



## Nottingham North and East Clinical Commissioning Group

<b>Meeting Title:</b>	NHS Nottingham North and East CCG Open Governing Body	<b>Date:</b> 16 October 2018						
<b>Paper Title:</b>	Risk and Assurance Report	<b>Paper Reference:</b> GB/18/116						
<b>Sponsor:</b>	Gary Thompson, Acting Accountable Officer							
<b>Previous Related Papers:</b>	Standing Item							
<b>Recommendation:</b>	Approve	<input type="checkbox"/>	Endorse	<input type="checkbox"/>	Review	<input type="checkbox"/>	Receive/Note for:	<input checked="" type="checkbox"/>
							<ul style="list-style-type: none"> <li>• Assurance</li> <li>• Information</li> </ul>	
<b>Summary Purpose of Paper:</b>	<p>The purpose of this report is to update NHS Nottingham North and East Governing Body on current major risks to the Greater Nottingham Clinical Commissioning Partnership and to provide an overview of the work performed by the Governing Bodies' sub-committees at their recent meetings.</p> <p>This is the first 'Risk and Assurance Report' to be presented to the Governing Body and as such; members are requested to feed back on any future reporting requirements.</p>							
If paper is for Approval/Endorsement, have the following impact assessments been completed?								
Equality / Quality Impact Assessment	Yes	<input type="checkbox"/>	Privacy Impact Assessment	Yes	<input type="checkbox"/>			
	No	<input type="checkbox"/>		No	<input type="checkbox"/>			
	N/A	<input checked="" type="checkbox"/>		N/A	<input checked="" type="checkbox"/>			
<b>Conflicts of Interest:</b> Recommended action to be agreed by the Chair at the beginning of the item.								
<input checked="" type="checkbox"/> No conflict identified <input type="checkbox"/> Conflict noted, conflicted party can participate in discussion but not decision <input type="checkbox"/> Conflict noted, conflicted party can remain but not participate <input type="checkbox"/> Conflicted party is excluded from discussion								
<b>Have All Relevant Implications Been Considered?</b> <i>(please tick where relevant)</i>								
Clinical Engagement	<input checked="" type="checkbox"/>	Patient and Public Involvement				<input checked="" type="checkbox"/>		
Quality Improvement	<input checked="" type="checkbox"/>	Equality, Diversity and Human Rights				<input checked="" type="checkbox"/>		
Integration	<input checked="" type="checkbox"/>	Innovation / Research				<input checked="" type="checkbox"/>		
Improving Health Outcomes / Reducing Health Inequalities	<input checked="" type="checkbox"/>	Patient Choice / Shared Decision Making				<input checked="" type="checkbox"/>		
Financial Management	<input checked="" type="checkbox"/>	Corporate Governance				<input checked="" type="checkbox"/>		
<b>Risk:</b> <i>(briefly explain any risks associated with the paper)</i>	The report contains major risks from the GNCCP's Joint Risk Register.							

<b>Recommendation:</b>	<p>The Governing Body is requested to review the Risk and Assurance Report and:</p> <ul style="list-style-type: none"><li>• <b>COMMENT</b> on the major risks, and specifically, as to whether sufficient management actions are in place;</li><li>• <b>RECEIVE</b> an overview of the work of its sub-committees; and</li><li>• <b>COMMENT</b> on the content and format of the report to advise on future reporting requirements.</li></ul>
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**Nottingham North and East**  
Clinical Commissioning Group

# **Risk and Assurance Report**

## Contents

Section		Page
1	<a href="#">Major Risks</a>	1
2	<a href="#">Committee Highlight Reports</a> <a href="#">Audit and Governance Committee – 27 September 2018</a> <a href="#">Primary Care Commissioning Committee – 4 October 2018</a> <a href="#">Clinical Cabinet – 19 September 2018</a> <a href="#">Patient and Public Involvement Committee – 10 July 2018</a> <a href="#">Information Governance Management and Technology Committee – 20 July 2018</a> <a href="#">Nottinghamshire Safeguarding Adults Board – 12 July 2018</a> <a href="#">Nottinghamshire Safeguarding Children’s Board – 19 September 2018</a> <a href="#">Nottinghamshire Safeguarding Strategic Group - 24 July 2018</a>	2

## Section 1: Major Risks

There are currently three major risks on the Greater Nottingham Clinical Commissioning Partnership Risk Register:

