


MEETING DATE:	12 July 2012	 North Lincolnshire Clinical Commissioning Group REPORT TO THE CLINICAL COMMISSIONING GROUP COMMITTEE
AGENDA ITEM NUMBER:	Item 7.2	
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JOB TITLE:	Assistant Senior Officer Quality and Assurance	
DEPARTMENT:	CCG – Quality and Assurance	

RISK REGISTER - OVERVIEW

PURPOSE/ACTION REQUIRED:	To Receive & Note
CONSULTATION AND/OR INVOLVEMENT PROCESS:	<i>Risks are reviewed by Director leads on a regular basis</i>
FREEDOM OF INFORMATION:	Public

1. PURPOSE OF THE REPORT:

To inform the CCGC of the highest rated risks identified for North Lincolnshire locality. The attached risk register previously constituted the Board Assurance Framework (BAF) for NHS North Lincolnshire. The register is reviewed monthly by the locality Senior Management Team and each risk has a nominated 'director owner'. The register is supported by a corporate risk register and registers for each directorate that identify how lower rated risks are managed. The new Cluster Trust Board is in the process of developing its own BAF that will identify the highest rated risks that threaten the delivery of its strategic objectives.

Public bodies must provide assurance that they appropriately manage and control resources that they are responsible for. HM Treasurer requires all public bodies to produce a statement of internal control (SIC) that demonstrates how they manage their resources – the risk register is a key element of this document.

2. STRATEGIC OBJECTIVES SUPPORTED BY THIS REPORT: *(will be populated following agreement with Council of Members)*

3. IMPACT ON RISK ASSURANCE FRAMEWORK:	<table border="1"> <tr> <td>Yes</td> <td>X</td> <td>No</td> <td></td> </tr> </table>	Yes	X	No	
Yes	X	No			
<p>The CCGC will need to adopt a risk register to demonstrate it has identified, assessed and is effectively managing its key risks (in relation to the delivery of its objectives) as an integral element of its risk and governance framework. The register may include some of the risks already identified relating to its own development.</p>					
4. IMPACT ON THE ENVIRONMENT – SUSTAINABILITY:	<table border="1"> <tr> <td>Yes</td> <td></td> <td>No</td> <td>X</td> </tr> </table>	Yes		No	X
Yes		No	X		
5. LEGAL IMPLICATIONS:	<table border="1"> <tr> <td>Yes</td> <td>X</td> <td>No</td> <td></td> </tr> </table>	Yes	X	No	
Yes	X	No			
6. RESOURCE IMPLICATIONS:	<table border="1"> <tr> <td>Yes</td> <td></td> <td>No</td> <td>X</td> </tr> </table>	Yes		No	X
Yes		No	X		
7. EQUALITY IMPACT ASSESSMENT:	<table border="1"> <tr> <td>Yes</td> <td></td> <td>No</td> <td>X</td> </tr> </table>	Yes		No	X
Yes		No	X		
8. PROPOSED PUBLIC & PATIENT INVOLVEMENT AND COMMUNICATIONS:	<table border="1"> <tr> <td>Yes</td> <td></td> <td>No</td> <td>X</td> </tr> </table>	Yes		No	X
Yes		No	X		
9. RECOMMENDATIONS:					
<p>The CCG is asked to: -</p> <ul style="list-style-type: none"> • Receive and note 					

LOCALITY RISK REGISTER

Risk ID	Link to Strategic Objective	Risk Description	Key Controls	Current Risk Score				Initial Risk Score	Movement	Assurance on Controls	Positive / External Assurance	Gaps in Control	Gaps in Assurance	Last Review Date	Lead
				Impact	Likelihood	Risk Score	Status								
CCG011	CCG	Due to staff leaving and moving to different/new organisations (ie CSS) and work not yet being picked up, there is increasing pressure on existing staff and a related risk to the ability of the organisation to achieve its strategic objectives.	Ongoing Humber cluster review of capacity and support across the cluster.	4	4	16	H	16	Same	Interim structure for CCS published; recruitment commenced. Interim CCG structure agreed and to be recruited to by June 2012.		Still agreeing exit plans for a number of NL staff.	Lack of clarity re functions going to NCB.	05/07/2012	CCG Chair/COO
CCG035	CCG	Tension between National and Cluster requirements and local needs.	Culture and values that places clinical decision making at the heart of the organisation - see OD Plan	4	4	16	H	20	Down	Framework as set out by Secretary of State 22/02/12 outlining CCG freedoms.				#####	CCG Chair
PH002	PH	Due to NHS and local government reforms there is a risk to the effectiveness of local partnerships that poses a threat to the health and wellbeing of the local population.	Focusing work with key strategic partners and building area based working. Cabinet accepted paper on Health & Wellbeing.	5	3	15	H	15	Same	Currently monitored via Transition Board Health and Wellbeing Board develops. Health & Wellbeing Board Reports and minutes, Performance Report. HWB adopts areas as methods to improve health inequalities, health inequalities top priority.	SHA response May 2011 acknowledging strength of Trust multi-agency working arrangements;		SHA transition pain assurance process	27/03/2012	DPH
PH004	PH	Failure to deliver key public health targets linked to Strategic Plan i.e. Cancer, Smoking in pregnancy, breastfeeding CHD & closing the gap in inequalities due to challenging targets and capacity during transition.	Key risks are identified under specific remit/targets with community based associated action plans for teenage conception rates, reducing smoking rates, improving Chlamydia screening rates and breast feeding rates. Risk register produced for key programm	4	4	16	H	16	Same	Some improvements seen in smoking in pregnancy but still not meeting all targets. Monitored via HWB Board / WHIP Board / SHA. Performance Report. CVD deaths still behind target, WHIP Board, SHA performance report.	SHA response May 2011 acknowledges improvements and work on all-age, all-cause, mortality. SHA performance monitoring. Evidence of some improvement.	Delay in full roll-out of Health Checks will create gaps in control. Lack of PH outcome framework.		27/03/2012	DPH

