



Haringey
Clinical Commissioning Group

MEETING:	Haringey Clinical Commissioning Group Governing Body Meeting
DATE:	Thursday, 26 May 2016
TITLE:	Strategic Risk Report
LEAD DIRECTOR/ MANAGER:	Jennie Williams, Executive Nurse and Director of Quality and Integrated Governance
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SUMMARY:

The updated Risk Register is provided for approval by the Governing Body. This is an extract of the full CCG Risk Register, detailing high level strategic risks rated 12 and above.

All risks on the full Risk Register (which is available on the CCG website) have been reviewed by the individual risk owners, and then reviewed collectively by the Senior Management Team and 'virtually' by the Audit Committee. Each risk is also regularly reviewed by the respective committee of the Governing Body assigned responsibility for overseeing its mitigation.

The Governing Body is asked to note that the Quality Committee has agreed that Risk 14, ("There is a risk of that the CCG will not be able to achieve planned efficiency savings relating to integrated care and invoice validation, due to the changed legal position concerning the CCG's and the CSU's ability to process Personal Confidential Data") should be closed, as this now being managed as 'business as usual'.

The Finance and Performance Committee has also agreed that Risk 30 ("There is a risk of failing to deliver a balanced Financial Plan in 2015/16") should be closed, as the draft annual accounts for 2015-16 showed that the CCG was under-spent by £75,000.

A new financial risk, "There is a risk of failing to deliver a balanced Financial Plan in 2016/17" has been opened since the last meeting.

Following feedback from the Audit Committee, the inherent risk score of Risk 26 ("There is a risk that BEHMHT will fail to deliver the required improvements in the quality and safety of services") has been increased from 12 to 16, and the residual (ie current) risk score has been increased from 6 to 12.

SUPPORTING PAPERS:

- Strategic Risk Report

RECOMMENDED ACTION:

The Governing Body is asked to:

- **APPROVE** the Strategic Risk Report.

Objective(s) / Plans supported by this paper: Improved governance arrangements via clearer risk reporting.

Audit Trail: Risks have been reviewed by individual risk owners and reviewed collectively by the Senior Management Team. Each risk is also regularly reviewed by whichever committee of the Governing Body has been assigned responsibility for overseeing its mitigation.

Patient & Public Involvement (PPI): None.

Equality Analysis: None.

Risks: As set out in the Strategic Risk Report.

Resource Implications: As set out in the Strategic Risk Report.