


MEETING DATE:	13 August 2015	 North Lincolnshire Clinical Commissioning Group REPORT TO THE CLINICAL COMMISSIONING GROUP GOVERNING BODY
AGENDA ITEM NUMBER:	Item 7.1	
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JOB TITLE: DEPARTMENT:	Assistant Senior Officer Quality and Assurance CCG	

ASSURANCE FRAMEWORK REPORT

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

1. PURPOSE OF THE REPORT:

To inform the Governing Body of the risks identified for North Lincolnshire CCG (NL CCG) on the Governing Body Assurance Framework (AF).

The AF identifies key strategic risks in line with NL Risk Management Strategy. All other identified risks are held on the NL Risk Register. Both the AF and Risk Register are currently administered by the Y&HCS. As part of the development of the AF it is intended to increasingly provide links to relevant supporting policies and underpinning action plans that mitigate the risks.

To make the report easier to read all risks have been re-numbered and grouped by risk 'owner'. The CCG's Risk register has been re-formatted to make it easier to understand and access.

The register and AF are reviewed on a regular basis by Director leads - each risk has a nominated 'senior owner'. The AF and Risk Register are also reviewed regularly by the Quality Group.

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 assurance framework and risk register are 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 AF is a key element of the organisations corporate governance framework.			
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 assurance framework is not developed in conjunction with either the public or patients			
9. RECOMMENDATIONS:			
The Governing Body is asked to: -			
<ul style="list-style-type: none"> Approve the attached AF and provide assurance that it gives sufficient evidence that key risks are being managed effectively 			



North Lincolnshire
Governing Body Assurance Framework

Current Risk Score

Risk ID	Link to Strategic Objective	Risk Description	Key Controls	Current Risk Score				Assurance on Controls	Positive / External Assurance	Gaps in Control	Gaps in Assurance	Last Review Date	Lead	
				Impact	Likelihood	Risk Score	Status							Movement
Q1	C	Risk that lack of collated or accurate data on out of hospital mortality means areas of high risk are not identified and/or addressed.	Medical Director reviewing Out of Hospital records. Primary Care development Group to review performance / mortality. Mortality data being collated from each practice. Work to be conducted with each practice and data benchmarked against 'expected' position.	4	4	16	H	same	The CCG is improving the accuracy of data collection and therefore analysis of mortality in primary care. Results of review to be monitored by Primary Care Development Group/Quality Group	Joint Co-commissioning Board (NHSE membership)	Data not yet established and benchmarking exercise yet to commence.	03/07/2015	DRQA	
Q2	C	Patients may not be supported and have limited choice re their end of life care.	Palliative Care services. End to end reviews. Healthy Lives Healthy Futures.	4	4	16	H	same	Commissioning Plan for 2015/16.	Joint Co-commissioning Board (NHSE membership)	Need to strengthen approach to Multi Agency approach to End of Life Care	Need to identify were this is being coordinated across North Lincolnshire	30/07/2015	DRQA
Q3	A	Risk of delayed delivery of Continuing Care services due to workforce capacity which may impact on the ability to conduct timely assessments (including retrospectives) and increased challenges through transition of CSU programme to CCG.	Continuing care action plan. CSU structure now in place and SLA and supporting service specification in place. Governance arrangements in place, there continue to be vacancies across the team. Aug 14 - working on a revised business proposal for CSU agreed by engine room.	4	4	16	H	same	Continuing Care Internal Audit undertaken Q4 (Completed, provides limited assurance). Governance arrangements with CSU steering group agreed and budget management chaired by HSDA. Regular finance reports to Exec Meetings. Vulnerable Peoples Groupset up to monitor progress. CHC high costs panel to review	Monthly finance reports to Engine Room and regular reports to Audit Group. Format agreed for regular report to Execs. Additional capacity has been secured from South Yorkshire CS re retrospectives from Aug 14. New arrangements from 1 Oct 14.	Leadership to be reviewed and Band 8a returning to Sheffield.	Leader/manager vacancy. Transition risk.	30/07/2015	DRQA
AO1	E	Failure to engage and work with key partners and stakeholders (including Local Authorities, GPs, Public) posing a threat to the delivery of strategic objectives.	Focusing work with key strategic partners and building locality based working. Health & Wellbeing Board established with CCG vice Chair. Engagement with practices - Engine Room, Governing Body, Council of Members, Safer Neighbour Boards, CCG Collaborative established.	4	4	16	H	same	Interpractice Agreement agreed. Health and Wellbeing Board Reports and minutes. Performance Report. HWB adopts areas as methods to improve health inequalities, health inequalities top priority. Agreement with LA to establish joint governance board re Better Care Fund. Joint HWB Strategy agreed. Meeting of Governing Body and Council of Members.	ICP / IWP established as working groups of Health and Wellbeing Board. Better Care Fund signed off by HWBB 15 Feb 14 including establishment of new governance arrangements including a joint board. Better Care Fund. CCG assurance process - NHSE Q4 assurance received. HWBB peer reviews undertaken.	Health and Wellbeing Board working ineffectively. Joint Board for Health and social Care reviewed and re-launched Nov 14 to include providers. HLHF's leadership and governance reviewed and implemented Dec 14.	Impacts of reviews to be worked through.	03/08/2015	AO
AO2	A	YHCS fails to maintain sufficient support to enable the CCG to deliver its duties and sustain business continuity whilst transitioning from CS to a new way of working	Transition Board. Make/Share/Buy options.	3	4	12	M	new	Regular reviews undertaken with Senior CS Managers to assess current position.	Transition Board and NHS England	Increasing number of vacancies - mitigation actions in place include agreeing earlier date for transfer of staff to In-house.	03/08/2015	AO	

