MEETING DATE:	11 April 2013	NHS North Lincolnshire Clinical Commissioning Group **REPORT TO THE CLINICAL COMMISSIONING GROUP GOVERNING BODY**
AGENDA ITEM NUMBER:	Item 7.1	
AUTHOR: **JOB TITLE:** **DEPARTMENT:**	John Pougher Assistant Senior Officer Quality and Assurance CCG	

BOARD ASSURANCE FRAMEWORK (BAF) AND DEVELOPMENT OF ASSURANCE FRAMEWORK

PURPOSE/ACTION REQUIRED:	Decisions for Approval
CONSULTATION AND/OR INVOLVEMENT PROCESS:	The Board Assurance Framework is reviewed by the Audit Group and Quality Group
FREEDOM OF INFORMATION:	Public

1. PURPOSE OF THE REPORT:

To inform the CCGC of the highest rated risks identified for North Lincolnshire CCG. The attached risk register previously constituted the Board Assurance Framework (BAF) for NHS North Lincolnshire.

The register will be reviewed monthly by the CCG Senior Management Team and each risk has a nominated 'senior owner'. The register is supported by further registers identifying lower rated risks and these registers are being reviewed and updated with the support of the CSU.

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 an annual governance statement that demonstrates how they manage their resources – the risk register is a key element of this document.

2. STRATEGIC OBJECTIVES SUPPORTED BY THIS REPORT:

Continue to improve the quality of services	**X**
Reduce unwarranted variations in services	**X**
Deliver the best outcomes for every patient	**X**
Improve patient experience	**X**
Reduce the inequalities gap in North Lincolnshire	

3. IMPACT ON RISK ASSURANCE FRAMEWORK:

Yes	**X**	**No**	

The BAF is a key element of the organisations risk assurance framework. The attached paper outlines an approach for developing and ensuring a more robust framework for the CCG.

4. IMPACT ON THE ENVIRONMENT – SUSTAINABILITY:	**Yes**		**No**	**X**
5. LEGAL IMPLICATIONS:	**Yes**	**X**	**No**	
The organisation needs to demonstrate that it has an effective system to identify and manage risks.				
6. RESOURCE IMPLICATIONS:	**Yes**		**No**	**X**
7. EQUALITY IMPACT ASSESSMENT:	**Yes**		**No**	**X**
8. PROPOSED PUBLIC & PATIENT INVOLVEMENT AND COMMUNICATIONS:	**Yes**		**No**	**X**
Public concern/comments are incorporated where appropriate, however the risk assurance framework is not developed in conjunction with either the public or patients				
9. RECOMMENDATIONS:				
The CCG is asked to: - • Approve the attached BAF and that it gives sufficient evidence that key risks are being managed effectively				

Print Risk Register

Update this page - columns G, H, I and J are automatically populated

North Lincolnshire NHS

Risk Register - NL CCG

				Current Risk Score											
Risk ID	Link to Strategic Objective	Risk Description	Key Controls	Impact	Likelihood	Risk Score	Status	Initial Risk Score	Movement	Assurance on Controls	Positive / External Assurance	Gaps in Control	Gaps in Assurance	Last Review Date	Lead
Q1	A	Quality of services commissioned by the CCG does not improve or declines	Quality Contract Groups. Performance reports. CSU monitoring reports and support	4	3	12	M		same	Performance challenged by Quality Contract Group.Performance reorts , CQUIN updates	CQC reports. SHA performace reports.	No gaps identified	No gaps identified	04/03/2013	SOQA
Q2	C	Decline in levels of Patient Safety, Clinical Excellence or Patient Experience eg due to high level of Hospital Standardised Mortality Rate at NLAG	Position monitored via Cluster BAF. **NLAG** Community wide action plan in place to improve mortality performance. Performance reviewed by SHMI monitoring group . External review of stroke care undertaken. Quality Summit held. Monthly update report recieved. Community Mortality Report now in the public domain	5	3	15	H	15	same	Revised action plans monitored & challenged by lead and associate commissioners. Commissioner deep dives into quality and performance, specific deep dive into stroke. Monthly Mortality updates to NLaG Board and commissioners. Briefings provided to commissioners by NLAG. NLAG internal task group in place.	SHA review of mortality action plans. CQC reviews/ intelligence including review of NLaG stroke mortality performance. NLAG : Building upon deep dive. Dr Foster monthly reviews of mortality rates. External mortality review. Stroke accreditation report received, accreditation given subject to delivery of agreed actions.	No gaps identified	No gaps identified.	14/02/2013	SOQA
FP1	A	CCG could face financial challenges (ie fail to deliver a balanced budget) and therefore does not achieve statutory financial obligations	Financial controls, regular meetings with budget holders	4	3	12	M		same	Position monitored by CCG Engine Room and Audit Group. Reviews of monitoring reports.	SHA monitoring	No gaps identified	No gaps identified	04/01/2013	CFO
PH1	E	Engagement, reporting and working relationships established with key Partners, Stakeholders inc COM and constituent practices is ineffective thereby posing a threat to the health and well-being of the local population.	Focusing work with key strategic partners and building area based working. Cabinet accepted paper on Health & Wellbeing.	4	3	12	M		same	Currently monitored via Health and Wellbeing Board . Health & Wellbeing Board Reports and minutes, Transition Board fully functioning. Performance Report. HWB adopts areas as methods to improve health inequalities, health inequalities top priority.	Public Health Transition Stocktake led by the LA	No gaps identified	No gaps identified	14/02/2013	DPH

