


MEETING DATE:	10 April 2014	 North Lincolnshire Clinical Commissioning Group REPORT TO THE CLINICAL COMMISSIONING GROUP GOVERNING BODY
AGENDA ITEM NUMBER:	Item 7.1	
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JOB TITLE: DEPARTMENT:	Assistant Senior Officer Quality and Assurance CCG	

BOARD ASSURANCE FRAMEWORK (BAF)

PURPOSE/ACTION REQUIRED:	Decisions for Approval
CONSULTATION AND/OR INVOLVEMENT PROCESS:	The Board 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 highest rated risks identified for North Lincolnshire CCG.

The BAF identifies key strategic risks in line with NL Risk Management Strategy. All other identified risks are held on the NL Risk Register. Both the BAF and Risk Register are now administered by the CSU. As part of the development of the BAF it is intended to increasingly provide links to relevant supporting policies and underpinning action plans that mitigate the risks.

The register is reviewed monthly by the CCG Senior Management Team and each risk has a nominated 'senior owner'. The BAF and Risk Register are also reviewed regularly by the Quality Group.

Please note at the recent review of the BAF on the 17th March, risk rating Q17 decreased from 15 to 10. Risk PH2 was also modified to reflect the new year position in that the CCG is now much clearer on key responsibilities from legacy relationships. Risk Q4 – NHS 111 now mobilised, no serious incidents reported since August 2013, the CCG will continue to monitor over Easter, but business continuity plans are in place.

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 risk register is a 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 BAF is a key element of the organisations risk assurance framework. The attached paper outlines an approach for developing and ensuring a more robust framework for the CCG.

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 risk assurance framework is not developed in conjunction with either the public or patients

