

# Nottingham North and East Clinical Commissioning Group

<b>Meeting Title:</b>	Governing Body – Open Session			<b>Date:</b> 15 January 2019	
<b>Paper Title:</b>	Risk and Assurance Report			<b>Paper Reference:</b> GB/19/015	
<b>Sponsor:</b>	Amanda Sullivan, 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"/> Assurance <input type="checkbox"/> Information	<input checked="" type="checkbox"/>
<b>Summary Purpose of Paper:</b>	The purpose of this report is to update the 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.				
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"/>	<input checked="" type="checkbox"/>
		No <input type="checkbox"/>		No <input type="checkbox"/>	
		N/A <input checked="" type="checkbox"/>		N/A <input 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? (please tick where relevant)</b>					
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> (briefly explain any risks associated with the paper)		The report contains major risks from the Joint Risk Register.			
<b>Recommendation:</b>	The Governing Body is requested to: <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</li> </ul>				



**Nottingham North and East  
Clinical Commissioning Group**

# **Risk and Assurance Report**

# Contents

Section	Page
1 <a href="#"><u>Major Risks</u></a>	1
2 Committee Highlight Reports <ul style="list-style-type: none"><li data-bbox="377 848 906 927">1. <a href="#"><u>Audit and Governance Committee</u></a> 6 December 2018</li><li data-bbox="377 945 1006 1024">2. <a href="#"><u>Primary Care Commissioning Committee</u></a> 12 December 2018</li><li data-bbox="377 1042 652 1143">3. <a href="#"><u>Clinical Cabinet</u></a> 17 October 2018</li><li data-bbox="377 1161 684 1239">4. <a href="#"><u>Clinical Cabinet</u></a> 21 November 2018</li><li data-bbox="377 1257 1029 1336">5. <a href="#"><u>Patient and Public Involvement Committee</u></a> 13 November 2018</li><li data-bbox="377 1354 1017 1455">6. <a href="#"><u>Information Governance Management and Technology Committee</u></a> 4 December 2018</li><li data-bbox="377 1473 1054 1551">7. <a href="#"><u>Nottinghamshire Safeguarding Adults Board</u></a> 11 October 2018</li><li data-bbox="377 1592 1105 1671">8. <a href="#"><u>Nottinghamshire Safeguarding Children's Board</u></a> 12 December 2018</li></ul>	7

## Section 1: Major Risks

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

Risk Ref:	Committee Oversight:	Risk:	Previous Risk Score			Controls and Actions in Place:	Current Risk Score		
			I	L	Score		I	L	Score
GN053	Finance Committee	<p>Non-delivery of financial plan for 2019/20 due to deterioration in underlying position of the CCGs</p> <p><i>Risk Owner – Chief Finance Officer</i></p>	3	4	12	<ul style="list-style-type: none"> <li>Monthly Performance and Financial Reporting to the Joint Committee and through its sub-committee structure.</li> <li>Reporting to GP Practices via the Practice Packs.</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>Practice engagement incentive schemes</li> <li>Further development of practice budgets/packs</li> <li>On-going generation of QIPP schemes</li> <li>Roll out / implementation of QIPP/transformation schemes from Greater Notts Transformation programme</li> <li>Contingency &amp; Other Reserves</li> </ul>	4	4	16

Risk Ref:	Committee Oversight:	Risk:	Previous Risk Score			Controls and Actions in Place:			Current Risk Score		
						<ul style="list-style-type: none"> <li>• Investment Slippage</li> <li>• Controls listed in GN072 to be continued during 2019/20</li> <li>• The risk was discussed at the Finance Committee and agreed that the impact score should be increased to 4 from a previous score of 3.</li> </ul>					
GN055	Finance Committee	<p>Acute Contract Financial Performance does not remain within planned levels</p> <p><i>Risk Owner – Chief Finance Officer</i></p>	3	5	15	<ul style="list-style-type: none"> <li>• Monthly Performance and Financial Reporting to the Joint Committee and through its sub-committee structure.</li> <li>• Reporting to GP Practices via the Practice Packs.</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>• Practice engagement incentive schemes.</li> <li>• Further development of practice budgets/packs</li> <li>• On-going generation of QIPP schemes</li> <li>• Roll out / implementation of QIPP/transformation schemes from Greater Notts Transformation programme</li> <li>• Contingency &amp; Other Reserves</li> </ul>	4	5	20		