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AO1	A	Sustainable services for NL are not defined and/or implemented.	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. External support secured.	4	3	12	M		same	Monitored through Management Group QIPP plan in place. Cluster Board oversight.	Independent Chair appointed. Working with external consultancy.	Lack of clear agreed collabrative operational plans for the future	To identify external assurances. Lack of plans to deal with gaps.	04/01/2013	AO/CCGC
FP2	C	Poor CCG performance in key areas resulting in key national or local performance targets (KPIs) not being achieved.	Performance reports monitored by the CCG with actions identified to address underperformance.	4	3	12	M		same	Performance challenged by Quality Contract Group.	SHA monitoring	No Gaps identified	No gaps identified	04/01/2013	CFO
AO2	A	Pace, scale and complexity of change results in risk of non-compliance with legislative requirements.	Senior Team monitors capability & capacity . CSU Accountablity map (currently being updated) and agreements for service specifications	4	3	12	M		same	Quality Group, Audit group. Internal Audit reports.	CCG authorisation Process	No gaps identified	No gaps identified	14/02/2013	AO
AO5	A-E	Organisational failures to achieve strategic objectives due to capacity issues, pressure on existing staff, failure to procure all necessary support services, make them work, failure in risk management arrangements.	Ongoing Humber cluster review of capacity and support across the cluster.	4	3	12	M		same	Structure for CSU published; recruitment complete. CCG structure agreed and recruited to.		Still agreeing exit plans for a number of NL staff.	Lack of clarity re functions going to NCB.	14/02/2013	COO/CCG Chair
PH2	E	Failure to deliver key PH targets and close the gaps 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 programme transfer to Local Authority.	3	5	15	H		same	Some improvements seen in smoking in pregnancy and breast feeding initiation but still not meeting all targets. Monitored via HWB Board / WHIP Board / SHA. Performance Dash Board. Health Checks rolled out.	SHA performance monitoring. CCG authorisation process.	Lack of PH outcome framework.	No gaps identified	14/02/2013	DPH
AO3	A	Delay to implementation of unplanned care model resulting in potential short term increase in A& E activity and financial spending	Governing Body. Extraordinary meeting of Council of Members. Impact assessment undertaken	4	4	16	H		new	Position monitored by CCG engine room	Progress reports sent to SHA although these are not risk assessed	No gaps identified	No gaps identified	14/02/2013	AO/CCG Chair

Risk ID	Link to Strategic Objective	Risk Description	Key Controls	Impact	Likelihood	Risk Score	Status	Initial Risk Score	Movement	Assurance on Controls	Positive / External Assurance	Gaps in Control	Gaps in Assurance	Last Review Date	Lead
Q4	C	Lack of robust clinical governance arrangements threatening 111 accreditation and development of unplanned care agenda.	Cluster 111 Project Team iin place. NL Quality Group. CG Submission made to SHA and attended DOH panel session.	5	3	15	H	0	same	Cluster 111 Project Board and working Group; NL CCG Quality Group.	Reviewing draft clinical governance submission. Regional 111 governance group	Local Humber Governance Group established. GP input secured. Virtual clinical refeference group established. NL CGQA Group to be established 20/2/13. Standing agenda item at Engine Room	No gaps identified	14/02/2013	SOQA
Q5	A-E	Risk to the effective mobilisation of the CCG due to staff having to manage legacy management process as a PCT (sender organisation)	NL Task and Finish Group established. Project management secured. Admin support secured and work to secure contract and financial support progressing.	4	4	16	H		new	Submission updates to cluster	Humber cluster oversight. SHA review	No gaps identified	No gaps identified	03/01/2013	SOQA
FP3	C	Risk to CCG of effective accurate and timely reporting by the CSU leading to the potential missing of statutory financial duties with additional related potential concerns when LAT staff take up posts.	CSU SLA and CCG Audit Group & Engine Room. Humber CFO Group.	4	3	12	M		same	Humber Cluster Audit Committee. On CSU Risk Log to address and regular meetings with CSU in place and escalated to Chief Officer.		No Gaps identified	No external assurance identified	04/01/2013	CF0
A. Continure to improve the quality of services															
B. Reduce unwarranted variations in services															
C. Deliver the best outcomes for every patient															
D. Improve patient experience															
E. Reduce the inequalities gap in North Lincolnshire															