


MEETING DATE:	8 October 2015	 North Lincolnshire Clinical Commissioning Group REPORT TO THE CLINICAL COMMISSIONING GROUP GOVERNING BODY
AGENDA ITEM NUMBER:	Item 7.1	
AUTHOR:	John Pougher	
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 CCG Risk Register. Whilst Y&HCS have been administering the AF this work is now being taken forward by NL CCG. With the impending transfer of a number of functions from Y&HCS it is planned to establish directorate risk registers and a separate Corporate Risk Register to 'sit below' the AF.

To make the AF easier to read all risks have been re-numbered and grouped by risk 'owner'. An attached commentary report has been developed to make it easier to track risk movement and provide an audit trail. It is planned to develop this commentary report to include an evaluation of the risk controls and assurance sections for each risk thus providing the Governing Body with more contextual information to evaluate the overall effectiveness of the CCG's approach to risk mitigation.

The AF is reviewed on a regular basis by Director leads - each risk has a nominated 'senior owner'. The AF is reviewed by the Audit Group. The AF and CCG 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	
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The AF is a key element of the organisations corporate governance framework.

4. IMPACT ON THE ENVIRONMENT – SUSTAINABILITY:

Yes		No	X
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5. LEGAL IMPLICATIONS:

Yes	X	No	
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The organisation needs to demonstrate that it has an effective system to identify and manage risks.

6. RESOURCE IMPLICATIONS:

Yes		No	X
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7. EQUALITY IMPACT ASSESSMENT:

Yes		No	X
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8. PROPOSED PUBLIC & PATIENT INVOLVEMENT AND COMMUNICATIONS:

Yes		No	X
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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: -

- Approve the attached AF and provide assurance that it gives sufficient evidence that key risks are being managed effectively

Risk ID	Link to Strategic Objective	Risk Description	Key Controls	Current Risk Score				Previous Risk Score	Movement	Assurance on Controls	Positive / External Assurance	Gaps in Control	Gaps in Assurance	Last Review Date	Lead
				Impact	Likelihood	Risk Score	Status								
Q1	C	If there is a lack of collated or accurate data on out of hospital mortality there is a potential that areas of high risk are not identified and/or addressed.	Community Mortality Action Plan.	4	4	16	H	16	same	The CCG is improving the accuracy of data collection and therefore analysis of mortality in primary care. Results of review to monitored by Primary Care Development Group/Quality Group	Joint Co-commissioning Board (NHSE membership) Engine Room.	Data not yet established and benchmarking exercise yet to commence.		18/09/2015	DRQA
Q2	C	If patients are not supported they may have limited choice re their end of life care.	Palliative Care services. Healthy Lives Healthy Futures. Palliative Care and End of Life Strategy Group.	4	3	12	H	16	lower	Commissioning Plan for 2015/16. Through the Better Care Fund an increase in ECP capacity has been secured (RATL)	Joint Co-commissioning Board (NHSE membership)		Need to monitor effectiveness of co-ordinated approach across North Lincolnshire.	18/09/2015	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. Band 6 returning from secondment. Acting Manager appointed.	4	4	16	H	16	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 Group set up to monitor progress. CHC high costs panel to review	Monthly finance reports to Engine Room and regular reports to Audit Group. Additional capacity has been secured from South Yorkshire CS re retrospectives from Aug 14 and new arrangements from Oct 14.	Substantive Manager post to be advertised.	Leader/manager vacancy. Transition risk.	18/09/2015	DRQA
AO1	E	If the CCG fails to engage and work with key partners and stakeholders (including Local Authorities, GPs, Public) the delivery of CCG strategic objectives could be threatened.	Health & Wellbeing Board established with CCG vice Chair. Engagement with practices - Engine Room, Governing Body, Council of Members, Safer Neighbour Boards, CCG Collaborative established. Focusing work with key strategic partners and building locality based working. Re-focussing of priorities that includes HLHF.	4	4	16	H	16	same	Health and Wellbeing Board Reports and minutes. Performance Report. HWB adopts areas as methods to improve health inequalities, health inequalities top priority. Joint Governance Board re Better Care Fund established with LA. Section 75 agreements in place to support BCF. 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 CCG assurance process - NHSE Q4 assurance received. HWBB peer reviews undertaken.	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 from peer reviews yet to be worked through.	30/09/2015	AO
AO2	A	If Y&HCS fails to maintain sufficient support during transition period the CCG may be unable to deliver its duties.	Transition Board. Make/Share/Buy options. LPF procurement. TUPE transfers.	3	3	9	M	12	lower	Regular reviews undertaken with Senior CS Managers to assess current position. Agenda item on weekly Executives meeting.	Transition Board and NHS England. Agenda item on quarterly assurance.	Number of vacancies - mitigation actions in place include agreeing earlier date for transfer of staff to In-house and increasing risk share agreements..		30/09/2015	AO

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AO3	A	If the CCG fails to agree an acceptable / affordable option for Healthy Lives Healthy Future in a timely manner there is a risk of system failure.	HLHF Programme Board. Support Groups operating. Regular reporting into Governing Body.	5	4	20	H	20	same	Programme Board and Governing Body reports. Joint Governing Body Workshop with NEL CCG. PMO Office. Clinical Lead and Programme Director.	Independent Chair appointed for Assurance Group. Strategic engagement from NLAG. Gateway report received. Joined up plan for Healthy Lives, Healthy Futures. PWC have reviewed financial gap, HLHF Programme Board scrutiny. Monitor & Area Team attendance at Programme Board.	Revised programme arrangements in place up to April 16 to support phase 2. 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.	Plan for 16/17 to be developed. Key meeting planned for 14/10/15.	30/09/2015	AO
F1	A	If the CCG fails to deliver a balanced budget there will be no resources to support investment and the CCG could lose ability to self direct from NHS England.	Financial controls, regular meetings with budget holders. QIPP monitoring, Contract monitoring. Finance & Performance Group. Financial Control Environmental Assessment.	4	4	16	H	16	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.	External Audit Value for Money Reports. 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.	HLFL programme not yet identified required savings. QIPP needs to deliver savings recurrently.	Proof that new models will deliver the savings required.	28/09/2015	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															

Almost certain	5	10	15	20	25
Likely	4	8	12	16	20
Possible	3	6	9	12	15
Unlikely	2	4	6	8	10
Rare	1	2	3	4	5
Probability					
Severity	Negligible	Minor	Moderate	Serious	Catastrophic

NL CCG Assurance Framework Commentary – Governing Body

September 2015

Currently there are 7 Risks on the Assurance Framework. The scores for 5 risks remain the same. Two risk scores have been reduced. No risks have been placed in the archive register.

New Risks Identified

None

Risk Movement

Q1 (Mortality data)

Risk description has been re-worded to make it clearer. Risk controls and assurances have been updated.

Q2 (End of life)

Risk description has been reworded to make it clearer. Risk score has been reduced from 16 to 12 as a result of mitigating actions being undertaken including an increase in ECP capacity.

Q3 (Continuing Care)

Risk controls and assurances have been updated.

AO1 (Stakeholder engagement)

Risk description has been re-worded to make it clearer. Risk controls and assurances have been updated.

AO2 (YHCS sustainability)

Risk description has been re-worded to make it clearer. Controls and assurances have been updated. This is a time limited risk to March 2016. The risk has been lowered from 12 to 9 due to controls and mitigating actions in place.

A03 (HLHF options)

Risk description has been re-worded to make it clearer. Risk controls and assurances have been updated.

F1 (Financial challenge)

Risk description has been reworded to make it clearer. Risk controls and assurances have been updated.

30/9/15