

WOLVERHAMPTON CCG

GOVERNING BODY
8 MAY 2018

Agenda item 10

TITLE OF REPORT:	Governing Body Assurance Framework and Risk Register
AUTHOR(s) OF REPORT:	Peter McKenzie, Corporate Operations Manager
MANAGEMENT LEAD:	Mike Hastings, Director of Operations
PURPOSE OF REPORT:	To outline to the Governing Body the latest position on the CCG's Risk Management arrangements, including the latest updated Governing Body Assurance Framework (GBAF) and Corporate Risk Register.
ACTION REQUIRED:	<input type="checkbox"/> Decision <input checked="" type="checkbox"/> Assurance
PUBLIC OR PRIVATE:	This Report is intended for the public domain. Any confidential information relating to any risks has been redacted.
KEY POINTS:	<ul style="list-style-type: none"> • This report outlines the current work underway to support risk management across the CCG, including the work of the Governing Body Committees. • The Committees have been progressing reviews of risks assigned to them, identifying and escalating additional risks as appropriate. • A copy of the latest draft of the GBAF and Corporate Register are attached for the Governing Body's consideration.
RECOMMENDATION:	That the Governing Body considers the report and updated Governing Body Assurance Framework and risk profile for the CCG.
LINK TO BOARD ASSURANCE FRAMEWORK AIMS &	This report details progress with developing the overall Board Assurance Framework and is therefore relevant to all of the aims and objectives.



OBJECTIVES:	
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1. BACKGROUND AND CURRENT SITUATION

- 1.1. The Governing Body considers the Governing Body Assurance Framework on a quarterly basis. The Audit and Governance Committee is responsible for maintaining an overview of the CCG's arrangements for managing risk and providing assurance to the Governing Body that they are operating effectively. The Committee agreed an updated version of the Risk Management Strategy in February 2018.
- 1.2. The CCG's risk management arrangements are designed to provide assurance to the Governing Body that risks to the CCG achieving its objectives are identified and effectively managed. A key element of this is the CCG's Governing Body Assurance Framework (GBAF) which outlines the overall risk to the CCG achieving each of its Corporate Objectives. This is supported by a Corporate level and Committee level risk register as well as regular risk assessment and review by teams throughout the CCG.

2. ASSURANCE FRAMEWORK UPDATE

- 2.1. The attached draft of the GBAF has been considered by the Audit and Governance Committee meeting in April 2018 and gives an update on the risk profile against each of the defined Corporate Objectives. This has been used to make an assessment for each objective based on the overall risk of it not being achieved. To support the Governing Body, an indicative score from the management team is given based on the updated risk profile, including the identified Corporate Risks which impact on the achievement of each objective. Details of the change in score from the previous assessment of the GBAF in February 2018 are provided for reference.
- 2.2. The management assessment of the overall risk level for each objective has not changed on this occasion and details of the reasons for each assessment have been provided in the narrative. This includes details of new and reducing risks associated with each objective identified at both a Corporate and committee level. The Governing Body is asked to consider and discuss whether the assessment for each objective is appropriate.
- 2.3. A key support for the development of the GBAF is the CCG's Strategic Risk Register, which includes an update on each of the identified risks, including those subject to risk reviews by the Governing Body Committees, which take place at each



meeting. The key changes to risks since the Governing Body considered the register in February are as follows:-

- **CR01 – Failure to meet QIPP targets, CR07 – Failure to meet overall financial targets & CR 18 – Failure to Deliver Long Term Financial Strategy**
As part of their review of risks, the Finance and Performance Committee have discussed the most effective way to articulate and manage risks associated with financial performance. The committee notes that as the level of risk associated with meeting financial targets may change over time as a result of in year actions. The Committee ask the Governing Body to consider the most appropriate way to manage these risks on the risk register, whether to articulate and manage the risk for the specific financial year separately on a year on year basis or to maintain a global risk, recognising that the risk level will ‘reset’ at the beginning of each new financial year.
- **CR08 – New Ways of working across the STP**
The score for this risk has been increased to 9 as a result of plans to implement new leadership arrangements for the STP. Whilst the Senior Responsible Officer has been identified, work to recruit an independent chair and programme director is still to take place.
- **CR09 – Safeguarding Compliance**
Following the closure of underlying risks associated with DBS checks and named Doctor provision by the Quality and Safety Committee the Corporate risk is recommended for closure. Quality and Safety Committee will continue to manage the residual risk associated with safeguarding provision in midwifery.
- **CR19 – Transforming Care Partnership** An additional Corporate risk associated with the Black Country Transforming Care for Learning Disabilities programme has been identified, which is supported by relevant committee risks at Finance and Performance and Quality and Safety committee. The Governing Body is asked to consider which committee should own and manage this risk.

