MEETING DATE:	10 January 2013	North Lincolnshire Clinical Commissioning Group **REPORT TO THE CLINICAL COMMISSIONING GROUP COMMITTEE/GOVERNING BODY**
AGENDA ITEM NUMBER:	Item 7.2	
AUTHOR: **JOB TITLE:** **DEPARTMENT:**	John Pougher Assistant Senior Officer Quality and Assurance	

BOARD ASSURANCE FRAMEWORK (BAF) AND DEVELOPMENT OF ASSURANCE FRAMEWORK

PURPOSE/ACTION REQUIRED:	Decisions for Approval
CONSULTATION AND/OR INVOLVEMENT PROCESS:	The Board Assurance Framework is reviewed by the Audit Group
FREEDOM OF INFORMATION:	Public

1. PURPOSE OF THE REPORT:

To inform the CCGC of the highest rated risks identified for North Lincolnshire CCG. The attached risk register previously constituted the Board Assurance Framework (BAF) for NHS North Lincolnshire.

The register is reviewed monthly by the CCG Senior Management Team and each risk has a nominated 'director owner'. The register is supported by further registers identifying lower rated risks and these registers are being reviewed and updated with the support of the CSU.

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 a statement of internal control (SIC) that demonstrates how they manage their resources – the risk register is a key element of this document.

The BAF will be presented to and reviewed by the Quality Group on a regular basis.

The attached paper outlines how the BAF will be developed and form an integral part of an assurance framework for the CCG.

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 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

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

9. RECOMMENDATIONS:

The CCG is asked to: -

- Approve the attached BAF and that it gives sufficient evidence that key risks are being managed effectively
- Approve and comment on the attached assurance development paper

Development of an Assurance Framework for NL CCG

Current position

A risk register for top rated risks is in place for NL CCG and is regularly submitted to the NL CCG Committee and Humber Cluster Audit Committee. It has been developed with the support of the CSU and is backed up with registers identifying lower rated risks. We await confirmation as to what electronic system the CSU will utilise to manage risks registers in the future.

The top rated risk register is usually referred to as the Board Assurance Framework (BAF). However the risk register for highest rated risks (and those for lower rated risks) is a key part of an overall Assurance Framework (AF). Work will be on-going to enhance the scope and effectiveness of the AF for NL CCG.

Proposed way forward

Risk Register

- Regular Senior Team oversight (monthly)of the BAF with continued Nominated Director Lead for each risk
- Operational review of the BAF and lower rated risks by the Quality Group
- Assurance review of the BAF and developing AF by the Audit Group
- A link to be provided for each risk to plans/proposed plans and actions in place to mitigate the identified risk

Assurance Framework

- Annual AF report to be produced for NL CCG highlighting the performance of the CCG in terms of how key risks have been managed and reported upon.
- Build up and maintain a compendium of evidence of compliance with regulatory and statutory requirements
- Identify and report upon key areas of concern from a risk /compliance perspective (note these will mostly be reported on through the risk register and associated action plans).
- Regular review of the AF's and compliance profiles of local NHS providers (with a strong focus on CQC compliance). The CCG to work with the LAT and key stakeholders, including the CSU, to develop appropriate monitoring systems.

