


<b>Date:</b>	12 <sup>th</sup> October 2017
<b>Meeting:</b>	Governing Body
<b>Item Number:</b>	Item 10.1
<b>Public/Private:</b>	Public <input checked="" type="checkbox"/> Private <input type="checkbox"/>

<b>Author:</b> <i>(Name, Title)</i>	John Pougher Head of Governance
<b>GB Lead:</b> <i>(Name, Title)</i>	Catherine Wylie Head of Nursing & Quality
<b>Director approval</b> <i>(Name)</i>	 2.10.17

<b>Report Title:</b>	Governing Body Assurance Framework and Corporate Risk Register
<b>Decisions to be made:</b>	To note and comment

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

<b>Executive Summary (Question, Options, Recommendations):</b>
<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>The format will be developed in light of feedback, requirements of the CCG and best practice guidance.</p> <p>Consideration has been given to identifying a risk for the CCG relating to the wider challenges within the STP.</p>

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

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



**North Lincolnshire**  
Governing Body Assurance Framework

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, DPH and HWB members to review HWB function and membership, and a draft proposal has been agreed for consideration by HWB at its next meeting, working with LA Head of Paid Service to establish place leadership group. Interim shared governance arrangements and integrated working with N Lincs LA established, further integration of commissioning being explored. 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. New arrangements from September to oversee place health and care leadership and delivery, new joint arrangements between Humber CCGs to develop a shared acute services strategy in partnership with providers commenced September 17	Finance and performance data, growing demand, limited resources, alignment of systems resources to manage financial position across North Lincs - Risk has crystallised and CCG is now under "Directions" with appointment of NHSE appointed Turnaround Director to ensure change and recovery.	4	3	12	M	8	up	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, System Improvement Board now in operation, revised system approach to management of acute contract through aligned incentive approach to address risk and shared financial challenges. Support secured from national team for BCF review, narrative and principles signed and submitted, evaluation of BCF schemes Q3 17/18, CCG governance review to include consideration of wider working relationships and areas for improvement	None	Changes in NLaG leadership team - reducing as substantive CEO now in place	We have yet to conclude the evaluation of BCF schemes with the LA and we are therefore not yet able to reduce the likelihood rating	04.10.17	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, growing demand, limited resources, alignment of systems resources to manage financial position across North Lincs - Risk has crystallised and CCG is now under "Directions" with appointment of NHSE appointed Turnaround Director to ensure change and recovery.	5	5	25	H	20	Same	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. Sign off of financial recovery plan and progress and review of Capacity and capability review ( PWC) during the year.	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. More progress required on BCF scheme review processes.	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 October by NHS/VE under a "Directions" regime.	03.10.17	CFO
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	26.07.17	D or FC
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 practices are participating in the Health Education England (Yorkshire & Humber) Scheme to recruit more GPs and practice nurses. Additionally the CCG is part of the International recruitment programme and funding has been secured centrally, a recruitment agency sourced and the project is underway.	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	02.10.17	D or FC

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. Optimise Rx being rolled out and training place.	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 2 GPs job sharing from 1st August 2017.	None	02.10.17	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. New Chief Execs Group has been established to lead the direction of travel with an ACS Executive Group and Provider Alliance supporting the developments.	Willingness of independent providers and GPs to engage	5	3	15	H	15	Same	Progress report to CCG Executive and Strategic Commissioning Group	None	Lack of clarity around desired contracting structure and current gaps and assets The ACP is currently a loose structure with no legal entity though has agreed to implementation of 'System Integrator' model.	None	02.10.17	D of PC
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 and financial deficit	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. Key performance Indicators developed and monitored.	NHS National Benchmarking Data . Broadscale data	Capacity is a challenge however action plan is in place	None	03.10.17	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