Risk Ref:	Committee Oversight:	Risk:	Previous Risk Score			Controls and Actions in Place:			Current Risk Score		
			Impact	Probability	Score				Impact	Probability	Score
						<ul style="list-style-type: none"> <li>• Investment Slippage</li> <li>• The risk was discussed at the Finance Committee and agreed that the impact score should be increased to 4 from a previous score of 3.</li> </ul>					
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:	Previous 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>Financial due diligence review has been reported and confirmed the CCG financial position. Following the recent NHSE Deep Dive, a further piece of work has been commissioned from Deloitte to review the QIPP/savings position in 2018/19 and 2019/20 for the 6 Notts CCGs</li> <li>Work to align the GN PMO and MN PMO has started. Opportunities will be shared and the teams will work to single reporting</li> <li>The TD aligned to MN will support GN FRP delivery</li> <li>The FRP delivery position at M8 remains stable with limited slippage on schemes and an improved position on prescribing.</li> </ul>	

Risk Ref:	Committee Oversight:	Risk:	Previous Risk Score			Controls and Actions in Place:	Current Risk Score		
GN082	Quality and Performance	<p>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 observation of patients more difficult.</p> <p><i>Risk Owner – Chief Nurse and Director of Quality.</i></p>	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 to monitor quality</li> <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> <li>• The estates work to enable a single point of access has concluded- the remainder of the work is on schedule to complete in January</li> </ul>	4	4	16

Risk Ref:	Committee Oversight:	Risk:	Previous Risk Score			Controls and Actions in Place:	Current Risk Score		
			4	4	16		4	4	16
						2019 as planned. CQC have undertaken an inspection of ED as part of the Trust's comprehensive assessment- the outcome and report are awaited. Performance remains challenging and the A&E delivery board continue to progress actions to improve performance and support winter pressures e.g. opening of St Francis beds, increased home care package provision. Ongoing monitoring of quality indicators continue with no evidence of deterioration.			
GN087	EMT	As a result of the restructuring process and period of ongoing change and uncertainty, staff may become disengaged which could result in low morale and reduced productivity  <i>Risk Owner – Chief Operating Officer</i>	4	4	16	<ul style="list-style-type: none"> <li>• Staff appraisals process refreshed for the Greater Nottingham CCP and communicated to line managers</li> <li>• Weekly Greater Nottingham staff news updates to keep staff informed and engaged</li> <li>• Staff engagement sessions led by the Accountable Officer</li> <li>• Preliminary results for staff survey 2018/19 received and action plan is being developed based upon these results. Full results to be published mid-February</li> </ul>	4	4	16

## **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.

### **1. Audit and Governance Committee - 6 December 2018**

- The four Greater Nottingham CCG Audit and Governance Committees met 'in common'.
- The Committees received a further update on the progress of work undertaken with regard to the GNCCP's shared risk managements.
- The General Data Protection Regulation Internal Audit Report was received and it was noted that the four CCGs had each received an opinion of significant assurance.
- The Committees received the final Capita ISAE 3402 Type II report on Primary Care Support in England. Members acknowledged that significant progress had been made but stressed that more work was needed and that further assurance was required before issues were deemed to be fully resolved.
- The Committees received a copy of the engagement letter (addressed to the Accountable Officer, Dr Amanda Sullivan) from Deloitte, which set out the scope and objectives of work commissioned to review the financial position and forecast outturn for the 2018/19 financial year for the Greater Nottingham and Mid-Nottinghamshire CCGs.

