


Date:	14 th February 2019
Meeting:	Governing Body
Item Number:	Item 7.3
Public/Private:	Public <input checked="" type="checkbox"/> Private <input type="checkbox"/>

Author: (Name, Title)	Gary Johnson Risk Manager
GB Lead: (Name, Title)	Alex Seale Chief Operating Officer
Director approval (Name)	Alex Seale
Director Signature (MUST BE SIGNED)	

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

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

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

Executive Summary (Question, Options, Recommendations):
<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>Following review by members of the Executive Team it is recommended that Transitional Risk ID 1, 3, and 4 are closed on the transitional risk register with the reasons identified in the updated actions column. Risk ID 2 and 5 are recommended to be transferred to the Strategic Risk Register.</p>

Since the Governing Body reviewed the Strategic Risk Register at the August 2018 meeting the following key changes have been made.

Risk ID 1 – Risk score remains at 12 please see updated actions column

Risk ID 2 – Risk score remains at 15 please see updated actions column

Risk ID 3 - Risk score remains at 15 - please see updated actions column

Risk ID 4 - Risk score has increased from 8 to 12 - please see updated actions column

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

Risk ID 7 - Risk score remains at 8 - please see updated actions column

Five new risks ID 8 to 12 have been added

Recommendations	1 Approve the recommended changes. 2 3	
Report history		
Equality Impact	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Sustainability	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Risk	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	The Strategic Risk Register is a key element of the CCGs overall assurance framework
Legal	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Finance	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

<i>Patient, Public, Clinical and Stakeholder Engagement to date</i>									
	<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>
Patient:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Clinical:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Public:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Other:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Executive leadership team 05/02/2019

TRANSITIONAL RISK REGISTER : February 2019

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

Current Risk Score

Risk ID	Link to Strategic Objective	Risk Type	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	Compliance	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	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	04/02/2019	Sunset Clause' means the CCG exited Legal Directions 14/8. working to remove special measures status by end March 2019. linked to Risk ID 2 FRP. Documentation has been submitted to NHS E to formally remove legal directions. NHS Regional team has approved the submission and the CCG will now move to formal national approval in the next few weeks - Request risk to be removed.	DOC	Q4 out of legal directions18/19
2	A.C.	Financial	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.	04/02/2019	Exited Legal Directions 14/8. Main assurance linked to the confidence around the CCG Financial recovery plan. close in year monitoring of contracts and Financial Plan indicates positive achievement of recovery trajectory. Financial recovery plan on track re scope request to move this Risk to strategic risk register.	CFO	Q4 18/19
3	A.C.	Compliance	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	04/02/2019	Governing Body received a quarterly update of progress July 2018 and acknowledged the progress that had been made - Although the risk has met its target score the Governing body recommended it should remain on the register. Recommended to come of the transitional risk register as all actions are now green. to be signed off by Governing body 14 Feb -Request close risk on register .	DOC	Q4 18/19
4	A.C.	Compliance	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	12	Med	12	down	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 (December 2018)	04/02/2019	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. Commissioning post advertised one not filled. Governing Body is asked as this risk has Reached the tgt score it be removed. all appointments have been made, request close risk on register.	DOC	Qtr4 18/19
5	A. C.	Compliance	Risk that patients receive poor quality care (Safety, Experience, Outcomes) as the CCG is not assured that the local Acute Provider (NL&G) is improving its CQC rating.	Monthly system improvement board (SIB)with regulators and partners. Independent chair for the patient safety group. Monthly SIB patient safety group & monthly quality review meetings with the Trust, 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. Quality and Si reporting from NL&G, Health watch, Quality and risk profile	5	4	20	H	20	same	12	CQC Re inspection Q1 2018/19, SIB monthly assurance and sub committee minutes - NY & H QSG - Humber acute services review work plan. Assurance reporting to SIB patient safety group and to CCG Quality Performance and finance committee.	SIB monthly assurance. QRP undertaken in December 2018 which showed a reduction in the overall risk score however 60% of the risk remain as high or very high	Reporting of progress against must do and should do actions by the Trust regarding the CQC Action plan is not established, resulting in a lack of assurance on improvement progress.	The CCG still has limited assurance on the must do and should do actions arising from the September 2018 report.	06/02/2019	QRP undertaken, formally raised concerns regarding assurance of progress against action of the action plan at the contract management board Quality review meeting is using the output of the QRP to inform its agenda. The Governing body is asked that this risk be transferred to the Strategic risk register for the next iteration of the register.	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
------------------------	------------	-------	----------	---------	--------------

