

## Attachment 07

<b>Report to:</b>	NEL CCG Partnership Board		
<b>Presented by:</b>	Laura Whitton		
<b>Date of Meeting:</b>	10 March 2016		
<b>Subject:</b>	CCG Board Assurance Framework		
<b>Status:</b>	<input checked="" type="checkbox"/> OPEN	<input type="checkbox"/> CLOSED	
<b>Agenda Section:</b>	<input checked="" type="checkbox"/> STRATEGY	<input type="checkbox"/> COMMISSIONING	<input type="checkbox"/> OPERATIONAL ISSUES

### OBJECT OF REPORT

The North East Lincolnshire Clinical Commissioning Group Board Assurance Framework (hereafter CCG BAF) acts as a high-level risk identification system with regard to compliance with the CCG's strategic objectives. The BAF highlights gaps in control, gaps in assurance processes and details of necessary action to be taken. The CCG Board Assurance Framework (BAF) demonstrates positive assurance received to date and any outstanding gaps in control or assurance.

To support the Partnership Board in carrying out its duties effectively the Integrated Governance & Audit Committee monitors the BAF on a quarterly basis, which ensures robust and adequate progression of the risks are kept live and relevant. This is an on-going process and Integrated Governance & Audit Committee informs the Partnership Board of the development of BAF for the CCG.

### 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 CCG's objectives might not be achieved.

### 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.

#### Key areas of development (since March 15)

The risks have been allocated to the components of the NHS England new CCG assurance framework for 2015/16. The NHS England assurance framework recognises that assurance is a continuous process that measures the breadth of a CCG's responsibilities. It consists of the following components:

Component 1 – Well-led organisation	The CCG has strong leadership and good governance which ensures: patient and public involvement; delivery of all statutory functions and duties, including conflicts of interest; partnership working; and comprehensive commissioning support functions. or The CCG has strong and robust leadership; robust governance arrangements; involves and engages patients and the public actively; works in partnership with others, including other CCGs; secures the range of skills and capabilities it requires to deliver all of its commissioning functions, using support functions effectively, and getting the best value for money; and has effective systems in place to ensure compliance with its statutory functions.
Component 2 – Performance: delivery of commitments and improved outcomes	The CCG is delivering improved services, maintaining and improving quality, and ensuring better outcomes for patients. This includes progress in delivering key Mandate requirements and NHS Constitution standards plus safeguarding and digital record keeping and transfers of care.
Component 3 – Financial management	The CCG is delivering financial management capability and performance throughout the year, including an assessment of data quality and contractual enforcement.
Component 4 – Planning	Assurance of the CCG's plans including annual operational plans and related plans such as those relating to System Resilience Groups and the Better Care Fund, but also longer term strategic plans, including progress with the implementation of the <i>Forward View</i> . Progress towards moving secondary care providers from paper-based to digital processes and the extent to which the NHS Number and discharge summaries are being transferred digitally across care settings.
Component 5 – Delegated functions	Delegated functions including primary care. An annual review of the assurance for delegated functions will be required prior to the NHS England business planning process for 2016/17. This is in addition to the assurance needed for out of hours Primary Medical Services.

### Well-led organisation

Strong leadership and good governance which ensures: patient and public involvement; delivery of all statutory functions and duties, including conflicts of interest; partnership working; and comprehensive commissioning support functions

### Delegated functions

#### Finance

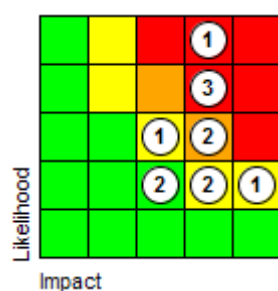
**Performance:**  
delivery of  
commitments  
and improved  
outcomes

#### Planning

Short  
term

Long  
term

### Current position



	1 March 2016
Total number of risks	12
High level risks (rated at 15+)	4
Medium to high level risks (rated at 12+)	2
Low to medium level risks (rated at 9+),	2
Low level risks (rated at 3+)	4

The table below demonstrates the principal risks (that is a risk rating of 15 and above) as at 1 March 2016