Risk Ref:	Committee Oversight:	Risk:	Initial Risk Score*			Controls and Actions in Place:	Current Risk Score**		
			I	L	Score		I	L	Score
GN072	Finance Committee	<p>Failure to deliver the Financial Recovery Plan (FRP) and saving schemes (predominantly but not solely related to un-transacted acute QIPP) will impact directly on our ability to deliver our financial control total.</p> <p><i>Risk Owner – Chief Finance Officer</i></p>	4	4	16	<ul style="list-style-type: none"> <li>• 2018/19 FRP developed and agreed by the Governing Bodies.</li> <li>• Governing Body/GNJCC and Finance Committee oversight</li> <li>• Programme Management Office established.</li> <li>• Programme areas identified and led by Senior Responsible Officers with quarterly confirm and challenge meetings around progress</li> <li>• Financial Recovery Delivery Board established with Lay member chair, meeting fortnightly.</li> <li>• NHS England support utilised; including regular resilience events, shared documents and sharing areas of good practice.</li> <li>• Review of and engagement with other CCG plans to establish generation of new ideas/schemes.</li> <li>• QIPP tracker produced fortnightly to assess FRP position and address urgent actions.</li> <li>• Practice engagement incentive schemes</li> <li>• Further development of practice budgets/packs</li> </ul>	4	4	16

Risk Ref:	Committee Oversight:	Risk:	Initial Risk Score*			Controls and Actions in Place:	Current Risk Score**		
						<ul style="list-style-type: none"> <li>• On-going generation of QIPP schemes</li> <li>• Roll out / implementation of QIPP/transformation schemes from Greater Notts Transformation programme Contingency &amp; Other Reserves</li> <li>• Investment Slippage</li> <li>• Detailed reports to FRG/QIPP groups for rigorous performance monitoring.</li> <li>• Contract Monitoring Meetings with Providers and Contract Executive Boards/meetings</li> <li>• Greater Nottingham Financial Recovery PMO in place and has been operating for the last year, with processes and reporting set up and embedded.</li> <li>• Greater Nottingham Vacancy Control Process</li> <li>• Revised and prioritised financial recovery actions in place following review in qtr 1.</li> <li>• Action plan in place to address recommendations in the Internal Audit Review of the QIPP PMO (which received limited assurance).</li> <li>• Further review of opportunities which had previously been discounted.</li> </ul>			
GN082	Quality and Performance	There is a risk that patient safety in ED will be compromised as a result of departmental reconfiguration during the busy winter period which has the potential to make tracking and	4	4	16	<ul style="list-style-type: none"> <li>• A&amp;E Delivery Board provides oversight and maximises flow</li> <li>• ED Remedial Action Plan</li> <li>• Quality and Performance is monitored via monthly NUH Quality and Performance meeting, quarterly Quality Scrutiny Panel and monthly Quality and Performance Committee</li> <li>• Quality Assurance Framework used by NUH</li> </ul>	4	4	16

Risk Ref:	Committee Oversight:	Risk:	Initial Risk Score*		Controls and Actions in Place:	Current Risk Score**	
		<p>observation of patients more difficult.</p> <p><i>Risk Owner – Chief Nurse and Director of Quality.</i></p>			<p>to monitor quality</p> <ul style="list-style-type: none"> <li>• Joint quality visits conducted with NHS Improvement</li> <li>• Quarterly Quality Assurance report to Quality Scrutiny Panel</li> <li>• 12 hr breaches subject to Root Cause Analysis</li> <li>• Systems professional standards developed</li> <li>• 8 weekly reporting to Quality Scrutiny Group due to enhanced surveillance</li> <li>• Hourly head check of patients in blue central area.</li> <li>• Holistic Assessment Tool (HAT) and MDT team-working/accountability being implemented.</li> <li>• New SOPs and handover processes in Initial Assessment Unit (IAU).</li> <li>• Quality and safety metrics continue to be monitored.</li> <li>• New team based allocation for area being implemented in phased approach.</li> </ul>		

## Section 2: Sub-Committees

To discharge its duties effectively, the Governing Body has a number of formally constituted committees with delegated responsibilities as set out in the CCG Constitution and Scheme of Reservation and Delegation:

- the Audit and Governance Committee
- the Primary Care Commissioning Committee
- the Clinical Cabinet
- the Patient and Public Involvement Committee
- the Information Governance, Management and Technology Committee

The following committees have also been established under a memorandum of understanding and provide assurance to the Governing Body whilst utilising the economies of scale from a shared workforce as well as partnering across the wider commissioning community:

- Nottinghamshire Safeguarding Adults Board
- Nottinghamshire Safeguarding Children's Board
- Nottinghamshire Safeguarding Strategic Group

The following summaries and highlight reports provide an overview of the work performed by the Governing Bodies' sub-committees at their recent meetings. Minutes from these sub-committees will be presented for information once ratified.

### **Audit and Governance Committee 27 September 2018**

The Committees received an update on how the Greater Nottingham Clinical Commissioning Groups shared probity policies and risk management arrangements were being implemented across the Partnership.

