe sustainable service's locally	CQC Inspections, NHS I assurance, North Yorkshire and Humber QSG. SI reporting internally, Health watch	5	5	25	H	25	Nil	16	CQC Re inspection due Q2/3 2018/19, SIB monthly assurance and sub committee minutes - NY & H QSG - Humber acute services review work plan	CQC Re inspection, SIB monthly assurance and sub committee minutes - NY & H QSG - Humber acute services review work plan	The reviews implemented as part of the special measures regime in the trust are still not fully understood and therefore mitigation cannot be fully developed	The reviews implemented as part of the special measures regime in the trust are still not fully understood and therefore mitigation cannot be fully developed	09/03/2018	Clinical engagement in some specialties i.e. ophthalmology in q3 17/18 and Humber Acute services review being shared with partners/health and wealth being boards Q4 17/18, in readiness for wider public engagement after the local elections in May 2018.	AO	Qtr4 18/19

**KEY - FOR LINKS TO STRATEGIC RISK**

A. Prevention
B. Out of Hospital
C. Acute Commissioning
D. Vulnerable People
E. Medicines Management
F. Primary Care transformation
G. Delivery of Statutory functions

**KEY - FOR RISK STATUS**

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
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**STRATEGIC RISK REGISTER : MARCH 2018**

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

Current Risk Score

Risk ID	Link to Strategic Objective	Risk Description	Key Controls	Source of Risk	Impact	Likelihood	Risk Score	Status	Previous Risk Score	Movement	Risk Tolerance Level	Assurance on Controls	Positive / External Assurance	Gaps in Control	Gaps in Assurance	Last Review Date	Updated actions	Clinical and Director Lead	Target date for completion Quarter and Year
1	A, G	If the CCG fails to improve health inequalities and promote population health it will face increases in preventable illnesses	Agreed Governing Body priority and overseen by Planning and Commissioning Committee. Part of the place plan in conjunction with NLC	Health Intelligence, Demographic data, Profile of illness	5	4	20	High	New	Nil	12	None currently	Public Health intelligence data, Disease prevalence and Hospital activity	Work plan being currently written by Director of Public Health - GP Governing body vacancy to be filled who in turn will become clinical lead for this area	None identified	12/03/2018	By Q2 18/19 detailed work plans with timescales and risks identified and to be approved by Governing Body	DoPH - and GP Lead(vacant)	By Q2 18/19
2	B,G,	If the CCG fails to deliver a new community service model where care is closer to home. There will not be the capacity or resources to fund an Acute model	Agreed Governing Body priority and overseen by Planning and Commissioning Committee. Part of the place plan in conjunction with NLC	Contracting Data with acute providers,	5	4	20	High	New	Nil	10	None Currently	NHS E, NHS I data	Procurement process for a new service(s), Due diligence and allowed 3 month transition period to the new provider/way of working	Unsure if any interested parties currently	12/03/2018	By Q2 18/19 detailed work plans with timescales and risks identified and to be approved by Governing Body	DOC and Clinical L	By Q2 18/19
3	C,G	If the CCG fails to implement robust demand management and offer alternatives in the community the acute sector does not have a workforce or resources to deliver the forecast demand	Agreed Governing Body priority and overseen by Planning and Commissioning Committee. Part of the place plan in conjunction with NLC	Contracting Data with acute providers,	5	4	20	High	New	nil	10	None Currently	NHS E, NHS I data	Demand management service not yet agreed, Until the alternative community provision is in place limited ability to reduce the demand for acute services	Unsure if any interested parties currently	12/03/2018	By Q2 18/19 detailed work plans with timescales and risks identified and to be approved by Governing Body	DOC and Clinical Lead	By Q2 18/19
4	D,G	If the CCG fails to have comprehensive sustainable local mental health services, We will not have people functioning at optimal levels	Agreed Governing Body priority and overseen by Planning and Commissioning Committee. Part of the place plan in conjunction with NLC	Public Health intelligence including Suicide data , Disease prevalence Contracting Data with Mental Health providers,	5	4	20	High	New	Nil	10	Associate Director for Vulnerable People appointed	NHS E, NHS I data, Public Health intelligence	Work plan being currently written by Associate Director of Vulnerable People and Clinical lead	Local need not fully identified from available data	12/03/2018	By Q2 18/19 detailed work plans with timescales and risks identified and to be approved by Governing Body	ADVB and clinical lead	By Q2 18/19
5	E,G	If the CCG fails to ensure high quality and safe prescribing in primary care that considers national and local guidance it could have detrimental effects on patients and CCG resources.	Agreed Governing Body priority and overseen by Primary Care Commissioning Committee.	NECS monthly data, PPA data, CCG financial profiling. Royal Collages, LMC	4	5	20	High	New	Nil	8	Medicines management team commissioned from NECS, 2x Clinical Advisors, Clinical pharmacists working within practices	PPA data, Script switch in place	Working with remaining practices to adopt and use Script switch	Practices not actively de prescribing medication for patients, Work with practices to ensure benefits identified are being utilised	12/03/2018	By Q2 18/19 detailed work plans with timescales and risks identified and to be approved by Governing Body	MD and Clinical Lead	By Q2 18/19
6	F,G	If the CCG fails to ensure General practice is fit for the Future, able to work at scale and make the best use of resources as described in the GP 5 year forward view, we do not have the resources or capacity to continue the current model	Agreed Governing Body priority and overseen by Planning and Commissioning Committee. Part of the place plan in conjunction with NLC	NHS E data, BMA, LMC, Royal Collages	5	4	20	High	New	Nil	10	National Standard GP contracts, NHS E Joint Accountability as not fully delegated. GP5YFV transformation team, Director of Primary Care	NHS E data, LMC, BMA, Royal Colleges	Agreed Primary Care strategy, Agreed Primary Care estate strategy	None identified	12/03/2018	By Q2 18/19 detailed work plans with timescales and risks identified and to be approved by Governing Body	DOPC and Clinical Lead	By Q2 18/19

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