No.	Risk Description	Current risk rating	Actions taken to mitigate the risk
1	CCGAF2002 Summary Hospital Mortality Indicator (SHMI) Organisational Risk	16	<p>Northern Lincolnshire Mortality Stakeholder Group continues to oversee the release of information into the public domain and to oversee the delivery of the Communication Protocol to support both organisations to communicate when SHMI data or other mortality data/information is published</p> <p>Progress monitored via the NL&amp;G Contract management Board and NELCCG Quality Committee</p>
2	CCGAF3001 Instability in partnership finances or services/costs leads to unaffordable consequences for members of the health care system	16	<p>NELC flagging that their 3 year financial plan has an unresolved gap which may require additional savings in ASC to be identified - regular meetings for Executive Directors for CCG/LA in place to monitor position.</p> <p>Efficiency plans established for £9million savings, approved by CCG and NELC in principle. Delivery and risks being monitored jointly at Partnership Operational Group, reported to QiPP monitoring (and hence DAC) as and when required.</p>
3	CCGAF3002 Financial challenges	20	<p>The IG&amp;A committee assures management of financial risk</p> <p>Regular meetings for Executive Directors for CCG/LA to monitor position.</p> <p>HLHF programme arrangements include Memorandum of Understanding including a collective risk management approach</p>
4	CCGAF4001 Risk that Healthy Lives, Healthy Futures will not deliver the quality and financial sustainability outcomes in the requisite timeframe	16	<p>PWC have provided assistance to the programme in assuring plans and identifying remaining gaps. They have also provided (March 2015) a modelling tool which will assist in planning future service redesign.</p> <p>HLHF Programme Board oversees the programme's activity, including a weekly operational group which ensures pace and accountability for programme work</p> <p>Governance framework provided by HLHF programme board, engagement core group and assurance sub group in place.</p> <p>The Programme Board reviews the programme risk log on a monthly basis</p>

Please refer to appendix 1 for full BAF report

## RECOMMENDATIONS (R) AND ACTIONS (A) FOR AGREEMENT

Board members are asked to note:

- amendments made to the BAF
- level of assurance received by the CCG, in relation to its strategic risks

		Yes/No	Comments
	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? <a href="http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_113613">www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_113613</a>	Yes	

## Appendix 1

# Assurance Framework

Generated on: 01 March 2016



Code & Title	Risk Description	Internal Controls	Assurances on controls	Positive assurances	Gaps in controls	Gaps in assurances	Managed By	Assigned To	Current Residual Risk Rating	Last Review Date	Update
CCGAF1000 Component 1 – Well-led organisation	The CCG has strong and robust leadership; robust governance arrangements; involves and engages patients and the public actively; works in partnership with others, including other CCGs; secures the range of skills and capabilities it requires to deliver all of its commissioning functions, using support functions effectively, and getting the best value for money; and has effective systems in place to ensure compliance with its statutory functions.										
Original Risk 9 Target risk 4											
CCGAF1001 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	A Communications and Engagement Steering Group has been established. Regular monthly meetings in place to review C&E plan, discuss and approve future projects and objectives. Group chaired by Lisa Hilder, with a community member (Dianne Edmonds) attending regularly. There is also a representative from the local authority comms team who while not attending every meeting has the papers. A media dashboard is presented at each meeting which outlines:	A formal Comms & engagement stakeholder group has been established that will meet on a monthly basis. Diane Edmonds, Community Forum representative is in attendance to give a community aspect to the meeting.  A comms and engagement plan has been produced. This will be updated to reflect service lead priorities for 2015/16 and 2016/17.  .	Steering Group feeds into Delivery Assurance Group who provide exception reports to Partnership Board.	None at present but may be identified at steering group	None at present	Lisa Hilder	Mel Hannam	6	19-Feb-2016	Lisa Hilder reviewed the risk (19/02/2016) as part of the manager's six monthly reviews. Slight tweaks made to the Assurances on Controls as follows:- A comms and engagement plan has been produced. This will be updated to reflect service lead priorities for 2015/16 and 2016/17.

Code & Title	Risk Description	Internal Controls	Assurances on controls	Positive assurances	Gaps in controls	Gaps in assurances	Managed By	Assigned To	Current Residual Risk Rating	Last Review Date	Update
		Press releases Media coverage Website Coverage Twitter statistics Media Enquiries Parliamentary questions/MP letters Key objectives for that month against the previous months  Proactive media statements  Media line									
Original Risk 10 Target risk 3											
CCGAF1002 Statutory duty to consult	The CCG is required to undertake public consultation on significant service change/redesign as directed by the local overview and scrutiny committee of North East Lincolnshire Council. The Healthy Lives, Healthy Futures Programme will shortly be proposing transformational service changes which are likely to require public consultation. All assurance requirements must be met in relation to public consultation or the CCG will be at risk of a successful legal challenge to its service change proposals	The risk is managed through the Marketing, Comms and Engagement sub group of the Healthy Lives Healthy Futures(HLHF) programme and overseen by the HLHF assurance group. The chair of the Marketing, Comms and Engagement sub group is deputy chief executive of NLAG	Assurance is provided through the HLHF assurance sub group. Notes go to Partnership Board	Notes go to Partnership Board and through NHSE oversight of the Service Change Assurance process	Controls are adequate	Assurances are adequate	Cathy Kennedy	Julie Wilson	10	16-Feb-2016	16 February 2016 - Lisa Hilder advised the chair of the Marketing, Communications and Engagement (MCE) Group, has changed to Deputy Chief Executive of NLAG. Internal controls updated to reflect the change. Also risk reassigned to Julie Wilson as directed by Lisa Hilder

