


<b>Date:</b>	9 <sup>th</sup> August 2018
<b>Meeting:</b>	Governing Body
<b>Item Number:</b>	Item 8.3
<b>Public/Private:</b>	Public <input checked="" type="checkbox"/> Private <input type="checkbox"/>

<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>Report Title:</b>
Strategic and Transitional Risk Register
<b>Decisions to be made:</b>
To review the attached Strategic Risk Register and approve the recommended changes.

<b>Link to a Strategic Objective?</b>	<input checked="" type="checkbox"/>	The Strategic Risk register links risks to the current strategic intentions
<b>Link to a Strategic Risk</b>	<input type="checkbox"/>	

<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 checked="" type="checkbox"/>	Information <input type="checkbox"/>	To note <input type="checkbox"/>	Decision <input type="checkbox"/>	Assurance <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> <p>Since the Governing Body reviewed the Strategic Risk Register at the June 2018 meeting the following key changes have been made.</p> <p>Risk ID 1 – Risk score reduced from 16 to 12 please see updated gaps in controls and actions column</p> <p>Risk ID 2 – Risk description re written risk score remains at 15 please see updated actions column</p> <p>Risk ID 3 - Risk score remains at 15 - please see updated actions column</p> <p>Risk ID 4 - Risk score remains at 12 - please see updated actions column</p>

Risk ID 5 – Risk score remains at 12 - please see updated actions column

Risk ID 7 - Risk score remains at 12 - please see updated actions column

**Transitional Tab**

Risk ID 1 – Risk score reduced from 15 to 9 please see updated actions column

Risk ID 2 - Risk score reduced from 20 to 16 please see updated actions column

Risk ID 3 - Reached its target score recommended for removal

Risk ID 4 – Risk increased 12 to 15 target score has been reduced to 12 from 16

Risk ID 5 - Risk score remains at 20 - please see updated actions column

<b>Recommendations</b>	1 Approve the recommended changes. 2 Approve removal of ID 3 from transitional tab 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 type="checkbox"/>		<b>Clinical:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Public:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<b>Other:</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Senior leadership team 24/07/18

# TRANSITIONAL RISK REGISTER : July 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	Target Score	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 data, limited resources alignment of systems to manage financial risk	3	3	9	med	15	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. At the annual assurance review meeting held early May 2018 it was acknowledged the significant progress that has been made against the directions issued August 2017.	NHS England, Local Strategic partners local authority, Health Watch, NL&G and RDASH, NHS Improvement and assessment framework (IAF) end of year letter, Qtr. 1 IAF meeting.	New interim Chief operating officer post created May 2018 to offer day to day support.	Monthly review meeting with NHS England continue to monitor planning activity and finance	18/07/2018	Sunset Clause' means the CCG will exit Legal Directions 14/8. working to remove special measures status by end March 2019.	DOC	Q3 out of special measures and Q4 out of legal directions
2	A,C	If the CCG fails to deliver the financial recovery plan there will be no resources to support investment against agreed priorities	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.	4	4	16	H	20	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 and pathway re-design purposes.	Financial recovery plan 'Amber rating' NHS E IAF end of year letter, Qtr. 1 IAF meeting, External and Internal Audit review processes, External Audit Value for Money Reports. Weekly contract review meetings with NLAG. Programme plan for pricing and technical as well as capacity and demand information has been agreed and is monitored closely. The BCF metrics and finances are reported to joint meetings with the Council. The BCF and pooled budget arrangements for MH and LD services is under review and scrutiny with delivery and financial implications. 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.	None to declare.	The CCG continues to work with NHS England on a financial recovery plan.	18/07/2018	Financial recovery plan submitted to NHS E July 2018 received 'Amber rating' Working to finalise contract with NL&G 18/19 to minimise ongoing risk. Contract monitoring board re-established July 2018 to seek assurance.	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	3	2	6	Low	15	Down	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	18/07/2018	Governing Body received a quarterly update of progress April 2018 and acknowledged the progress that had been made - As this risk has reached its target score it is recommended that this risk be removed from the register	DOC	Q4 17/18
4	A,C	If the CCG does not have sufficient 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	3	15	H	12	up	12	Structures aligned to strategic priorities and CCG OD plan will develop capacity where required or work with others. External OD partner commissioned for 3 years to work with the CCG	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 now concluded and the governing body will see a revised structure in due course	27/07/2018	External capacity has been sourced to support commissioning priorities. Executive posts recruited to - Chief operating officer, Director of Nursing & Quality, Associate medical Director and Governing Body GP representative.	DOC	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	4	20	H	20	same	16	CQC Re inspection Q1 2018/19, SIB monthly assurance and sub committee minutes - NY & H QSG - Humber acute services review work plan	NY & H QSG - Humber acute services review work plan CQC report due Aug 2018, SIB monthly assurance	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	18/07/2018	CQC report due to be published Aug 2018. System improvement board monitors delivery. Humber acute service review/Nuffield developing options Aug 18	DoN	Qtr4 18/19