STRATEGIC RISK REGISTER : February 2019

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

Current Risk Score

Risk ID	Link to Strategic Objective	Risk Type	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	Operational	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	12	same	10	Joint Service Needs Analysis now published, detailing health inequalities and priority areas for prevention work, population data being used to shape prevention priority agendas such as Smoking cessation, healthy weight. CCG Prevention Plan for 2018/19 (focusing on CVD prevention, obesity prevention and social prescribing) now written and will go to Planning & Commissioning Committee	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	24/01/2019	North Lincs Health & Social Care Place Plan being revised to strengthen Prevention element Meeting scheduled with CCG COO and public health to develop a wider prevention strategy for NL. Prevention to be depicted into wider CCG health plans in line with recent NHS plan as applicable.	DoPH - and GP Lead(vacant)	By Q3 18/19
2	B,G,	Operational	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	15	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	sub group being established to monitor community contract which will report to contract transformation board	None	04/02/2019	A monthly transformation board for executives chaired by Denise Hyde established. A working Group established & agreed with priority work streams. Programme plan was presented at Nov 18 Trust Board. Plans signed of by GB, work streams on track for delivery of outcomes.	DOC and Clinical Lead	By Q4 18/19
3	C,G	Operational	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	15	same	10	Head of strategic commissioning overseeing the programme delivery	NHS E, NHS I data	Priorities identified within provider as transformation programme and clear delivery plans in place.	Outcomes to measure delivery being developed through PMO	04/02/2019	Priority areas established for 19/20 to reduce demand & provide alternative capacity out of hospital being monitored via Planning and Commissioning Committee. These have been agreed through the 19/20 planning process. PMO established	DOC and Clinical Lead	By Q4 18/19

4	D,G	Operational	Without additional investment in Mental Health services, the CCG may not deliver against the requirements of the 5 year forward view, long term plan and planning guidance in terms of both ensuring robust core mental health services and requirements for new service developments	Agreed Governing Body priority and overseen by Planning and Commissioning Committee. Part of the place plan in conjunction with NLC	National requirements for the delivery of core services including access and waiting time standards and new service developments	4	3	12	Med	8	up	10	Joint working with provider to agree priorities for 19/20 Mental health contract including Key performance indicators and monitoring mechanisms, and all age mental health strategy being developed against delivery of identified local needs and the NHS long term plan	NHS E, NHS I data,	The CCG needs to consider investment against delivery of the new requirements in the long term plan and the planning guidance against prioritisation processes	None identified currently	06/02/2019	Investment across all age MH service is currently being reviewed to identify priorities and gaps in ability to deliver. Previous work to identify investment in liaison MH did not include subsequent requirements set out in the long term plan and planning guidance including IAPT for long term conditions and 24/7 crisis home treatment. investment planning will also need to consider identified pressures including growing waiting lists for some services.	ADVB and clinical lead	By Q4 18/19
5	A to G	Financial	If the CCG fails to deliver its Qipp plan for 18/19 this will have a detrimental effect on CCG financial resources.	The Qipp plans are part of the CCG financial recovery plan which have been agreed by the Governing Body.	CCG monthly finance information/data	4	2	8	Med	8	Same	4	Qipp delivery reported through programme delivery group on a monthly basis and identified risks escalated to Governing Body	CCGs financial recovery plan is signed off by NHS E	None identified	None Identified currently	06/02/2019	At month 9 the CCG is overachieving against its Qipp targets	CFO	Q4 18/19
7	F,G	Operational	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.	NHS E data, BMA, LMC, Royal Colleges	4	2	8	Med	8	same	8	NHSE Integrated Assurance framework, Primary Care Joint commissioning committee, Director of Primary care	NHS E data, LMC, BMA, Royal Colleges, Estates strategy received and an implementation plan being developed	None Identified	Workforce tool not yet operational in practices but is being rolled out	30/01/2019	Workforce tool being rolled out, 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 and Provider forum 30/01/19. Resilience monies invested at network level, Long term plan sets out £1.50 per head investment into care networks. The Governing Body is asked that as the Risk has met its target score that it be removed from the Register.	DOPC and Clinical Lead	By Q3 18/19
8	A,C	Compliance	There is a risk of harm to patients due Failure of NL&G to meet all Control targets for Quality	Monthly Quality review (QRM) meeting in place to oversee delivery of schedule 4 requirements within the NL&G contract monthly System improvement board (SIB)with regulators and partners, Monthly SIB patient safety group in place , Quality risk profile undertaken periodically to review progress, NL&G clinical harm process. Monthly assessment of Quality impact against key performance indicators	CQC inspection outcome,NL&G quality performance data,NL&G incident & SI data	4	4	16	High	N/A	New	8	Assurance reporting to SIB patient safety group and to NL&G Quality review meeting, also CCG Quality Performance & Finance Committee,CQC engagement meetings, Quality risk profiling undertaken by commissioners,	System improvement board , patient safety group, Quality Risk Profile, CQC engagement meeting	Lack of provision of timely Quality performance information from NL&G's incidents & complaints.	The CCG still has limited assurance on the must do and should do actions arising from the September 2018 report.	31/01/2019	QRP refreshed December 2018, formally raised concerns regarding assurance of progress against action of the action plan at the contract management board. Quality review meeting is using the output of the QRP to inform its agenda	DON	By Q4 18/19

