

**North East Lincolnshire CCG**

Attachment 06

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| **Report to:** | NEL CCG Partnership Board |
| **Presented by:** | Laura Whitton |
| **Date of Meeting:** | 13 March 2014 |
| **Subject:** | CCG Board Assurance Framework |
| **Status:** | X OPEN  CLOSED |
| **Agenda Section:** | X STRATEGY  COMMISSIONING OPERATIONAL ISSUES |

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| **OBJECT OF REPORT** |  |
| The CCG Board Assurance Framework (BAF) demonstrates positive assurance received to date and any outstanding gaps in control or assurance.  Key areas of development (since March 13)   * The BAF template has been amended. It has been grouped into six CCG assurance framework domains for assurance of organisational health and capability (as defined within the CCG Assurance Framework 2013/14, NHS England, May 2013), this is in line with CCG’s corporate risk register and performance measures so providing a clear link between the two. * The CCG risk register has been divided into strategic and operational risks. Those risks which were deemed to be a strategic risk have been allocated to the assurance framework and risk owners asked to identify assurances on control; positive assurances; gaps in control and gaps in assurance***.*** The operational risks form the content of the risk register. * The Board Assurance function on the Covalent electronic risk management system has been activated, this allows the Covalent administrator to capture data specifically relating to management of the CCG’s strategic risks (e.g. Assurance on controls, positive assurance, gaps in controls and gaps in assurances)   The current BAF (Appendix 1) was reviewed and approved at the IG & Audit Committee on 4 March 2014. | |

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| **STRATEGY** |  |
| The CCG Partnership Board monitors the achievement of its strategic and business objectives; the Board Assurance Framework captures how assurance has been received by the CCG and whether it mitigates against the risks that the CCGs objectives might not be achieved. | |

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| **IMPLICATIONS** |  |
| The CCG Partnership Board should have the opportunity during the financial year to monitor the assurance it has received and identify any gaps that should be addressed in order to be assured. This is an on-going process and IG&A should inform the development of the amended BAF for the CCG | |

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| **RECOMMENDATIONS (R) AND ACTIONS (A) FOR AGREEMENT**  Board members are asked to note:   * amendments made to the BAF template * level of assurance received by the CCG, in relation to its strategic risks | | |
|  |  | **Agreed?** |
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|  |  | **Yes/No** | **Comments** |
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|  | Does the document take account of and meet the requirements of the following: |  |  |
| i) | Mental Capacity Act | Yes |  |
| ii) | CCG Equality Impact Assessment | No | Not applicable |
| iii) | Human Rights Act 1998 | Yes |  |
| iv) | Health and Safety at Work Act 1974 | Yes |  |
| v) | Freedom of Information Act 2000 / Data Protection Act 1998 | Yes |  |
| iv) | Does the report have regard of the principles and values of the NHS Constitution?  [www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\_113613](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_113613) | Yes |  |