## **2. Primary Care Commissioning Committee - 12 December 2018**

- The Committee received an update on the contractual merger between the Ivy Medical Group and Apple Tree Medical Practice which took place on 1 March 2018. Approval of the merger was contingent on the practice moving towards the delivery of core opening hours which they had yet to implement due to limited capacity within the clinical team.
- The Extended Access service, which came into effect on 1 September 2018, is running successfully with no complaints or concerns received.
- Members were advised that Primary Care and Secondary Care are both actively supporting the alleviation of winter pressures where possible. A widespread social media campaign is underway to promote alternatives to attending the Emergency Department over the winter period.
- The Committee received the South Nottinghamshire Clinical Commissioning Groups' Second General Practice Splenectomy Vaccination and Antibiotic Audit Report which summarised the audit methodology, findings, results and recommendations. Further work will take place to embed this as a routine work flow and make the results more visible and timely for Practice colleagues.
- The results of the Primary Care Quarter Two 2018/19 Dashboard were received and noted. The Care Quality Commission (CQC) had re-inspected Highcroft Surgery in August 2018 and the practice is now rated 'good' overall and 'good' in each domain. This achievement was noted at the Primary Care Quality Group and a congratulatory email was sent to the practice on behalf of the CCG. The Om Surgery has been working to ensure the safe management of medications and care and treatment of patients and is anticipating a follow up CQC inspection during quarter four.

## **3. Clinical Cabinet - 17 October 2018**

- An update was provided on the financial position.
- The 2018/19 Activity Report was presented for the period of April 2018 – August 2018.
- A summary was given of the Federation Opportunities Event that took place on 11 October 2018 that aimed to provide guidance to General Practices in relation to networking / federations with a set of common objectives in order to achieve and maintain sustainability and exploring new innovative ways of working together.

## **4. Clinical Cabinet - 21 November 2018**

- An update was provided the financial position.
- The 2018/19 Activity Report was presented for the period of April 2018 – September 2018.
- A presentation on GP Practice Variation was given which covered the use of eHealthscope and GP referrals to first outpatient attendances for the following specialties: Cardiology, Dermatology, Gynaecology, Respiratory Medicine, Trauma and Orthopaedics, Upper and Lower GI, and Urology. Emergency admissions for Ambulatory Care Sensitive (ACS) conditions were also discussed.
- Members received an update relating to the main points of the Delivery Change document and emerging guidance around the development of Primary Care Networks. The model of "super-practices" and their advantages was highlighted.

## **5. Patient and Public Involvement Committee - 13 November 2018**

- An update was provided on the independent review being carried out across the Greater Nottingham CCG Patient and Public Involvement forums. The main observations so far were that there are common themes and concerns across the individual groups.
- An engagement update was provided, which included an update on the engagement activity regarding changes to Gluten Free prescribing and that a media release on this had been issued in November 2018.
- The Committee received an update on recent and planned public engagement activity; these included a survey being re-opened on gynaecology services in order to help increase the response rate; and that engagement seeking views on a single point of access for patients requiring musculo-skeletal services was underway.
- The Committee were updated on work being progressed at STP level with regards to patient and public engagement and were advised that a communication and engagement plan was planned to support the development of LICPs.

## **6. Information Governance, Management and Technology Committee - 4 December 2018**

- Members received the forward programme and identified additional agenda items that would enable the Committee to effectively discharge its key duties. There had been further consideration regarding the membership of the Committee and support was received for increasing the lay membership from two to three members to provide the desired level of scrutiny and assurance, pending Governing Body approval.
- The risk report was received and it was noted that mitigating actions had been implemented to respond to two newly identified risks. It was agreed that risk GN025, General Data Protection Regulation (GDPR) Preparedness, and GN071, the Records and Information Group were approved for archiving as both had been mitigated. Assurance was received that further work was taking place to establish a consistent approach to identifying and documenting Information Governance and Information Technology risks across the Greater Nottingham and Mid-Nottinghamshire Clinical Commissioning Groups.
- The Committee was advised that 360 Assurance had carried out an audit on the organisations' preparedness for the EU GDPR and had received an opinion of significant assurance; assurance was received that the low risk recommendations were being taken forward by the CCGs'. A six month review of the Data Protection Officer role had been completed and it was agreed that the Head of Information Governance had the requisite skills and knowledge to take this role forward in the long term, pending approval from the Governing Bodies.
- The Committee received the revised Information Governance, Management and Technology Strategy and endorsed its onward submission to the Governing Bodies for approval, pending the addition of an Executive Summary.
- An update on the Data Security and Protection Toolkit was received. Members were advised that the latest version of the Toolkit was built around the ten national data security standards and will demonstrate organisational compliance with the EU General Data Protection Regulation. A significant amount of work has already been undertaken; however final steps are required to confirm that the assertions are complete. Assurance was received that the number of completed assertions is as expected for this point in the financial year and will continue to increase during the coming months. Compliance with the Toolkit will be audited by 360 Assurance during quarter four.