IN044	CCG	Information Governance Toolkit scores and evidence Unable to attain min (level 2) scores in key areas for v9 with robust auditable evidence	Action plan to be reviewed and monitored monthly. Audit assurance will improve with available evidence. But scores will not all reach 2. Net reduction in impact. Int Audit to provide additional support through 12/13.	4	4	16	H	12	Up	NHS NL Quality Group		No gaps identified.	No gaps identified.	05/07/2012	ADIN
CE004	CCG	Risk to sustainable services review not being fully implemented on time resulting in failure to implement transitional changes required to meet strategic objectives.	Clinical Stakeholder Board established. Local tripartite approach agreed. Actions to be completed by end of year and fed into Contract negotiations. Longer term work being led locally by Management Group which will identify options.	4	4	16	H	16	Same	Monitored through DBM. QIPP plan in place. Cluster Board.	Independent Chair appointed.	Initial plans in place. External support being made available including facilitation for clinicians.	To identify external assurances. Lack of plans to deal with gaps.	05/07/2012	CCGC
EP026	CCG	Due to high level of Hospital Standardised Mortality Rate at NLAG there is a risk to patient safety.	Position monitored via Cluster BAF. Mortality Action plan in place. Supporting external reporting re. mortality. NLAG undertaking external review of stroke care. NLAG objective to reduce HSMR by 5 points. Commissioners undertaking external review of	4	5	20	H	20	Same	Revised action plans monitored & challenged by lead and associate commissioners. Commissioner deep dives into quality and performance, specific deep dive into stroke. Service review of Mortality Action Plan held on 05/07/11. Briefings provided to commiss	SHA review of mortality action plans. CQC reviews/intelligence including review of NLaG stroke mortality performance. Building upon deep dive. Dr Foster monthly reviews of mortality rates. External mortality review underway. Stroke accreditation proce	No gaps identified	No gaps identified	05/07/2012	DQCC
EP030	CCG	Due to high level of Hospital Standardised Mortality Rate at HEY there is a risk to patient safety.	Position monitored by Cluster BAF. Mortality Action plan in place. External update review received. Consultancy report for HEY mortality. Additional actions identified to improve performance including appointment of Director of Patient Safety. HEY obj	4	5	20	H	20	Same	Revised action plans monitored & challenged by lead and associate commissioners. Trust deep dives into quality and performance - service review of HEY including review of Mortality Action Plan held on 05/07/11.	SHA review of mortality action plans. CQC reviews/intelligence. Building upon deep dive. Dr Foster monthly reviews of mortality rates. Summary hospital mortality indicator publication.	No gaps identified	No gaps identified	05/07/2012	DQCC

EP033	CCG	111 Project - lack of continuity and capacity threatening mobilisation and implementation of unplanned care.	Staff transition process. Concerns raised with CSS management team.	5	3	15	H	0	New	Interim structure		HR processes; potential lack of understanding by support staff; monitored by 111 Programme Board; Lack of representation on Programme Board.	05/07/2012	DQCC
EP034	CCG	Lack of robust clinical governance arrangements threatening 111 accreditation and development of unplanned care agenda.	Cluster Clinical Governance Group.	5	3	15	H	0	New	Cluster 111 Clinical Governance Group; CCG Quality Group.	National 111 project team.	Lack of project lead for clinical governance; DOH mobilisation project support August 2012.	05/07/2012	DQCC

STRATEGIC OBJECTIVES 2011-12 ONWARDS

1 **To maximise the health and well being of all residents of North Lincolnshire and minimise the health gap whilst :-**

1A improving quality of commissioned services as measured through patient safety, clinical excellence and patient experience;

1B delivering a balanced PCT budget.

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During the transition work efficiently and effectively to support the migration of our staff and appropriate PCT functions to the new organisations, also ensuring a safe legacy transfer.