**Appendix 1**

**Assurance Framework**

| **Current Risk Matrix** | **Code & Title** | **Risk Description** | **Internal Controls** | **Assurances on controls** | **Positive assurances** | **Gaps in controls** | **Gaps in assurances** | **Managed By** | **Assigned To** | **Current Risk Score** | **Date Risk Last Reviewed** | **Latest Note** |
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| ***Title:***  Domain 1: A clinical and multi-professional focus, with quality central to the organisation | | | | | | | | | | | | |
| There are currently no risk under this domain | | | | | | | | | | | | |
| ***Title:***  Domain *2*: Good engagement with patients and the public, listening to what they say and truly reflecting their wishes | | | | | | | | | | | | |
|  | CCG2001 Failure to Establish CCG Identity within local Population | By not establishing the CCG’s unique identity within the local community there is a risk to both the organisation’s reputation, the reputation of the NHS as a whole. Additionally there is a risk that by not establishing itself in the community it will be harder for the CCG to achieve its strategic goals | Regular meetings with Cathy Kennedy and Mark Webb to manage the direction of travel for the communications function and ensure it achieves the organisational goals | Establishing a formal Comms & engagement stakeholder group, once finalised the plan with be monitored and agreed at the meeting | Minutes and actions from the steering group | None at present but may be identified at steering group | System in place, steering group been established, inaugural meeting held mid-Feb. | Cathy Kennedy | Iquo Ema; | 9 | 14-Jan-2014 | Iquo Ema - risk reviewed and updated 14 January 2014  Iquo Ema, Communications and Engagement Managed commenced 6 January 2014, replacing James Tindall. A Marketing and PR Agency has been brought on board carry out a brand redesign for NEL CCG and help undertake proactive PR for a 12 month period alongside the CSU. A Communications Plan will be developed over the next couple of months. |
| ***Title:***  Domain 3: A clear and credible plan over the medium-term to deliver great outcomes within budget, which has been determined in partnership locally, and reflects the priorities of the health and wellbeing strategy | | | | | | | | | | | | |
|  | CCG3003 Risk that Healthy Lives, Healthy Futures will not deliver the quality and financial sustainability outcomes in the requisite timeframe | Healthy Lives, Healthy Futures is a review of all services in the Northern Lincolnshire region. The review aims to make sure the services available to people in our area will be safe and of high quality and affordable for years to come.    Healthy Lives, Healthy Futures is being led by North Lincolnshire Clinical Commissioning Group (NLCCG) and North East Lincolnshire Clinical Commissioning Group (NELCCG) working with organisations such as the Northern Lincolnshire & Goole Hospitals NHS Foundation Trust and other health and social care organisations. | HLHF Programme Board  Governance framework provided by HLHF programme board, engagement core group and assurance sub group in place.  The HLHF Programme Board reviews progress monthly towards financial and clinical sustainability goals for Northern Lincolnshire. The Programme Board reviews the programme risk log on a monthly basis and has also established an assurance sub group to identify key areas of concern and recommend remedial action. With regards to financial sustainability the Executive group of the Programme board meets weekly virtually and receives on-going reports and assurance on the updated financial position. | Programme Board, Exec group and Assurance sub group continue to meet regularly and review risks and issues | Engagement with area team has yielded positive comparison with other areas’ similar processes | None identified | None identified | Lisa Hilder | Lisa Hilder | 16 | 29-Jan-2014 | Lisa Hilder - risk reviewed and updated 29 January 2014 as follows:  Key Service redesigns requiring public consultation (Paediatric Surgery, ENT, Stroke and Urgent Care) have been identified and feature clearly in the second phase of engagement activity due to commence imminently. Current modelling suggests progress towards the overall financial goals, however work is ongoing to verify the scope and impact of identified proposals and then any residual gaps. |
|  | CCG3005 Instability in partnership finances or services/costs leads to unaffordable consequences for members of the health care system | QIPP 16. Efficiencies within Public Health; 17. Efficiencies within the Children's Trust contract. Instability in partnership finances or services/costs leads to unaffordable consequences for member of the health care system | 16/07/13: NELC have established an outcome review process engaging the CCG to meet £7-9million cost reduction target for ASC  01/04/11: 3 Year financial plan agreed in principle, joint work and processes to assess risks and agree recovery plans. Financial risk management arrangement in place. | Routine financial reports to partnership board    Delivery Assurance Committee scrutiny of financial plan delivery | Partnership funding discussions at partnership board workshop(s)    Integrated Governance & Audit (IG&A) review of key risks and actions    Medium Term Financial Plan reports to IG&A and board    Internal audit plan is risk -based | None identified | None identified | Cathy Kennedy | Cathy Kennedy | 12 | 17-Feb-2014 | Cathy Kennedy – risk reviewed and updated 17 Feb 2014  Impact reduced from 5 to 4 due to agreement of ASC savings plans and Better Care Fund |