9. RECOMMENDATIONS:

The Governing Body is asked to: -

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



North Lincolnshire

Governing Body Assurance Framework

Risk ID	Link to Strategic Objective	Risk Description	Key Controls	Current Risk Score				Initial Risk Score	Movement	Assurance on Controls	Positive / External Assurance	Gaps in Control	Gaps in Assurance	Last Review Date	Lead
				Impact	Likelihood	Risk Score	Status								
Q2	C	Risk of failure to improve levels of Patient Safety, Clinical Excellence or Patient Experience resulting in unnecessary harm.	Stroke risk removed to be a separate risk Q17. Community wide action plan in place to improve mortality performance. Performance reviewed by SHMI monitoring group. Quality Summit held. Monthly update report received. Community Mortality Report in the public domain. Delivery of Keogh action plan. Jan 14 - likelihood reduced from 4 to 3.	5	3	15	H	15	same	NLaG section of Community Action Plan monitored & challenged by commissioners. Monthly Mortality updates to NLaG Board and commissioners. NLaG Mortality Task Group in place. Site Specific Delivery Group established through contract route and reporting to Contract Board. Commissioners set up a Quality & Assurance Group to cover all providers. Area Team Quality Surveillance Group in place.	CQC reviews and inspections undertaken, good verbal outcome, awaiting report. Building upon deep dive. Dr Foster reviews of mortality rates. External mortality review undertaken. NHS Medical Director visit taken place and action plan received. Published SMHI figures will provide assurance (SHMI has improved). Oct 13 - Quarter two Monitor have reviewed NLaG's Keogh action plan and provided assurance. Mar 14 - NaLG SHMI within normal confidence range.	Realignment of Community Group to focus on community	Analysis of community data	17/03/2014	DRQA/DSO
Q17	C	Risk of failure to improve levels of Patient Safety, Clinical Excellence or Patient Experience resulting in unnecessary harm.	Risk Q2 split into two - Stroke action plan has been developed and is monitored. Stroke service is linked to Quality premium. Jan 14 - likelihood reduced from 4 to 3. Mar 14 - Likelihood reduced from 3 to 2	5	2	10	M	15	down	Commissioner deep dives into quality and performance, specific deep dive into stroke.	Hyper acute stroke - 4 Nov 13 centralised at SGH. Jan 14 - stroke summit held 4 Dec 13. External Peer Review planned in May 14. Mar 14 - Patient experience focus through Friends and Family pathway pilot.	Regional level stroke work led by Stroke Strategic Clinical Network	Outcome of pilot	17/03/2014	DRQA/DSO
Q4	C	Lack of assurance from NHS 111 service provider that robust clinical governance arrangements are in place potentially threatening ability to mobilise patient safely.	Humber 111 Governance Group in place. NL 111 Clinical Governance & Assurance Group established. Letter sent to Regional Programme Lead seeking assurances. Meeting held with Regional Programme Lead which provided assurance. End to End reviews in place. Oct 13 impact reduced from 5 to 4. Likelihood increased from 3 to 4 as system has gone down 3 times in last month. Feb 14 Likelihood reduced from 4 to 3.	4	3	12	M	15	same	Draft Maintenance Risk Register under review. Regional Governance Group now in place and links with Contract Group. Went fully live in July 2013. Quality minutes and exceptions go to Governing Body. Contracting monitoring and assurance group. Review of Humber arrangements. Mar 14 - Last serious incident was Aug 13. Business Contingency plans in place for Easter.	<u>Regional 111 governance group involving clinical leads. Humber NHS 111 Mobilisation risk register</u>	None	No gaps identified	17/03/2014	DRQA
FP2	C	Poor CCG performance in many key areas resulting in key national or local performance targets (KPIs) not being achieved.	Performance reports monitored by the CCG with actions identified to address underperformance. Oct 13 likelihood reduced from 3 to 2. Jan 14 - Likelihood increased from 2 to 3.	4	3	12	M	12	same	Dashboard revised, exception reports include actions. Performance challenged by Contract Monitoring Group. BIZ at corporate and practice level. Relationship Managers to support Practices. CSU capacity addressed.	NHS England monitoring Score Card - CCG red on the following national indicators - Infection control and MRSA. Improved performance in Q2 v Q1. Improved discharging since December's A&E problems. Mar 14 - EMAS action plan in place. Urgent Care - further review of mobilisation of model.	No Gaps identified	No gaps identified	17/03/2014	CFO