Code & Title	Risk Description	Internal Controls	Assurances on controls	Positive assurances	Gaps in controls	Gaps in assurances	Managed By	Assigned To	Current Residual Risk Rating	Last Review Date	Update
Original Risk 12 Target risk 4											
CCGAF1003 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 Senior Management Team Meeting (SMT).  Additional senior officer leadership roles recruited to strengthen resilience e.g. Director of Quality	None identified	None identified	Peter Melton	Cathy Kennedy	8	03-Feb-2016	Peter Melton reviewed and updated this risk on 3 February. I am leading on whether we would want to support the development of an ACO, within this ensuring that it is an attractive option to retain and recruit staff
Original Risk 15 Target risk 6											
CCGAF1004 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  Published register of interest	Constitution, Conflicts of Interest policy, and Procurement policy approved and available on website  Co-commissioning Committee	Internal audit review of arrangements for managing conflicts of interest showed 'Significant assurance' in place in	Adequate controls in place	Adequate controls in place	Cathy Kennedy	Cathy Kennedy	8	08-Jan-2016	Cathy Kennedy - risk reviewed 8 January 2016 and no changes required

Code & Title	Risk Description	Internal Controls	Assurances on controls	Positive assurances	Gaps in controls	Gaps in assurances	Managed By	Assigned To	Current Residual Risk Rating	Last Review Date	Update
				2013/14. Follow up on the reports action plan will occur in 2014/15  New guidance from NHSE reviewed and incorporated in constitution  Co-commissioning Conflicts of Interest Quarterly assurance returns to NHSE							
CCGAF2000 Component 2 – Performance: delivery of commitments and improved outcomes	The CCG is delivering improved services, maintaining and improving quality, and ensuring better outcomes for patients. This includes progress in delivering key Mandate requirements and NHS Constitution standards plus safeguarding and digital record keeping and transfers of care.										
Original Risk 12 Target risk 8											
CCGAF2001 Possible reduction in performance	Possibility of being unable to maintain performance and delivery	The Delivery Assurance Committee (DAC) meets regularly to discuss all elements of performance with a focus on quality. Any significant issues are escalated to the Partnership Board. There is a particular focus on those measures that NHS England will use to assess CCGs overall performance next year	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	12	16-Feb-2016	Risk reviewed 16 February 2016 and no changes noted



Code & Title	Risk Description	Internal Controls	Assurances on controls	Positive assurances	Gaps in controls	Gaps in assurances	Managed By	Assigned To	Current Residual Risk Rating	Last Review Date	Update
		with some directly relating to the Quality Premium payment. NHSE have representation on the DAC and the CCG and NHSE meet to discuss the CCGs performance against the CCG Assurance Framework regularly and agree support where appropriate.	The CCG performed well against the CCG Assurance Framework in 2014-15 with the AT being assured against each of the domains.								
Original Risk 16 Target risk 4											
CCGAF2002 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, 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.  Target SHMI for NLAG is 100	Northern Lincolnshire Mortality Stakeholder Group continues to oversee the release of information into the public domain and to oversee the delivery of the Communication Protocol to support both organisations to communicate when SHMI data or other mortality data/information is published  Progress monitored via the NL&G Contract management Board and NELCCG Quality Committee.	<b>NLAG report Jan 2016</b> - SHMI 109.7 as expected	<b>February 2016</b> Dr Spalding – continues to attend the NLAG monthly Mortality meetings, and reports back to NEL CCG mortality meetings results reported to NELCCG Quality Committee & shared with the Partnership board bimonthly via the Quality Report	<b>February 2016</b> - Lack of engagement with other providers.	<b>February 2016</b> - Gaps with in & out of hospital data	Helen Kenyon	Jan Haxby	16	03-Feb-2016	Jan Haxby - Risk reviewed and updated 3 Feb 2016. Full risk reviewing taken place all areas updated accordingly. The CCG is working closer with NLAG to create 1 strategic approach to reducing mortality within both hospital and community, with supporting action plans, in an attempt to improve mortality pathways based upon clinical conditions eg cancer, respiratory etc. Also working on Stakeholder plan to ensure we obtain engagement from providers. Following the full review and due to lack of provider engagement and issues with data it was felt the risk to be increased to 16