## 7. Nottinghamshire Safeguarding Adults Board - 11 October 2018

### ASSURE

- **Deprivation of Liberty Safeguards:** an update on activity and performance was provided by the Local Authority lead- suggestions were made regarding how the report could be further refined to meet the needs of the Safeguarding Board.
- **Quality Assurance Sub Group Update:** the conversion rate of referrals to Section 42 enquiries remains under target- work to improve quality of referrals continues. There is also still room for improvement in the percentage of adults at risk who are asked their desired outcome. Satisfaction remains largely unchanged and there has been slight improvement in evidence of making safeguarding personal. The percentage of adults who lack capacity who have been supported to give their views has exceeded the target of 80%.
- **CCG GP Assurance Report:** the process for assuring safeguarding arrangements in GP practices was reviewed and the Board were assured by current processes.
- **Female Genital Mutilation Steering Group:** action plan progress update received.

### ADVISE

- **Learning and Development Sub Group Update:** two self-neglect events took place in October- these were joint with City. A train the trainer event is being planned.
- **Safeguarding Adults Review Sub Group Update:** it was confirmed that Rhonda Christian, Greater Notts Designated Nurse for Safeguarding Adults has become a SAR Champion and joined the national network so the SAR sub group has a link.
- **Citizen's Voice:** a video was shown as a way of helping reflect and remind members of who the board's work seeks to support.
- **Strategic Direction:** presentation received on the Social Care Green Paper and also regarding the Sustainability and Transformation Plan (STP).
- **Procedures and Guidance for Raising a Concern and Referring:** approved subject to minor amendments for launch 1 November 2018.

### ALERT

- There were no issues to escalate to the Governing Body.

## 8. Nottinghamshire Safeguarding Children's Board - 12 December 2018

### ASSURE

**Multi- Agency Safeguarding Hub (MASH) No Further Action audit of 100 cases where LA took no further action following referrals** (this was to follow up a report to the Board earlier in the year which suggested that NHS organisations were making significant numbers of inappropriate referrals to the MASH).

- 66% of the cases merited contact at level 4 which demonstrated a good level of understanding of thresholds.
- 34% of cases appeared not to require contact at level 4 and in 73% of these cases; no further enquiries were made in a 6 month period.
- In the 34% of cases which appeared not to require contact at level 4 however, there were a number of complex issues requiring fine professional judgments.
- Emerging themes were children and adults with self-harming and substance misuse presenting to acute health settings. Difference in responses between NUH and SFH – SFH had better systems to assess and screen children and young people before making a referral.
- Auditors agreed with 95% of MASH decision making.

***Overall NHS organisations were making appropriate referrals although not all reached the level 4 threshold the information was significant.***

### **Recommendations**

- Action plan to be progressed including consideration of including a CAMHS practitioner and Women's Aid worker in the MASH to advise referrers on case management.

### **Operation Equinox Update**

- Councils preparing their responses in anticipation of the IICSA recommendations in the summer.
- A report of the local lessons in respect of preparation and participation in the Public Hearing will be provided to the next meetings of each Partnership/Board.

***Request that the Partnership receives evidence of the experience of C&YP currently in children's homes.***

### **ADVISE**

- **Pathway to Provision V8** – approved.
- **New Safeguarding Arrangements Under working together Statutory Guidance 2018** Document of revised arrangements agreed in principle – questions around CDOP reporting – CDOP governance to be discussed in Jan at first Strategic Leadership Partnership arrangements meeting.
- **Reflection on work of the Board from 2006** – thanks to all involved.

### **ALERT**

- There were no issues to escalate to the Governing Body.