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PH1	E	Failure to engage and work with key partners and stakeholders (including Local Authorities, GPs, Public) posing a threat to the delivery of strategic objectives.	Focusing work with key strategic partners and building locality based working. Health & Wellbeing Board established with CCG vice Chair. Engagement with practices - Engine Room, Governing Body, Council of Members, Safer Neighbour Boards, CCG Collaborative established. Oct 13 Likelihood increased from 2 to 3	4	3	12	M	12	same	Interpractice Agreement agreed. Health and Wellbeing Board Reports and minutes. Performance Report. HWB adopts areas as methods to improve health inequalities, health inequalities top priority. Principles agreed with Local Authority re Better Care fund. Agreement with LA to establish joint governance board re Better Care Fund	ICP / IWP established as working groups of Health and Wellbeing Board. Better Care Fund to be signed off by HWBB 15 Feb 14 to include establishment of new governance arrangements including a joint board.	Health and Wellbeing Board working ineffectively. Resolution procedure awaiting agreement	No gaps identified	17/03/2014	AO
PH2	E	Failure of the Local Authority to deliver key PH targets and close the gaps in inequalities which may adversely impact on commissioning plans	Key risks are identified under specific remit/targets with community based associated action plans for teenage conception rates, reducing smoking rates, improving Chlamydia screening rates and breast feeding rates.	3	3	9	M	12	same	Some improvements seen in smoking in pregnancy and breast feeding initiation but still not meeting all targets. Monitored via HWB Board / IC Partnership / Integrated Working Partnership. Performance Dashboard.	CCG assurance process	PH workplan under development. Team not yet fully established (vacancy). Community Facilitator posts held, needed to support BCF.	No National Framework to assess the effectiveness of HWBs. No clear reporting process from the HWB to CCG.	17/03/2014	AO
FP1	A	CCG could face financial challenges (ie fail to deliver a balanced budget) and therefore does not achieve statutory financial obligations	Financial controls, regular meetings with budget holders. QIPP monitoring, Healthy Lives, Healthy Futures Review	4	3	12	M	12	same	Position monitored by CCG Engine Room and Audit Group. Reviews of monitoring reports. Added to BIZ. Local DoFs on Healthy Lives, Healthy Futures Review	NHS England Assurance process. Deloitte assurance report now available to CCG and their auditors. Some weaknesses identified in budget manager liaison and recording of meetings will be reported in Annual Governance Statement. Mar 14 - Monthly budget Holder meetings now in place.	Recurrent delivery of QIPP not yet secured. Action plans to be delivered. Report to Nov 13 Audit Group. Clarity around roles in CSU outstanding. Contracts issues log and reconciliation of ledger to contract variations introduced.	Internal audit can now complete the assurance mapping on receipt of the Deloitte audit of the CSU.	17/03/2014	CFO
SOCS1	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 Independent Review Panel (IRP) and ombudsman resulting in a reputational risk to the CCG.	Continuing care action plan. CSU structure now in place and SLA and supporting service specification in place. Governance arrangements and full QIPP team in place, two vacancies outstanding to support retrospectives. Oct 13 Impact reduced from 4 to 3. Jan 14 likelihood and impact both increased from 3 to 4.	4	4	16	H	12	same	Continuing Care Internal Audit brought forward to 13/14 to be undertaken Q4. Governance arrangements with CSU steering group agreed and budget management chaired by HSDA. Regular finance reports to Exec Meetings	Monthly finance reports to Engine Room and regular reports to Audit Group. Format agreed for regular report to Execs. Service improvement plan for CHC under development through CSU.	Capacity Gaps. Roles to support retrospectives recruited to but further vacancies emerging and in year claims have grown.	Capacity Gaps. No external assurance. Progress on retrospective claims.	17/03/2014	DSCD

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AO4	A	The shift of funding from the Acute Sector necessary to establish the Better Care Fund without the equivalent reduction in demand for hospital services may impact on the remaining hospital sector. This might impact negatively on the improvements secured to date in terms of hospital mortality rates, achievement of NHS Constitution performance targets (A&E/waiting times) and the financial stability of the Foundation Trust and/or CCG.	Healthy Lives/Healthy Future Strategy. Frail and Elderly Strategy. Better Care Fund Plan. Providers collaborating on system integration and new ways of working. Integrated Commissioning Partnership, Integrated Working Partnership and Mortality Action Group in place.	5	3	15	H		same	Existing performance information and mortality information. Better Care Fund Project Plan. Agreed to establish joint Governance Board with LA, to oversee Better Care Fund and shadow monitor related budgets and performance indicators.	Assurance feedback received	Joint Board not yet established. Healthy Lives, Healthy Futures, Better Care Fund and Commissioning Plan to be aligned.	Evidence that there is sufficient avoidable activity occurring.	17/03/2014	AO
AO1	A	Failure to agree an acceptable / affordable option for Health Lives Healthy Future in a timely manner which meets the needs of the population.	Programme Board and Advisory Group established. CSU providing longer term support. External support available. Clear programme in place with timescales for engagement and consultation. Healthy Lives, Healthy Futures review. Oct 13 impact reduced from 5 to 4. Jan 14 likelihood increased from 3 to 4.	4	4	16	H	12	same	Programme Board and Governing Body reports. Joint Governing Body Workshop with NEL CCG. CSU providing support	Independent Chair appointed. Working with external consultancy. Area Team engaged. Jointly agreed (CCG/AT) timescales for developing primary care strategy. Securing adequate support from NLaG.	Healthy Lives, Healthy Futures, Better Care Fund and Commissioning Plan to be aligned.	External gateway review to be undertaken	17/03/2014	AO
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