Discussion ensued following receipt of the Internal Audit Progress Report and a change in focus of the 2018/19 contract management review was agreed; it would now focus on all contracting arrangements rather than contracting arrangements with Nottingham University Hospitals NHS Trust (NUH) specifically.

The Quality, Innovation, Productivity and Prevention (QIPP) Programme Management Office Report was presented and it was noted that the governance arrangements and processes for developing and monitoring QIPP schemes had received an audit opinion of limited assurance. The Committees were advised that the identified action plan had informed the Programme Management Office (PMO) workplan and assurance was received that the mitigating actions had been delivered within recommended timelines.



The Greater Nottingham CCGs' self-assessment of financial controls, planning and governance, as required by NHS England was presented and approved by the Committees

### **Primary Care Commissioning Committee 4 October 2018**

- The Committee received updates on the latest position of the Care Quality Commissioning (CQC) inspections in relation to Highcroft Surgery and the OM surgery.
- The Primary Care Internal Audit Framework for Delegated CCGs was summarised and the guidance provided within the document will support our internal audit plans.
- Extended Access, which came into effect from 1 September, is showing improved accessibility for patients booking appointments.
- The future direction and governance arrangements for the Primary Care Commissioning Committees across Greater Nottingham were discussed, highlighting commonalities and local differences.

### **Clinical Cabinet 19 September 2018**

- An update was provided the financial position.
- The 2018/19 Activity Report was presented for the period of April 2018 – July 2018.
- An update was given on what was meant by a Local Integrated Care Provider (LICP) and that the focus for the Clinical Cabinet going forward would be on developing a LICP locally.
- The members were informed of a Federation Opportunities Event taking place on 11 October 2018 1.30pm – 5.30pm.

### **Patient and Public Involvement Committee 10 July 2018**

Lewis Etoria, Head of Communication and Engagement attended and gave an update on engagement arrangements across the Greater Nottingham CCGs and the financial recovery position. Key highlights included:

- There was now one integrated communication and engagement team working across Greater and Mid Notts
- An evaluation of engagement arrangements across the Greater Nottingham CCGs is underway. This work will be delivered by M.E.L. Research (utilising previously committed funds). A steering group has been established to oversee this work, both in terms of defining the scope of the evaluation and to support its completion. The steering group is chaired by Beverley Brookes, NHS Nottingham West CCG's Lay Member for PPI and includes members of the four different patient forums.

Recommendations from the evaluation will then be used to shape how these forums will operate moving forward. It was noted that Mid Notts already have a joint patient committee in place.

An update was given of the finance position and the financial challenges faced. There were two engagement/ consultations in progress which were Gluten Free Prescribing and Over the Counter Medicines. The communication plans were reviewed.

## Information Governance, Management and Technology Committee 20 July 2018

The key discussions centred on the governance arrangements for the Information Governance, Management and Technology (IGMT) Committee moving forward and the proposal to establish an Operational Delivery Group that would provide assurance to the IGMT.

The risk management process was reviewed and assurance was received that work was taking place to ensure all Information Governance and Information Technology risks were documented and mitigating actions identified across the Greater Nottingham and Mid-Nottinghamshire Clinical Commissioning Groups.

The Committee was given an update on progress against the Cyber Security Action Plan and received assurance that the key mitigating actions had been completed or were in progress. It was agreed that risk GN021, *an increasing risk of a cyber security attack in consideration of the number of NHS organisations who have been subject to a cyber security attack nationally*, required rewording to refer to the possibility of a successful cyber-attack and the risk score could be lowered from 20 to 12 (amber/red).

The Committee received and noted the quarter one Information Governance Assurance Report, which now focused on the four key areas of Cyber Security, Data Security and Protection Toolkit, EU General Data Protection Regulation and aligned working practices.

Further meetings were to be arranged in line with the Committee's agreed terms of reference.

## Highlight report from the Nottinghamshire Safeguarding Adults Board meeting held on 12 July 2018

### Assure

- **Learning Disability Mortality Review programme:** A paper was presented to inform the Board of the work within the Learning Disability Mortality Review (LeDeR) Programme in Nottinghamshire and provide an update on progress locally. The process went live on the 1<sup>st</sup> October 2017 as planned but challenges have occurred in ensuring that reviews are allocated and undertaken in a timely way. This is mainly due to a higher number of reviews than anticipated and the capacity of the reviewers to accept these reviews. Actions have been implemented to address these challenges and Nottinghamshire has been allocated £26,250 from NHSE to support the ongoing implementation of the LeDeR programme. This will be used to procure an administrative/project management function to reduce the burden of activity on the reviewers. Assurance can be provided that all known deaths of people with a learning disability will receive a review but assurance cannot be provided that they will be completed within the timescales expected. The steps that are being put in place to try and improve this position are being monitored by the LeDeR steering group. It was noted that the reviewers are in the main from the larger NHS Trusts and it would be beneficial to have reviewers from non-medical agencies.