|  | CCG3008 Financial challenges | Risk that the CCG could face financial challenges (i.e. Fail to deliver a balanced budget or there is a funding gap) and therefore does not achieve statutory financial obligations Particular issue at this time due to uncertainties in NHS transition/allocations and NELC (social care) funding pressures | 17 May 13  Within the CCG the IG&A committee assures management of financial risk  Regular meetings for Executive Directors for CCG/LA to monitor position. | Routine financial reports to partnership board    Delivery Assurance Committee scrutiny of financial plan delivery | Integrated Governance & Audit (IG&A) review of key risks and actions    Medium Term Financial Plan reports to IG&A and board    Internal audit plan is risk -based | None identified | None identified | Cathy Kennedy | Cathy Kennedy | 8 | 16-Jan-2014 | Cathy Kennedy - Risk reviewed and updated 16 January 2014  Likelihood reduced from 4 to 2 for 13/14 because we have 9 months information available |
| ***Title:***  Domain 4: Proper constitutional and governance arrangements, and the capacity and capability to deliver all their duties and responsibilities | | | | | | | | | | | | |
|  | CCG4001 Possible reduction in performance | Possibility of being unable to maintain performance and delivery whilst establishing the new statutory organisation | Delivery Assurance Committee meets regularly to discuss all elements of performance including provider performance. Regular reports to the Governing Body on escalated items | Regular reporting in to performance leads so that they can take action where appropriate to resolve issues and regular contract meetings with providers to ensure that performance issues are raised and assurance is received on actions being taken. | Regular reporting in to the Delivery Assurance Committee and Partnership Board | None | None | Cathy Kennedy | Martin (SU) Rabbetts | 16 | 13-Feb-2014 | Martin Rabbetts - 13 February 2014, risk reviewed, no changes noted |
|  | CCG4004 Recruitment, retention and succession planning | Risk that the organisation is unable to recruit, retain and succession plan (re. leadership and HQ) to maintain the capacity and capability required to deliver its functions and meets its priorities | Clinical leadership development and succession planning overseen by Chair and Chief Clinical Officer. Personal objective and PDP system in place and overseen by Deputy Chief Executives | Ability to recruit to key roles    Corporate business plan delivery is monitored by Delivery Assurance committee    Routine Workforce report on IG&A agenda | Actions included in OD plan and corporate business plan.    CE and Chair assure PDP system is in place for board and senior executives    Appraisal policy in place, delivery monitored by Workforce Team and Corporate Management Meeting (CMM) | None identified | None identified | Peter Melton | Cathy Kennedy | 8 | 16-Jan-2014 | Cathy Kennedy - risk reviewed and updated 16 January 2014  Likelihood reduced from 3 to 2 due to CoM vice chair and quality/caldicott lead appointments |
|  | CCG4006 Potential conflict of interest compromises planning process | Reputational, legal and/or regulatory risk if decisions are seen to be compromised by conflicts of interest. Main risk relates to GP member involvement in service planning and/or procurements. | Constitution/process that ensures transparency and openness and develop an open and honest culture | Constitution, Conflicts of Interest policy, and Procurement policy approved and available on website | Internal audit review of arrangements for managing conflicts of interest showed ‘Significant assurance’ in place in 2013/14. Follow up on the reports action plan will occur in 2014/15 | Internal audit report identified a small number of actions to be taken – none were rated ‘significant’. | None identified | Cathy Kennedy | Cathy Kennedy | 8 | 17-Feb-2014 | Cathy Kennedy – risk reviewed and updated February 2014  internal audit report shows ‘significant assurance’. |
|  | CCG4007 Failure to meet nationally laid out deadlines for contract development and sign off as a result of transition turbulence in the health system | Whole scale system change could result in tardiness of contract development and sign off, placing the CCG at disadvantage | On-going regular discussions with the Local Area Team provide a mechanism for timely information dissemination around system change and financial allocations update This is internally disseminated through CMM and the LIP core group | Regular contract update meetings with the Area Team which includes all CCGs  Regular updates via the patch wide CFO meetings which take place monthly | 2014/15 allocations confirmed  CCG/SCG approach to be agreed with regard to the 2013/14 outturn | None identified | None identified | Helen Kenyon | Laura Whitton | 6 | 11-Dec-2013 | Laura Whitton - risk reviewed and updated 11 December 2013  Likelihood reduced from 3 to 2  Final discussions taking place across patch, but no adjustments to be made in 13/14. Small risk that there will be an adjustment in 14/15. |
| ***Title:***  Domain 5: Collaborative arrangements with other CCGs, local authorities and NHS England, appropriate commissioning support and good partnership relationships with their providers | | | | | | | | | | | | |
|  | CCG5002 Summary Hospital Mortality Indicator (SHMI) Organisational Risk | The Summary Hospital-level Mortality Indicator (SHMI) reports on mortality at trust level across the NHS in England. This indicator is produced and published quarterly as an experimental official statistic by the Health and Social Care Information Centre (HSCIC). On February 6 2013, the Prime Minister announced that he had asked Professor Sir Bruce Keogh, NHS Medical Director for England, to review the quality of care and treatment provided by those NHS trusts and NHS foundation trusts that are persistent outliers on mortality indicators. NL&G Hospital Trust formed part of this review. | A Northern Lincolnshire Mortality Stakeholder Group has been established to oversee the release of information into the public domain and to oversee the delivery of the associated action plan and communications plan. Progress monitored via the NL&G Contract Board. | The latest SHMI data indicates that the current position is now within the “expiated range” | A paper was taken to the Partnership Board on Thurs 9/1/14 which outlined where the Acute Trust are in terms of Keogh.  