

WOLVERHAMPTON CCG

**GOVERNING BODY
11 SEPTEMBER 2018**

Agenda item 7

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 provide assurance to the Committee 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. • A copy of the latest updated version of the GBAF and Strategic risk register, which has been reviewed by the Audit and Governance Committee is appended to the report. • Governing Body is asked to review and comment on the GBAF and Risk Register.
RECOMMENDATION:	<p>That the Governing Body</p> <ul style="list-style-type: none"> • Considers report and updated risk profile for the CCG • Considers the Governing Body Assurance Framework.
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 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 latest updated version of the GBAF, which was considered by the Audit and Governance Committee at its meeting in July 2018 is appended to the report. The GBAF gives an update on the risk profile against each of the defined Corporate Objectives and the Governing Body should use it 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 May 2018 are provided for reference.
- 2.2. 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 reviewed by the Governing Body Committees, which take place at each meeting. The Committee will note that risks associated with Vocare and the Primary Care Workforce are recommended for de-escalation to Committees for management. A new risk associated with the governance arrangements for the Insight Shared Care Record has been added to the Corporate Risk Register.
- 2.3. Following discussions around the overall governance arrangements for Primary Care, risks associated with the Primary Care strategy will be managed by the Primary Care Commissioning Committee (which will be renamed as the Primary Care Committee) for escalation to the Governing Body. This will reflect the arrangements across the CCG's other programmes of work.



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	0	0	3
Finance and Performance Committee	0	1	7	0	8
Primary Care Commissioning Committee*	1	3	0	0	4
Quality and Safety Committee	1	5	1	0	7
TOTAL	3	11	8	0	22

**Further risks associated with the Primary Care Strategy programme of work are likely to be added to the Committee's risk register.*

3.3. Work continues to ensure that discussions of the risk profile at committees is 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. Work continues with teams across the CCG to ensure that risks are being identified and managed at the appropriate level. This includes regular audits of team risk registers to ensure that the Governance staff in the Operations team have a clear oversight of risks across the organisation and are able to provide appropriate advice and guidance on the management and escalation of risks. Training on the new risk management arrangements has been delivered at CCG staff meetings and new Intranet pages have been populated.

4.2. Processes for ensuring that risks are captured and managed through the CCG's project and programme processes are being reviewed and refined. The Governance team are working closely with the CCG's Programme Management



Office team to ensure that this works effectively. In particular, this supports the management of risk within the QIPP programme and Primary Care strategy.

- 4.3. Risk management was discussed at the July Governing Body Development session with members receiving an overview of the risk management arrangements and discussing the operation of the arrangements at committee level. Outcomes from the discussions included a proposal for committees to review the timing of risk discussions on their agenda, which is being trialled and a move forwards descriptions of the CCG's approach to managing individual risks to determine whether they will be treated or tolerated. This will ensure the Governing Body are able to use risk management as a tool to provide effective scrutiny of the CCG's performance. Next steps in the development of risk management arrangements will include the use of 'deep dives' into individual areas of risk by the Senior Management Team which will be reported to the Audit and Governance Committee.

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 ASSESFSMENT

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: August 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	August 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	30/08/2018

