

<b>Date:</b> 14.4.16	<b>Meeting:</b> Governing Body
<b>Item No.</b> 8.1	
<b>Public</b>	X

<b>REPORT TITLE:</b> Board Assurance Framework
<b>DECISIONS TO BE MADE:</b> To note and approve

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<b>GB Lead:</b> Catherine Wylie, Director of Risk & Quality Assurance

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

**Executive Summary (Question, Options, Recommendations):**  
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.

An attached commentary report makes it easier to track risk movement and provides an audit trail. It is planned to develop this commentary report and the format of the Assurance Framework to enable the Governing Body to more effectively monitor risk assurances and the effectiveness of mitigating actions.

The AF is reviewed by the Audit Group. The AF and CCG Risk Register are also reviewed regularly by the Quality Group.

<b>Equality Impact</b>	N	
<b>Sustainability</b>	N	
<b>Risk</b>	Y	The AF is a key element of the organisations corporate governance framework.
<b>Legal</b>	Y	The organisation needs to demonstrate that it has an effective system to identify and manage risks.
<b>Finance</b>	N	

<b>Patient, Public, Clinical and Stakeholder Engagement to date</b>									
	N/A	Y	N	DATE		N/A	Y	N	DATE
Patient:	X				Clinical:			X	
Public:	X				Other:			X	



**North Lincolnshire**  
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.			23/03/2016	MD
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 New framework Muluti agency -EOL in place (17/3/16)		Need to monitor effectiveness of co-ordinated approach across North Lincolnshire.	30/03/2016	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	30/03/2016	DoC
Q5		linability to recruit sufficient GPs could lead to difficulty maintaining current level of service and quality outcomes for patients	The CCG currently joined into Humber wide initiative to recruit practice nurses and GPs. Systems being re-organised to develop primary care.	Primary care data	5	4	20	H			Joint commissioning group work. GP Federation			Reporting and monitoring systems being developed	04/04/2016	Medical Director
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	30/03/2016	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.	30/03/2016	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)	30/03/2016	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**

### **April 2016**

There are 7 Risks on the current Assurance Framework. All risk scores remain the same. Since the last Board report one risk, relating to the possibility of YHCS not maintaining adequate support during transition of services has been placed in the archive register following successful management of the transfer. An additional risk has been added that has been escalated from the Corporate Risk Register (Q5) relating to GP recruitment in primary care

The format of the Assurance Framework is under review to include risk appetite and enable more effective review of controls, assurances and mitigating actions.

#### **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. The risk remains subject to significant scrutiny and on-going work. In line with Audit recommendation when new assurances are added these will be dated.

##### **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.

##### **Q5 Inability to recruit GPs**

Initial risk score of 20. Risk mitigation actions are in place, more robust systems interventions being developed.

##### **AO1 (Stakeholder engagement)**

Risk controls and assurances have been updated. Risk Score remains the same. Discussions around HLHF and plans for new governance arrangements with the Council could lead to further reduction in risk score.

##### **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.

5/4/16