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AO3	A	Failure to agree an acceptable / affordable option for Healthy Lives Healthy Future in a timely manner.	In House Business cases approved others out to LPF for vast majority of remaining cases. TUPE/CCG consultations.	5	4	20	H	same	Programme Board and Governing Body reports. Joint Governing Body Workshop with NEL CCG. CSU providing support. PMO moving in-house from CSU.	Independent Chair appointed for Assurance Group. Area Team engaged. Strategic engagement from NLaG. Gateway report received. Joined up plan for Healthy Lives, Healthy Futures, Better Care Fund and Commissioning Plan signed off by Governing Body. Oct 14 - PWC have reviewed financial gap, HLHF Programme Board scrutiny. Monitor & Area Team attendance at Programme Board.	Developing a full plan for 15/16 and onwards. Phase 2 - agreed revised programme arrangements for HLHF. Strategic Workforce Group. Underpinning Clinical Working Groups in place and support including finance / BI etc and links to BI work emerging.	Agreed narrative and Out of Hospital Work Programme progressing	10/08/2015	AO
F1	A	CCG could face financial challenges (ie fail to deliver a balanced budget) and therefore does not achieve statutory financial obligations in 2015/16 and beyond including Better Care Fund	Financial controls, regular meetings with budget holders. QIPP monitoring, Contract monitoring.	4	4	16	H	same	Position monitored by CCG Engine Room and Governing Body. Reviews of monitoring reports. Added to BIZ. Audit Group monitors adequacy of controls. Standard Checklist for Budget Holder meetings. The Better Care Fund metrics and finances are reported to the Frail and Elderly Joint Board. Finance and Performance Group meets monthly.	Deloitte assurance report available to CCG and their auditors. CSU QIPP review process, with QIPP monitoring reports to CCG. Independent review on CHC spend. PWC provided costing support for Better Care Fund plans Underlying position tab inserted by NHS England and included in Board Report.	Recurrent QIPP was not delivered in 2014/15. Action plans to be delivered. Sufficient Implementation Plans with Partners and Capacity issues. BCF Risk share to be amended for revised plan. Activity plan for QIPP to be agreed with NLaG.	No (3rd party) assurance on CHC and BI via service auditor reporting. Internal audit drafted assurance mapping of the Deloitte's audit of the CSU and third party assurance - for review by CCG (Assistant Senior Officer Quality and Assurance). Deliverability of Better Care Fund. NLaG and other providers plans to reduce activity in a joined up way - to be described at Joint Board.	30/07/2015	CFO
A. Continue 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														