3. COMMITTEE RISK REVIEWS

- 3.1. In addition to supporting the Governing Body with their review of the Strategic Risk Register, Committees have also continued to review their own assigned risk registers at each meeting. These discussions are supported by work in CCG teams to identify operational risks and discussion at team meetings to escalate risks as appropriate to committees.



3.2. The current number of risks on each Committee Risk Register is as follows:-

Committee	Number of Risks				
	Red	Amber	Yellow	Green	TOTAL
Commissioning Committee	1	2	1	0	4
Finance and Performance Committee	0	7	5	0	12
Primary Care Commissioning Committee	0	4	1	0	5
Quality and Safety Committee	1	2	1	0	4

3.3. Discussions of the risk profile at committees is becoming an embedded part of the committees operation. This includes not just discussing the risks outlined on the committee's risk register, but also considering whether risks are identified as a result of issues discussed throughout the meeting.

4. RISK MANAGEMENT ARRANGEMENTS

4.1. Following the review of risk management arrangements, staffing capacity is now in place in the Operations team and a work programme to support the implementation of the revised risk management strategy is being developed. This will include a programme of staff training, work with individual CCG teams and work with committee chairs to ensure that they are able to fulfil their responsibilities in managing risk at committees. Work also continues to ensure that the necessary technical and administrative supporting processes are working effectively.

5. CLINICAL VIEW

5.1. A clinical view has not been sought for the purpose of this report; however, if relevant, a clinical view is always sought via the appropriate committee membership.

6. PATIENT AND PUBLIC VIEW

6.1. Not applicable for the purpose of this report.

7. KEY RISKS AND MITIGATIONS

7.1. The CCG BAF and Risk Register on-going refresh work is critical, as failure to identify and manage risks is a risk to the achievement of the CCG's strategic objectives.



8. IMPACT ASSEFSMENT

Financial and Resource Implications

8.1. There are no financial implications arising from this report at this stage.

Quality and Safety Implications

8.2. Quality is at the heart of all CCG work and whilst no impact assessment has been undertaken for the purpose of this report, all risks have a patient safety and quality impact assessment

Equality Implications

8.3. There are no Equality Implications associated with this report.

Legal and Policy Implications

8.4. There are no legal implications arising from this report.

Other Implications

8.5. There are no other implications arising from this report

Name	Peter McKenzie
Job Title	Corporate Operations Manager
Date:	April 2018

ATTACHED:

GBAF and Risk Register.



REPORT SIGN-OFF CHECKLIST

This section must be completed before the report is submitted to the Admin team. If any of these steps are not applicable please indicate, do not leave blank.

	Details/ Name	Date
Clinical View	Not Applicable	
Public/ Patient View	Not Applicable	
Finance Implications discussed with Finance Team	Not Applicable	
Quality Implications discussed with Quality and Risk Team	Not Applicable	
Equality Implications discussed with CSU Equality and Inclusion Service	Not Applicable	
Information Governance implications discussed with IG Support Officer	Not Applicable	
Legal/ Policy implications discussed with Corporate Operations Manager	Report Owner	26/04/2018
Other Implications (Medicines management, estates, HR, IM&T etc.)	Not Applicable	
Any relevant data requirements discussed with CSU Business Intelligence	Not Applicable	
Signed off by Report Owner (Must be completed)	Peter McKenzie	26/04/2018