Code & Title	Risk Description	Internal Controls	Assurances on controls	Positive assurances	Gaps in controls	Gaps in assurances	Managed By	Assigned To	Current Residual Risk Rating	Last Review Date	Update
CCGAF3000 Component 3 – Financial management	The CCG is delivering financial management capability and performance throughout the year, including an assessment of data quality and contractual enforcement.										
Original Risk 12 Target risk 8											
CCGAF3001 Instability in partnership finances or services/costs leads to unaffordable consequences for members of the health care system	Instability in partnership finances or services/costs leads to unaffordable consequences for the CCG and/or the wider NEL health and care system eg Living Wage impact has not yet got an identified funding source	NELC flagging that their 3 year financial plan has an unresolved gap which <i>may</i> require additional savings in ASC to be identified - regular meetings for Executive Directors for CCG/LA in place to monitor position.  Efficiency plans established for £9million savings, approved by CCG and NELC in principle. Delivery and risks being monitored jointly at Partnership Operational Group, reported to QiPP monitoring (and hence DAC) as and when required.	Routine financial reports to partnership board  Delivery Assurance Committee scrutiny of financial plan delivery	Joint NELC/CCG working group set up to assess Care Act financial implications and impact on partnership resources  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	16	04-Feb-2016	Cathy Kennedy:- Risk reviewed 04/02/2016 - no changes required.
Original Risk 16 Target risk 6											
CCGAF3002 Financial challenges	Risk that the CCG could face financial challenges (i.e. Fail to deliver a	The IG&A committee assures management of financial risk	Routine financial reports to partnership board	Integrated Governance & Audit (IG&A)	None identified	None identified	Cathy Kennedy	Cathy Kennedy	20	04-Feb-2016	Cathy Kennedy - Risk reviewed 04/02/2016 - no changes required

Code & Title	Risk Description	Internal Controls	Assurances on controls	Positive assurances	Gaps in controls	Gaps in assurances	Managed By	Assigned To	Current Residual Risk Rating	Last Review Date	Update
	balanced budget or there is a funding gap) and therefore does not achieve statutory financial obligations Particular issue at this time due to NELC (social care) funding pressures, implementation of the living wage, local NHS community financial challenges, and acute provider deficit	Regular meetings for Executive Directors for CCG/LA to monitor position.  HLHF programme arrangements include Memorandum of Understanding including a collective risk management approach	(finance and HLHF) Delivery Assurance Committee scrutiny of financial plan delivery  Local health community financial monitoring and reporting	review of key risks and actions  Medium Term Financial Plan reports to IG&A and board  Internal audit plan is risk - based  MOU with key local partners							
Original Risk 12 Target risk 3											
CCGAF3003 Lack of Effective risk sharing with other CCGs, including strategic service planning	Lack of effective risk sharing and linkages in strategic service plans could increase the risk exposure of the organisation. This risk does not apply to arrangements between NEL and NL CCG which are covered by the other risk entries & HLHF arrangements.	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	Helen Kenyon	Helen Kenyon	6	03-Feb-2016	This risk was reviewed and updated by Helen Kenyon on 3 February. The North Yorkshire and Humber commissioning collaborative had a development day in December and agreed that the group needed to be formalised and that the group would work towards the establishment of a joint committee to more formally enable strategic decision making to be undertaken. In January the CCGs had to submit a STP footprint and used the 6 CCGs who will be the core members of the joint committee as the STP footprint.

