



Item: 6.4

Report to:	NHS Hull Clinical Commissioning Group Board		
Date of Meeting	23 March 2018		
Subject:	Corporate Risk Register		
Presented by:	Mike Napier, Associate Director of Corporate Affairs		
Author:	Mike Napier, Associate Director of Corporate Affairs / Michelle Longden Corporate Affairs Officer		
STATUS OF THE REPORT:			
То арр	prove To endorse		
To rati	fy To discuss		
To cor	nsider		
To note			
RECOMMENDATIONS: It is recommended that the CCG Board consider the relevant risks, controls and assurances within the register.			
REPORT EXEMPT FROM PUBLIC DISCLOSURE If yes, grounds for exemption (FOIA or DPA section reference) No ✓ Yes ✓			
CCG STRATEGIC OBJECTIVE The risks identified in the risk register need to be managed in order for the CCG to meet its strategic objectives.			
IMPLICATIONS:			
Finance Fin	ancial elements associated with the risks set out in the register are identified on case by case basis, however, there are direct financial risks specifically sociated with the following risks:		
	909 – Quality Premium		

	922 – Achievement of Aligned Incentive Contract cost reductions
HR	HR elements are considered and articulated, where relevant, on a case by case basis within the register.
Quality	Quality risks associated with the risks set out in the register are identified on a case by case basis, however, there are direct quality risks specifically associated with the following risks: • 839 – CYP autism assessment and treatment times • 861 – Sub-optimal surgical outcomes HEY • 909 – Quality Premium • 910 – Humber FT bed capacity • 911 – Humber FT skill mix and overall staff resource • 919 - Homecare market in Hull unable to deliver complex CHC capacity / DTOC • 928 – Safeguarding Consent sharing consent on system one
Safety	Safety elements are considered and articulated, where relevant, on a case by case basis within the register.

ENGAGEMENT:

The risk register has been reviewed and updated by senior members of NHS Hull CCG.

LEGAL ISSUES:

All legal issues have been considered and if appropriate are addressed in the report.

EQUALITY AND DIVERSITY ISSUES:

	Tick relevant box
An Equality Impact Analysis/Assessment is not required for this report.	V
An Equality Impact Analysis/Assessment has been completed and approved by the lead Director for Equality and Diversity. As a result of performing the analysis/assessment there are no actions arising from the analysis/assessment.	
An Equality Impact Analysis/Assessment has been completed and there are actions arising from the analysis/assessment and these are included in section xx in the enclosed report.	

THE NHS CONSTITUTION:

This report supports the NHS pledge to staff and all aspects of the patients' rights.

CORPORATE RISK REGISTER

1. INTRODUCTION

The purpose of this report is to brief the CCG Board on the updated corporate risk register.

2. BACKGROUND

Individual risk owners are responsible for updating, reviewing and managing their risks. The risk register in its entirety is a standing agenda item at team meetings and the Health, Safety and Security Committee for discussion. It is also considered regularly at the main committees of the Board.

Risk owners are notified through datix that their risk is due for review and requested to log on to datix to review and update the risk rating, as well as ensuring that all controls and assurances are still valid or updating these as required. The corporate affairs team regularly liaises with individual risk owners, as appropriate, in the proactive management of risks.

3. CURRENT RISKS ON THE CCG RISK REGISTER

There are currently 28 risks on the CCG risk register. Of the 28 risks, 18 have a current risk rating of high or extreme (that is 8 or above) and are therefore included within this report.

Changes to the risk register

Updates to the register are highlighted in red within the report.

One further risk has been included on the risk register since the previous report. This is highlighted in blue. Full details are set out in the register but in summary;

 Risk 928 The functionally allowing safeguarding teams to override sharing consent preferences is being removed from SystemOne. Therefore the risk of not being able to rapidly spot serious abuse, which may lead to death, will increase significantly.

Two risk ratings have changed:

- Risk 915 There is significant patient and public opposition to plans for the development of new models of care including primary care at scale. This risk has reduced from a risk rating 12 to 8 Risk score adjusted to reflect mitigation and assurances in place.
- Risk 913 General practices do not come together at sufficient scale to meet the minimum suggested requirement of 30-50,000 patients as outlined in MCP guidance. This risk has reduced from a risk rating 12 to a moderate risk 4 as all practices are now working as part of one of the 5 groupings established in the city Risk rating lowered to reflect position. This risk is therefore no longer shown on the IAGC report.

The remaining risks have maintained their previous risk rating.

- The following risk is requested to be **closed**. This is highlighted in grey at the end of the register.

Risk 909 - Failure to achieve MRSA trajectory for NHS Hull CCG and HEYT. This results in failure to achieve the national zero tolerance target and will adversely affect the CCG Assurance Framework checkpoint and potential achievement of the CCG Quality Premium. This risk has been consolidated into Risk 927 at the request of the IAGC in January 2018.

The CCG Board is also asked to consider whether there are further risks they would recommend adding to the risk register in light of their committees work.

A new risk can be added to datix by the relevant risk owner. Please contact Mike Napier, Associate Director of Corporate Affairs or Michelle Longden, Corporate Affairs Officer for support and advice, if required.

4. **RECOMMENDATIONS**

It is recommended that the CCG Board note or comment, where appropriate, on the relevant risks, controls and assurances within the corporate risk register.