

Date:	8 th June 2017
Meeting:	Governing Body
Item Number:	10.1
Public/Private:	Public <input checked="" type="checkbox"/> Private <input type="checkbox"/>

Report Title:
Governing Body Assurance Framework and Corporate Risk Register

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Director approval <i>(Name)</i>	Catherine Wylie Head of Nursing & Quality

Decisions to be made:
To note and comment

Continue to improve the quality of services	<input type="checkbox"/>	Improve patient experience	<input type="checkbox"/>
Reduced unwarranted variations in services	<input type="checkbox"/>	Reduce the inequalities gap in North Lincolnshire	<input type="checkbox"/>
Deliver the best outcomes for every patient	<input type="checkbox"/>	Statutory/Regulatory	<input checked="" type="checkbox"/>

Executive Summary (Question, Options, Recommendations):
<p>To inform the Governing Body of the risks to the delivery of North Lincolnshire CCG (NL CCG) strategic objectives and risks.</p> <p>The Assurance Framework provides a structure and process that enables the organisation to focus on those risks that might compromise achieving its most important (principal) objectives; and to map out both the key controls that should be in place to manage those objectives and confirm that there is sufficient assurance about the effectiveness of these controls.</p> <p>In line with NL Risk Management Strategy all other identified risks are held on the Directorate Risk Registers. Work is on-going to ensure that risks, including partnership risks, continue to be captured and managed at the appropriate level.</p> <p>Following a review meeting this month's paper contains a presentation of the risks in just the column format. Work is on-going to add additional columns to the format to address risk tolerance and provide an effective tracker of risk movements. The format will be developed in light of feedback, requirements of the CCG and best practice guidance.</p> <p>An overall assurance framework is being developed and subject to formal approval will provide a coordinated and structured approach to the management of CCG assurances. Subject to approval the attached Assurance Framework will form an integral part of the assurance system and is likely to be retitled as the Strategic Risk Register.</p> <p>Time has been set aside at a Board workshop on the 13th July to review the CCGs strategic objectives and associated risks.</p>

Equality Impact	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Sustainability	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Risk	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Supports the CCG's Corporate Governance Requirements
Legal	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Finance	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

<i>Patient, Public, Clinical and Stakeholder Engagement to date</i>									
	<i>N/A</i>	<i>Y</i>	<i>N</i>	<i>Date</i>		<i>N/A</i>	<i>Y</i>	<i>N</i>	<i>Date</i>
Patient:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Clinical:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Public:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

										Current Risk Score							
Risk ID	Link to Strategic Objective	Risk Description	Key Controls	Source of Risk	Current Risk Score				Movement	Assurance on Controls	Positive / External Assurance	Gaps in Control	Gaps in Assurance	Last Review Date	Lead		
					Impact	Likelihood	Risk Score	Status								Previous Risk Score	
AO1	A, B, C, D, E	Breakdown in productive relationship with key partners would compromise the delivery of all CCG objectives	CCG structures and committees reviewed to ensure their effective utilisation. Council of Members operating in a new form Working with Chair of Health and Wellbeing Board and support team to agree productive partnerships Interim shared governance arrangements and integrated working with N Lincs LA established Established agreed set of principles to support partnership working Established AO to Chief Exec/equivalent regular 1:1s with key providers and LA STP MOU and Joint Commissioning Committee established	Stress due to financial challenges across the system Pace of change and competing priorities	4	2	8	M	9	Down	Community finance plan. HLHF MoU and ToR Either NLCCG AO or NLC Chief Exec can represent each other in AT SCALE work. Agreement to pilot integrated governance and explore next stage integrated commissioning	None	Changes in NLaG leadership team	None	2.04.17	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 (direct intervention) or could be required to submit to regional NHSE reorganisation and review.	Financial controls, regular meetings with budget holders. QIPP monitoring, Contract monitoring. Finance & Performance Group. Financial Control Environmental Assessment. Review by regulators and external advisory groups.	Finance and performance data	5	5	25	H	20	Up	CCG Engine Room, Execs and Governing Body monitor. Monitoring information is also added to BIZ. Audit Group monitors adequacy of controls. Standard Checklist for Budget Holder meetings. CCG assurance process includes finance (assured with support). Engagement with third party advisors and regulatory teams	The BCF metrics and finances are also reported to joint meetings with the Council & to NHS England, at least quarterly. The BCF contract is under review and scrutiny with delivery and financial implications. External Audit Value for Money Reports. Deloitte assurance report will be available to CCG and their auditors. NHSE QIPP review process, Regional QIPP monitoring reports to CCG. Underlying position reported to NHS England and included in Board Report. Independent review on CHC spend.	More scrutiny required on contract position and adherence to terms and by delivery of In-year savings initiatives.	QIPP plan is being reviewed and formalised. The CCG is seeking planned sign off and expects to have a control total reflecting affordability of the system. Content expected to be agreed early June by NHSE	01.06.17	CCO	
PC1	A, B, C, D, E	Lack of accurate data on out of hospital mortality may result in areas of high risk not being identified or addressed	Community mortality action plan. Primary care working with Business Intelligence and Dr Foster data	Ability of NLaG to share in-depth mortality data with community	4	3	12	M	12	Same	CCG Quality Group – overview of performance data. CQC and NHSE	None	Roll out of end of life gold standard framework to be fully implemented	Lack of clear data	31.05.17	D of PC	
PC2	A, B, C, D, E	Inability to recruit sufficient GPs and nurses could lead to difficulty maintaining current level of service and quality outcomes for patients	The CCG is participating in the Health Education England (Yorkshire & Humber) Scheme to recruit more GPs and practice nurses	Primary Care data	5	4	20	H	20	Same	Each of the following provides a partial assurance/overview of the current position faced by NLCCG:- CQC NHS England Healthwatch NLCCG Joint Commissioning Group	CQC, NHS England, Healthwatch	None	None	31.05.17	D of PC	