Code & Title	Risk Description	Internal Controls	Assurances on controls	Positive assurances	Gaps in controls	Gaps in assurances	Managed By	Assigned To	Current Residual Risk Rating	Last Review Date	Update
CCGAF4000 Component 4 – Planning	Assurance of the CCG’s plans including annual operational plans and related plans such as those relating to System Resilience Groups and the Better Care Fund, but also longer term strategic plans, including progress with the implementation of the <i>Forward View</i> . Progress towards moving secondary care providers from paper-based to digital processes and the extent to which the NHS Number and discharge summaries are being transferred digitally across care settings.										
Original Risk 12 Target risk 9											
CCGAF4001 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 led by the CCGs with participation from all key stakeholders. 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.	PWC have provided assistance to the programme in assuring plans and identifying remaining gaps. They have also provided (March 2015) a modelling tool which will assist in planning future service redesign.  HLHF Programme Board oversees the programme’s activity, including a weekly operational group which ensures pace and accountability for programme work  Governance framework provided by HLHF programme board, engagement core group and assurance sub group in place.  The Programme Board reviews the programme risk log on a monthly basis.	Programme Board, Accountable Officers group and Assurance sub group continue to meet regularly and review risks and issues	Engagement with area team and external Gateway review has yielded positive comparison with other areas' similar processes	None identified	None identified	Julie Wilson	Julie Wilson	16	22-Jan-2016	Julie Wilson reviewed and updated this risk on 22 January. Based on HLHF plans developed by the end of December 2015, there are service reconfiguration plans that will achieve improvements in quality, but there is still a gap in terms of financial sustainability. The Northern Lincolnshire Chief Executives are working together to identify and agree other solutions for sustainable health and care.
Original Risk 16 Target risk 6											
CCGAF4002 Lack of capacity	There is a risk that the CCG may not be able to	CCG providing support to general practice	Progress on projects in relation to	Reports are taken to Joint	None identified	None identified	Cathy Kennedy	Julie Wilson	12	26-Feb-2016	Julie Wilson - New Risk identified - Risk

Code & Title	Risk Description	Internal Controls	Assurances on controls	Positive assurances	Gaps in controls	Gaps in assurances	Managed By	Assigned To	Current Residual Risk Rating	Last Review Date	Update
amongst GPs and/or Clinical Leads to assist the organisation with delivery of strategic service projects	deliver the agreed strategic service delivery changes because of a lack of capacity within general practice, or lack of capacity amongst Clinical Leads to support driving forward the changes.	capacity through overseas recruitment initiatives and engagement with regional and national projects regarding development of alternative roles within general practice. The Social Prescribing Project will help to support GP workload. Practices are beginning to work together across some service areas, which should support resilience and capacity to engage in other areas of work	alternative roles within general practice Progress reports relating to successful recruitment Progress on alternative ways of working across practices.	Co-Commissioning Committee							added to risk register 26/02/2016 Potential Effects:- Risk of non-delivery of key strategic projects effect – Improvements in Quality and delivery of integrated care Financial implications
<b>CCGAF5000 Component 5 – Delegated functions</b>	<b>Delegated functions including primary care. An annual review of the assurance for delegated functions will be required prior to the NHS England business planning process for 2016/17. This is in addition to the assurance needed for out of hours Primary Medical Services.</b>										
CCGAF5001 Lack of engagement with non GP clinicians	Lack of engagement with non GP clinicians which may impact on the implementation of commissioning plans	Database of professionals interested in involvement.	Database of practice nurses whom the CCG engage with on a quarterly basis at the Practice Nurse Forum	Assurance is through the Quality Committee	None identified	Dr Thomas and Hayley Wood are liaising about Practice Nurse liaison and a method to allow engagement and training in the long term with the CCG and also personal developme	Jan Haxby	Jan Haxby	9	03-Feb-2016	Jan Haxby - risk reviewed and updated 03 Feb 2016 - Register of nurses and allied health professionals employed by CCG is complete. There is only x1 AHP directly employed by NEL CCG - Medicines Manager, and 5 nurses who require a nursing qualification for the post they are employed for. Director Nursing team has worked with Practice Managers regarding the Revalidation

Code & Title	Risk Description	Internal Controls	Assurances on controls	Positive assurances	Gaps in controls	Gaps in assurances	Managed By	Assigned To	Current Residual Risk Rating	Last Review Date	Update
						<p>nt and training Lack of GP engagement is being addressed by the Primary Care Development Group and there is a business case about the recruitment and retention of GPs locally.</p>					<p>agenda for nurses they employ.</p> <p>Other action have not progressed as we have not had officers in post to lead it (lead nurse for quality post been vacant from September and the clinical nurse post was vacant from end November until now). The team will attempt to action the items below by end March 2016.</p> <ul style="list-style-type: none"> <li>. Continued development of a Practice Nurse forum.</li> <li>. New nursing leads network meeting which will also link to and update practice nurse forum,</li> <li>. Director Nursing team will work with AD Primary Care to develop standards for primary care in relation to practice nursing</li> </ul>