9	F	Financial	If the CCG fails to achieve it financial control total in 2018/2019 there is a risk that the CCG could return to legal directions	Financial recovery plan signed off by NHS E and CCG Governing Body	CCG monthly financial reports	4	2	8		N/A	New	4	Monthly financial reports to NHS E and CCG Governing body	Integrated assurance framework (IAF) quarterly meetings with NHSE	None Identified currently	None Identified currently	04/02/2019	New risk identified	CFO	Q4 18/19
10	C	Compliance	If the CCG fails to deliver its constitutional targets this may result in the CCG being assessed as inadequate.	Ensuring robust contract management of our key providers	Internal reporting	3	5	20	High	N/A	New	9	Working with providers to address waiting times including transferring care to alternative providers for some specialities where capacity (is available). Monitored through Quality Performance & Finance Committee, Planned Care board and A&E delivery board	SUS data demonstrates a reduction in patients waiting over 52 weeks	Providers availability of adequate capacity to tackle waiting list issues	None Currently	04/02/2019	New risk identified	COO	Q4 19/20
11	G	Operational	If the CCG does not have sufficient capacity or capability to deliver work programmes the CCG will not deliver on its strategic priorities	Agreement of the CCG structure and capacity model, completion of recruitment to any vacant roles.	Internal	3	3	9	Med	N/A	New	6	Executives approval of structures completed	N/A	Approved structure and align staff to posts - Joint working quarterly with Council and further CCG's being explored. Consultation against revised structure to commence March 2019.	None identified currently	04/02/2019	New risk identified	COO	Q4 18/19
12	G	Operational	If there is a hard EU exit local providers could face significant pressure on staff and resources that could impact on care provided within North Lincolnshire.	Key control document awaited from Department of Health and Social Care (DHSC)	NHS E/ HM Government	3	4	12	Med	N/A	New	6	CCG has reviewed the 7 point transition work programme as identified in the Dec guidance issued by DHSC for its internal systems and processes	CCG is regularly receiving NL&G and RDASH Board reports that refer to addressing Exit issues identified to date	Providers are still awaiting the Assurance template from DHSC to be able to assess the impact and provide a risk profile	No gaps identified until Toolkit is received and any issues identified by Providers	04/02/2019	New risk identified	COO	29/03/2019
13	G	Operational	Risk of harm to patients due to EMAS failure to reach control standards	Monthly Lincolnshire County Commissioning meeting, Bi Monthly EMAS quality assurance group (QAG)	NLCCG Incident and Serious incident data and monthly EMAS performance data	4	4	16	High	N/A	New	8	Improved engagement with EMAS quality team and Divisional general manager. Assurance reporting to Quality performance and finance committee	None identified at present	Lack of Quality and performance data at GP practice level. lack of quality data at CCG level.	EMAS Board oversite of quality data requires improvement	06/02/2019	New Risk Identified	DOH	Q4 18/19

KEY - FOR LINKS TO STRATEGIC RISK

A. Prevention
B. Out of Hospital

KEY - FOR RISK STATUS

Almost certain	5	10	15	20	25
Likely	4	8	12	16	20

C. Acute Commissioning
D. Vulnerable People
E. Medicines Management
F. Primary Care transformation
G. Delivery of Statutory functions

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