

WOLVERHAMPTON CCG

GOVERNING BODY
12 FEBRUARY 2019

Agenda item 8

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. • The latest updated version of the GBAF and Strategic risk register, which has been reviewed by the Audit and Governance Committee will be circulated before the meeting. • 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 & OBJECTIVES:	This report details progress with developing the overall Board Assurance Framework and is therefore relevant to all of the aims and objectives.



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 November 2018 has been updated by the Senior Management Team (SMT), and will be circulated in advance of the meeting. 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 September 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. An update on the risk register and movement in individual risks will be given at the meeting.

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 (Previous numbers in brackets):-

Committee	Number of Risks				
	Red	Amber	Yellow	Green	TOTAL
Commissioning Committee	0 (0)	3 (3)	0 (1)	0 (0)	3 (4)
Finance and Performance Committee	0 (0)	2 (4)	7 (4)	0 (0)	9 (8)
Primary Care Commissioning Committee*	0 (0)	3 (3)	0 (0)	0 (0)	3 (3)
Quality and Safety Committee	1 (1)	3 (3)	2 (2)	0 (0)	6 (6)
TOTAL	1 (1)	11 (13)	9 (7)	0 (0)	20 (21)

- 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. As reported at the last meeting, in line with the agreed recommendations from the Internal Audit review of Risk Management, a programme of regular deep dives into areas of risk has commenced at SMT. The outcome of the first Deep Dive into GBAF Domain 3c – Continuing to Meet Our Statutory Duties and Responsibilities was reported to the Audit and Governance Committee in November 2018.
- 4.2. The Governance and risk team populated a risk profile for the domain comprising risks identified on the strategic, committee and team risk registers. SMT used this to provide an overview of management of risks in this area throughout the organisation by the use of a facilitated discussion to determine whether risks had been identified correctly, managed appropriately and whether the score for the domain was therefore appropriate.
- 4.3. As a consequence of the discussion, SMT identified actions in relation to CCG staff capacity challenges, NHS Constitutional Standards and how risks associated with the STP would be managed. This included work with staff to better understand the challenges that they face as a consequence of the emerging changes associated with the STP and demonstrates how more mature risk management arrangements are driving concrete actions across the CCG.

4.4. The Governance and Risk Team have also commenced a regular programme of table top reviews of organisational risk registers, reviewing risks identified at a Corporate, Committee, Team and Programme level. This has helped to identify themes for further work, including on-going partnership working and the impact of the work to implement CCG's Primary Care strategy moving into business as usual. It is also helping to identify areas where the team's support would be beneficial and to develop plans to further enhance arrangements.

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: January 2019

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	January 2019
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	31/01/2019