**KEY - FOR LINKS TO STRATEGIC RISK**

A. Prevention
B. Out of Hospital
C. Acute Commissioning
D. Vulnerable People
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 : JULY 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	Target score	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 take relevant action to improve health inequalities and promote population health it will face increases in preventable illnesses and a subsequent increase in demand for services	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	4	3	12	Med	16	Down	10	None currently	Public Health intelligence data, Disease prevalence and Hospital activity	GP Governing Body vacancy is now filled and the Prevention and inequalities plan needs to be developed	As yet we do not have an agreed local system wide strategy to address health inequalities and upscale prevention	12/07/2018	By Q3 the CCG will have a plan in place to address the systemic health inequalities and upscale prevention with work plans to support this	DoPH - and GP Lead(vacant)	By Q3 18/19
2	B, G	If the CCG fails to deliver a new model of integrated community services there will not be capacity or resources to fund a sustainable acute model	Agreed Governing Body priority and overseen by Planning and Commissioning Committee. Part of the place plan in conjunction with NLC. Transformation board established 1st meeting July 2018, working group established 1st meeting Aug 2018	Contracting Data with acute providers,	5	3	15	High	20	same	10	External Capacity being commissioned to support the next steps. Transformation board work plan to be agreed. Contract monitoring Board re-established July 2018	NHS E, NHS I data	Specifications being finalised and work programme agreed discussions with current provider need to extend the go live date until quarter 2 2019-20	Transformation board memorandum of understanding	18/07/2018	Governing body June 2018 agreed to work with NL&G for 9 months & partners ( NLC, RDASH/Safecare) to develop a new integrated community services model overseen by a transformation board. A work plan will be developed to monitor assurance against delivery.	DOC and Clinical Lead	By Q2 19/20
3	C, G	If the CCG fails to develop alternative out of hospital provision in the right place 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	3	15	High	20	same	10	Head of strategic commissioning overseeing the programme delivery	NHS E, NHS I data	Demand management specification still being agreed, and discussions ongoing with the Acute trust to reduce demand	Market management options will be developed during quarter 2-3 2018-19	27/07/2018	Transformation Board for out of hospital services established July 18 to develop an integrated model for delivery, Chief execs and Director representatives from CCG/NLC/NLaG/RDaS H/Safecare and the voluntary sector.	DOC and Clinical Lead	By Q4 18/19
4	D, G	Without additional investment, the CCG may not achieve a comprehensive sustainable local mental health service which is compliant with the 5 year forward view and which enables people to fulfil their potential	Agreed Governing Body priority and overseen by Planning and Commissioning Committee. Part of the place plan in conjunction with NLC	Fidelity to the model of services envisioned in the 5 year forward view.	4	3	12	Med	20	same	10	Population health need profile reviewed against current services. Contract returns being strengthened and redefined where needed. Improvement plans in place to deliver savings for reinvestment net of QIPP	NHS E, NHS I data, Public Health intelligence	Case management function now outside of the CCG direct control and impacts on the ability to make savings.	Service is now under notice period pending review given the absence of assurance data and adherence to the specification over the last 9 months	19/07/2018	Q1 data reflects savings as per forecast in plan. Case management service now under notice and being formally reviewed to determine longer term option. Paper to reflect investments needed in the MH Services will follow by the end of Q2 in order for Execs and GB to approve or reject	ADVB and clinical lead	By Q2 18/19
5		If the CCG fails to implement the medicines management Qipp plan this will have a detrimental effect on CCG financial resources.	Agreed Governing Body priority and overseen by Primary Care Commissioning Committee.	NECS monthly data, PPA data, CCG financial profiling, Royal Colleges, LMC, Optimize RX.	4	3	12	Med	12	same	8	Medicines management team commissioned from NECS, 2x Clinical Advisors, Clinical pharmacists working within practices	PPA data, Optimize RX in place	An agreed revised APC formulary, Require pro active engagement from CCG Finance department.	Improvement required in respect of Primary care/Secondary care interface. The APC lacks efficiency.	17/07/2018	North of England Commissioning Support (NECS) are now liaising with the interim Deputy Director of finance	MD and Clinical Lead	By end of Q2 18/19
7	F, G	There is a risk that General Practices will not engage in the GP forward view work programme, which could result in Primary Care not being fit for the future or able to work at scale. This could impact on patient access to primary care services.	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	4	3	12	Med	20	same	10	NHSE Integrated Assurance framework, Primary Care Joint commissioning committee, Director of Primary care	NHS E data, LMC, BMA, Royal Colleges	Lack of Primary Care Estate Strategy, Lack of workforce and capacity information	Workforce tool not yet operational in practices	17/07/2018	Estates and capacity survey commissioned reports August 2018, Workforce and capacity tool being commissioned at STP level awaiting funding sign off regionally. Practices will have the option to use this as part of the GP forward view. NHS E investment through the GP forward being targeted at Care network level and or practices at scale, presentations at several forums on future of general practice including practice managers conference 07/06/2018. Resilience bids submitted to NHS England outcome awaited	DOPC and Clinical Lead	By Q3 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
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