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Print Risk Register

Update this page - columns G, H, I and J are automatically populated

North Lincolnshire NHS

Risk Register - NL CCG

				Current Risk Score											
Risk ID	Link to Strategic Objective	Risk Description	Key Controls	Impact	Likelihood	Risk Score	Status	Initial Risk Score	Movement	Assurance on Controls	Positive / External Assurance	Gaps in Control	Gaps in Assurance	Last Review Date	Lead
Q1	A	Quality of services commissioned by the CCG does not improve or declines	Quality Contract Groups. Performance reports. CSU monitoring reports and support	4	3	12	M		same	Performance challenged by Quality Contract Group.Performance reorts , CQUIN updates	CQC reports. SHA performace reports.	No gaps identified	No gaps identified	03/01/2013	SOQA
Q2	C	Decline in levels of Patient Safety, Clinical Excellence or Patient Experience eg due to high level of Hospital Standardised Mortality Rate at NLAG	Position monitored via Cluster BAF. Mortality Action plan in place. **NLAG** Community wide action plan in place to improve mortality performance. Performance reviewed by SHMI monitoring group . External review of stroke care undertaken. Quality Summit held. Monthly update report recieved. Community Mortality Report to be made public 10.1.13	5	3	15	H	15	same	Revised action plans monitored & challenged by lead and associate commissioners. Commissioner deep dives into quality and performance, specific deep dive into stroke. Monthly Mortality updates to NLaG Board and commissioners. Briefings provided to commissioners by NLAG. NLAG internal task group in place.	SHA review of mortality action plans. CQC reviews/ intelligence including review of NLaG stroke mortality performance. NLAG : Building upon deep dive. Dr Foster monthly reviews of mortality rates. External mortality review. Stroke accreditation report received, accreditation given subject to delivery of agreed actions.	No gaps identified	No gaps identified.	03/01/2013	SOQA
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	4	3	12	M			Position monitored by CCG Engine Room and Audit Group. Reviews of monitoring reports.	SHA monitoring	No gaps identified	No gaps identified	12/11/2012	CFO
PH1	E	Engagement, reporting and working relationships established with key Partners, Stakeholders inc COM and constituent practices is ineffective thereby posing a threat to the health and well-being of the local population.	Focusing work with key strategic partners and building area based working. Cabinet accepted paper on Health & Wellbeing.	4	3	12	M			Currently monitored via Transition Board Health and Wellbeing Board develops. Health & Wellbeing Board Reports and minutes, Performance Report. HWB adopts areas as methods to improve health inequalities, health inequalities top priority.	Public Health Transition Stocktake led by the LA	No gaps identified	No gaps identified	12/11/2012	DPH
AO1	A	Sustainable services for NL are not defined and/or implemented.	Clinical Stakeholder Board established. Local tripartite approach agreed. Actions to be completed by end of year and fed into Contract negotiations. Longer term work being led locally by Management Group which will identify options. External support secured.	4	3	12	M			Monitored through Management Group QIPP plan in place. Cluster Board oversight.	Independent Chair appointed. Working with external consultancy.	Lack of clear agreed collabrative operational plans for the future	To identify external assurances. Lack of plans to deal with gaps.	07/11/2012	AO/CCGC
FP2	C	Poor CCG performance in 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.	4	3	12	M			Performance challenged by Quality Contract Group.	SHA monitoring	No Gaps identified	No gaps identified	07/11/2012	CFO

NL2

Risk ID	Link to Strategic Objective	Risk Description	Key Controls	Impact	Likelihood	Risk Score	Status	Initial Risk Score	Movement	Assurance on Controls	Positive / External Assurance	Gaps in Control	Gaps in Assurance	Last Review Date	Lead
AO2	A	Pace, scale and complexity of change results in risk of non-compliance with legislative requirements.	Senior Team monitors capability & capacity . CSU Accountablity map and agreements for service specifications	4	3	12	M			Quality Group, Audit group. Internal Audit reports.	CCG authorisation Process	No gaps identified	No gaps identified	07/11/2012	AO
AO5	A-E	Organisational failures to achieve strategic objectives due to capacity issues, pressure on existing staff, failure to procure all necessary support services, make them work, failure in risk management arrangements.	Ongoing Humber cluster review of capacity and support across the cluster.	4	3	12	M			Structure for CSU published; recruitment virtually complete. CCG structure agreed and recruited to.	CCG authorisation Process	Still agreeing exit plans for a number of NL staff.	Lack of clarity re functions going to NCB.	07/11/2012	COO/CCG Chair
PH2	E	Failure to deliver key PH targets and close the gaps in inequalities due to challenging targets and capacity during transition.	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. Risk register produced for key programme transfer to Local Authority.	3	5	15	H			Some improvements seen in smoking in pregnancy and breast feeding initiation but still not meeting all targets. Monitored via HWB Board / WHIP Board / SHA. Performance Report.	SHA performance monitoring. CCG authorisation process.	Delay in full roll-out of Health Checks will create gaps in control. Lack of PH outcome framework.	No gaps identified	12/11/2012	DPH
Q3	*C*	111 Project - lack of continuity and capacity threatening mobilisation and implementation of unplanned care.	111 Project Board. NL Quality Group.	5	2	10	M	0	down	*Project support through CSU secured upto mobilisation. Project Board reports*	*Regional 111 Project Team oversight*	*Lack of medical representation on Programme Board. Lead nurse now on Programme Board*	**As this score has now moved down to 10 this will be removed from the next BAF.** *No gaps identified*	*03/01/2013*	*SOQA*
Q4	*C*	Lack of robust clinical governance arrangements threatening 111 accreditation and development of unplanned care agenda.	Cluster 111 Project Team iin place. NL Quality Group	*5*	*3*	*15*	*H*	*0*	*same*	*Cluster 111 Project Board and working Group; NL CCG Quality Group.*	*Reviewing draft clinical governance submission. Regional 111 governance group*	*Local Humber Governance Group established. GP input secured. Virtual clinical refeference group established. Standing agenda item at Engine Room*	*No gaps identified*	*03/01/2013*	*SOQA*
Q5	A-E	Risk to the effective mobilisation of the CCG due to staff having to manage legacy management process as a PCT (sender organisation)	NL Task and Finish Group established. Project management secured. Admin support secured and work to secure contract and financial support progressing.	*4*	*4*	*16*	*H*		*new*	*Submission updates to cluster*	*Humber cluster oversight. SHA review*	*No gaps identified*	*No gaps identified*	*03/01/2013*	*SOQA*

A. Continure 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