


MEETING DATE:	11 February 2016	 North Lincolnshire Clinical Commissioning Group REPORT TO THE CLINICAL COMMISSIONING GROUP GOVERNING BODY
AGENDA ITEM NUMBER:	Item 8.1	
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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 CCG Corporate and Directorate Risk Registers. Work is on-going to ensure that risks, including partnership risks, continue to be captured and managed at the appropriate level.

To make the AF easier to read all risks have been re-numbered and grouped by risk 'owner'. An additional column has been added 'source of risk' following recommendations from an internal audit review. 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
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

Governing Body Assurance Framework																
Current Risk Score																
Risk ID	Link to Strategic Objective	Risk Description	Key Controls	Source of Risk	Impact	Likelihood	Risk Score	Status	Previous Risk Score	Movement	Assurance on Controls	Positive / External Assurance	Gaps in Control	Gaps in Assurance	Last Review Date	Lead
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.	NLaG Mortality Data	4	4	16	H	16	Same	Dr Foster in place. Results of review to monitored by Primary Care Development Group/Quality Group. MD and DoR&QA attend community mortality meeting	Joint Co-commissioning Board (NHSE membership) Engine Room. Multi agency meeting.			25/01/2016	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.	NLaG and Primary Care Mortality Data	4	3	12	H	12	Same	Commissioning Plan for 2015/16. Through the Better Care Fund an increase in ECP capacity has been secured (RATL). Invested in additional Macmillan nurses in locality teams	Multi agency End of Life Group. Two Consultants, Hospice		Need to monitor effectiveness of co-ordinated approach across North Lincolnshire.	25/01/2016	DRQA
Q4	A	Risk to CCG regarding delayed delivery of retrospective claims.	SLA and supporting service specification in place. Governance arrangements in place. Commissioned from Doncaster - new provider. NHS trajectory agreed.	CHC Performance Data	4	4	16	H	16	Same	Commissioned from Doncaster. NHSE returns	Inconsistent reports to the CCG.	Slow progress	Reporting not robust	25/01/2016	DoC
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. Health and wellbeing Board have now agreed on-going priorities going forward including HLHF. Care Networks coming on stream.	HLHF programme work	4	3	12	M	12	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 Q1 assurance received. HWBB peer reviews undertaken.		Peer review action plan now in place and in part implemented	03/02/2016	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. TUPE transfers completed. LPF strands mobilising from 1.3.16	Transition Board/programme work	3	2	6	M	6	Same	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.			03/02/2016	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.	HLHF Programme Board data	5	4	20	H	20	Same	Programme Board and Governing Body reports. PMO Office, Clinical Lead and Programme Director. NLaG plan to Monitor submitted taking CCG systems into account.	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 has been developed but not yet agreed.	03/02/2016	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.	Finance & Performance Data	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 bi monthly.	External Audit Value for Money Reports. Deloitte assurance report available to CCG and their auditors. CSU QIPP review process. QIPP monitoring reports to CCG. Independent review on CHC spend. PWC provided costing support for Better Care Fund plans. Underlying position reported to NHS England and included in Board Report. CCG assurance process includes finance (assured with support). MOU and various risk shares helps to minimise financial risk in 15/16.	HLFL programme not yet identified required savings. QIPP needs to deliver savings recurrently. Opening financial gap 16/17 highlighted in finance report. Currently flagging 'Amber' to NHS England as not on target to carry forward 1% of budget	Proof that new models will deliver the savings required. Financial Control environment assessment action plan to outline how HLHF and QIPP processes will be reviewed/addressed and role of a more formal F&P Group (on agenda for march's audit group)	15/01/2016	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 February 2016

There are 7 Risks on the current Assurance Framework. All risk scores remain the same. (Previously 4 risk scores were reduced). One risk (Q3) has now been placed in the archive register following Governing Body approval. An additional column has been added entitled 'Source of Risk'.

Risk Movement

Q1 (Mortality data)

Risk controls and assurances have been updated. Whilst this risk is subject to significant scrutiny and on-going actions the risk level remains the same.

Q2 (End of life)

Risk controls and assurances have been updated. This risk score remains the same – previously the score was reduced from 16 to 12 as a result of mitigating actions. The risk remains subject to significant scrutiny and on-going work.

Q3 (Continuing Care)

Removed and placed on the archive register.

Q4 Delayed Delivery of retrospective claims

Risk controls and assurances have been updated. Concerns remain regarding slow and inconsistent reporting to the CCG which is being addressed.

AO1 (Stakeholder engagement)

Risk controls and assurances have been updated. Risk Score remains the same – previously reduced from 16 to 12 due to mitigation actions. Discussions around HLHF and plans for new governance arrangements with the Council could lead to further reduction in risk score.

AO2 (YHCS sustainability)

Controls and assurances have been updated. Risk score remains the same – previously reduced from 9 to 6. Given completion of the TUPE transfer and planned mobilising of the LPF it is anticipated that this risk will shortly be removed from the Assurance Framework.

A03 (HLHF options)

Risk controls and assurances have been updated. Despite significant actions and scrutiny this risk level remains the same and the highest rated risk currently on the Assurance Framework

F1 (Financial challenge)

Risk controls and assurances have been updated. Despite significant actions and scrutiny this risk score remains the same.