### Advise

- **Healthwatch Survey:** results of a recent survey aimed at assessing the general public's awareness of adult safeguarding and what to do if they have any concerns were discussed. Responses were received from a diverse cross section of the community which was positive. A number of recommendations aimed at further increasing awareness and empowerment were agreed.
- **Revised Safeguarding Adult Assurance Framework (SAAF):** A Task & Finish group has been

set up which includes members of the Nottingham City SAB to review the merits around developing a revised assurance framework that better meets the needs of all partner agencies.

- **Performance Indicators:** Discussion was had in relation to increasing the target for the percentage of referrals leading to Section 42 Enquires. There was some support for increasing this target but other members felt that this could be viewed as trying to discourage referrals and the message should be managed very carefully. It was felt that there may be a risk of missing soft intelligence that doesn't reach the safeguarding threshold but does impact on the safety and care of adults at risk. This soft intelligence acts as early warning indicator for authorities to help prevent services tipping into safeguarding activity. This will be taken back to the QA subgroup for further discussions and a recommendation will be made at the next board meeting.
- **Operation Equinox/ Independent Inquiry into Child Sexual Abuse (IICSA):** it was confirmed that the National Inquiry will be reviewing Nottingham and Nottinghamshire in October 2018. The police advised that the enquiry has contacted junior officers directly asking for statements so they wanted to make other partner agencies aware that there is the potential for this to happen within their organisations.
- **SAR Referral:** has been received and partners have been requested for information on the individual. No further update at the moment.

#### Alert

- There are no issues for escalation to the Governing Body.

### Nottinghamshire Safeguarding Children's Board – Highlight Report 19 September 2018

#### Assure

- NSCB annual report was received and accepted pending additional information around partnership working in relation to Operation Equinox (historical abuse in Nottinghamshire children's homes and the Independent Inquiry into Child Sexual Abuse
- The LA PREVENT lead summarised plans underway to improve the LA responses to PREVENT in Nottinghamshire and to review the functioning of the CHANNEL panel.
- Presentation from IMARA a service dedicated to offering therapeutic specialist support to C&YP who have been victims of sexual abuse. Importance of practitioners recognising the warning signs and how to respond appropriately to child victims. Confirmed that all children identified as having been subjects of abuse will be referred to the service.

#### Advise

- A presentation from public health lead for domestic abuse presented a paper highlighting the prevalence of children and young people identified through MARAC and child protection processes who are victims of domestic abuse. Numbers of children associated with MARAC referrals is increasing and 58% of children subject to child protection plans also have domestic abuse as a significant risk factor. The Health and Wellbeing Board has highlighted domestic abuse as a priority for Nottinghamshire. Agreed actions were: -
  - To identify areas where the Domestic and Sexual Abuse Executive and NSCB can work together more closely
  - To gain assurance that C&YP subject to a CPP where DV is a feature receive appropriate specialist support services

- To improve collaboration between the H&WBB, the Safeguarding Adult Board, the Safer Notts Board and the Children and Families Alliance around responding to domestic abuse
- 2 serious case reviews (KN15 M&A area and QN17 NW area) are subject to inquests. Judgements are expected at the end of September. The Serious case reports will be published pending completion of the inquests
- A presentation of the proposed new safeguarding partnership arrangements under Working Together 2018 was followed by a workshop to advise the functioning of the sub groups of the new partnership. The group made recommendations on membership and representation from key stakeholders. New arrangements will commence in Jan 2019 and are expected to be completed by March 2019

**Alert**

- Nothing to escalate to Governing Bodies or Quality Committees.

**Nottinghamshire Safeguarding Strategic Group Highlight Report 24 July 2018**

**ASSURE**

- Highlight reports were received from the Safeguarding Assurance Group (SAG) meetings held in February, March and May 2018 which provided assurance that the work plan is on track.

**ADVISE**

- The revised 'Working Together to Safeguard Children' guidance was reviewed and implications for the CCGs identified. Meetings have been arranged with Safeguarding Partners to agree future ways of working. An update paper has been provided for the GBs.
- £10K non-recurrent NHSE safeguarding funding for the STP footprint was confirmed. Much of this has to be used to fund licenses for the Safeguarding Assurance Tool for 2018/19 as the pilot has been extended. The SAG are developing proposals for use of the balance based on priorities identified from case reviews.
- Options paper for provision of specialist sexual violence IAPT support for victims and survivors discussed. Preferred option is to work with current IAPT provider and specialist providers to develop a specialist service via a sub-contract arrangements to pilot.

**ALERT**

- Nothing to escalate to Governing Bodies.