The Trust has an on-going action plan in relation to Keogh and the latest plan was attached to the partnership Board paper to raise members awareness of progress being made.  In relation to SHMI a paper was also tabled at the partnership board on 9/1/14 noting the progress being made by the Trust as their SHMI is now within the expected range. It was noted that there is still differential between Grimsby and Scunthorpe Hospitals and the Trusts monthly action plan acknowledges this and identifies work needed to progress with improvement in this area | The Mortality Action Group meets next month to review the latest Mortality Action Plan, terms of reference, Chair to be reviewed | MAP needs to be RAG rated – this is on the agenda for the next meeting | Helen Kenyon | Paul Kirton-Watson | 12 | 11-Feb-2014 | Paul Kirton-Watson - Risk reviewed 31 January:  Likelihood reduced from 4 to 3 as progress made with internal controls:  A number of workstreams are active and working on pathways that contribute to reducing avoidable mortality. Examples of these are COPD pathway being led by Pauline Bamgbala ,front ending A&E – led by Andy Ombler and Rakesh and the RFID project for streamlining ambulance handovers in A&E- again being led by Andy. The community wide mortality action group meets monthly and manages the risks as well as the action plan – some of the key interdependencies remain on the action plan – some have been archived and moved to other work areas eg Urgent Care Boards for them to progress. The latest SHMI indicators show that the SHMI has reduced and that NLAG are now within the “expected range”. |
|  | CCG5003 Ineffective planning mechanisms across new systems, including CCG, PHE networks, senates, Propco and NHSCB | Fragmented new system fails to coordinate effective planning of services and infrastructure | Deputy Chief Executive (DCE) membership of CCG collaborative group  DCE attendance at Area Team strategic service meetings  Clinical Chief Officer and DCE membership of HLHF programme board spans all relevant CCGs and providers. | Strategic and operational plans in place.    Plans reflected in corporate business plan    Corporate business plan delivery is monitored by Delivery Assurance committee | Key service planning risks brought to board meetings and workshops for discussion | Senates not yet fully established to engage with, but early links have been made through HLHF programme office    Propco processes and functions are not fully established, but CCG is initiating discussions as and when required on specific matters | None identified | Cathy Kennedy | Cathy Kennedy | 12 | 16-Jan-2014 | Cathy Kennedy - risk reviewed 16 January 2014, no changes noted |
|  | CCG5004 Lack of Effective risk sharing with other CCG’s, including financial risk sharing and strategic service planning | Lack of effective risk sharing will increase the risk exposure of the organisation , and criticism of CCG arrangements (including a potential on-going authorisation condition) | Deputy Chief Executives given authority to implement policies | Routine financial reports to partnership board    Delivery Assurance Committee scrutiny of financial plan delivery    Strategic and operational plans in place. | Integrated Governance & Audit (IG&A) review of key risks and actions    Key service planning risks brought to board meetings and workshops for discussion | None identified | None identified | Cathy Kennedy | Cathy Kennedy | 6 | 16-Jan-2014 | Cathy Kennedy - risk reviewed and updated 16 January 2014  likelihood reduced from 3 to 2 due to collaborative meetings re strategic service planning, and impact reduced from 4 to 3 as now have 9 months experience in financial risks |
|  | CCG5005 Impact of the Dilnot Report (Government proposals for social care funding reform) | Potential Financial and Systems and Processing implications deriving from the Dilnot Report if it becomes law | Financial procedure board which is overseeing the work and will make sure everything is implemented correctly | We still await a final position in terms of “actual financial impact”. Modelling work is on-going  We have begun to think about how this might work but we do not have a detailed and robust action plan as yet.  This needs to be considered.  A contact group of home owners is being established.  This is being monitored. | Other LA areas are in a similar position and are sharing information. | We still await a reliable financial implication analysis.  Need to better understand what systems need developing. | None identified | Helen Kenyon | Helen Kenyon | 12 | 19-Nov-2013 | New potential risk added 19 November 2013.  Unknown financial implications.  Possible system and processing implications to administer. |
| ***Title:***  Domain 6: Great leaders who individually and collectively can make a real difference | | | | | | | | | | | | |
|  | CCG6003 Lack of engagement with non GP clinicians | Suboptimal communication with non GP clinicians | Database of professionals interested in involvement | Database of interested parties to be collated in QI 14/15 | Some work has already commenced with AHPS and te Practice Nurse Forum continues to meet regularly.  E mail has recently circulated to Practice Nurses to seek representation on the Clinical Quality Committee | Evidence that triangles are actively engaged with AHPS | Minutes of Triangle/Clinical Quality Committee to reflect higher levels of engagement around specific work areas | Cathy Kennedy | Paul Kirton-Watson | 12 | 12-Dec-2013 | Paul Kirton-Watson - 12 December 2013 risk reviewed and updated  Met with AHP’s at NLAG which was a very productive meeting- they showed a willingness to work with the CCG on specific areas and this has been fed into the service leads meeting for them to pursue. The Practice Nurse Forum continues to meet regularly |