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
PC3	A,B,C	The Medicines Management programme will not deliver planned QIPP savings for 2017/18	QIPP recovery plan Actions from Internal Audit review agreed and being monitored	Ability of NECS to manage performance and willingness of GPs to engage with strategy	5	4	20	H	20	Same	Reports on QIPP delivery plan. Monthly Budget Meetings	QIPP plan reviewed and approved by Deloittes	There is a vacancy for meds management lead - recruitment process underway	None	31.05.17	D of PC
PC4	A,B,C,D,E	If ACP is not effectively established there will be a failure to make quality improvements, maximise financial benefits and move services into the community ultimately leading to a failure in our 'place' response to HLHF.	Appointment of a dedicated Models of Care Delivery Team Close working between CCG and Strategic Commissioning Group ACP Executive Board	Willingness of independent providers and GPs to engage	5	3	15	H	15	Same	Progress report to CCG Executive and Strategic Commissioning Group	None	The GP federation does not have full engagement from all practices Lack of clarity around desired contracting structure and current gaps and assets The ACP is currently a loose structure with no legal entity	None	31.05.17	D of PC
Q4	A,B,C,D	Risk to CCG regarding delayed delivery of retrospective claims.	Collaborative arrangements with Doncaster CCG. MOU in place with governance arrangements and agreed trajectory. Achievement of trajectory monitored NHSE returns completed monthly	CHC performance data from Doncaster CCG.	3	2	6	L	9	Down	Monthly monitoring of performance data shows progress towards trajectory. Progress is on target for agreed achievement. Recommended that this risk is moved to "green" and removed from AF subject to Gov Body agreement	NHS Performance Data	Performance targets yet to be achieved.	None	01.06.17	DN&Q
Q5	A,B,C,D	Failure to complete Decision Support Tools (DST) within national timescales could result in reputational damage to the CCG and people not being in respect of relevant/appropriate funding for their care	Restructure of workload within CHC team. Appointment of CHC team manager Formal regular monitoring of backlog Procurement Officer appointed Additional training for team members provided Team resources increased	CHC performance data	3	5	15	H	15	Same	Monthly management review of position Identified reduction in backlog Data fed to NHS England who provide national benchmarking data.	NHS National Benchmarking Data . Broadcare data	Capacity is a challenge however action plan is in place	None	01.06.17	DN&Q
Q6	A,B,C,D	Failure to adhere to national guidelines (re prompt assessments for DSTs) will result in additional unnecessary care for individuals and unnecessary expenditure for the CCG	Monitoring progress and spend activity with benchmarking information from NHS England Restructure of workload within CHC team. Appointment of CHC team manager Formal regular monitoring of backlog Procurement Officer appointed Additional training for team members provided Team resources increased	CHC performance data	4	5	15	H	20	Down	Monthly management review of position Identified reduction in backlog Data fed to NHS England who provide national benchmarking data From January 17 NHS E is asking for performance data against 28 day assessments As this issue has now been dealt with under Risk Q.5 it is recommended it is closed as a separate risk and merged into Risk Q.5	Data fed to NHS England who provide national benchmarking data From January 17 NHS E is asking for performance data against 28 day assessments	None	None	01.06.17	DN&Q
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

Risk Scoring Matrix (NPSA)

Probability (Likelihood) x Severity (Consequences) = Risk

All risks need to be rated on 2 scales, probability and severity using the scales below.

Probability

Risks are first judged on the *probability* of events occurring so that the risk is realised.

Enter a number (1-5) indicating the probability of the risk occurring. Please refer to the definition scale below.

		Broad descriptors of frequency	Time framed descriptors of frequency
1	Rare	This will probably never happen/recur	Not expected to occur for years
2	Unlikely	Do not expect it to happen/recur but it is possible it may do so	Expected to occur at least annually
3	Possible	Might happen or recur occasionally	Expected to occur at least monthly
4	Likely	Will probably happen/recur but it is not a persisting issue	Expected to occur at least weekly
5	Almost certain	Will undoubtedly happen/recur, possibly frequently	Expected to occur at least daily

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