

WOLVERHAMPTON CCG

GOVERNING BODY
10 SEPTEMBER 2019

Agenda item 14

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, is appended following consideration at the Audit and Governance Committee in July 2019. • The GBAF has been updated following the Governing Body's review of the organisation's strategic objectives in May 2019.
RECOMMENDATION:	<p>That the Governing Body</p> <ul style="list-style-type: none"> • Considers the report and updated risk profile for the CCG • Comments on any matters relating to risk management.
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. Following the Governing Body agreement of a new structure for the GBAF the Audit and Governance Committee have reviewed an updated version of the GBAF.. This was produced with the input of the Executive and Senior Management Team and is appended. The Committee have provided assurance to the Governing Body that the approach and scoring (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 is appropriate. Following feedback from the committee, details of sources of assurance have been added to the GBAF to support the committee and Governing Body in identifying any gaps in controls.
- 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. This has also been reviewed by the management team. No new Corporate risks have been identified and the Governing Body are asked to note that the risk level for Risks CR01 (Failure to Achieve QIPP targets) and CR18 (Failure to Deliver Long Term Financial Strategy) has been raised as a consequence of the need to amend the CCG's financial plans for 2019/20. The risk level has also increased for CR08 (New ways of working across the STP) to reflect the impact of work to develop a shared management team across the Black Country and West Birmingham CCGs and for Risk CR22 (EU Exit) to reflect the increased work to prepare in advance of a potential exit date on 31 October 2019.

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	1 (1)	2 (2)	0 (0)	0 (0)	3 (3)
Finance and Performance Committee	0 (0)	2 (1)	6 (8)	0 (0)	8 (9)
Primary Care Commissioning Committee	0 (0)	5 (6)	0 (0)	0 (0)	5 (6)
Quality and Safety Committee	2 (1)	4 (2)	1 (1)	0 (0)	7 (4)
TOTAL	3 (2)	13 (11)	7 (9)	0 (0)	23 (22)

- 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. Following discussions around the risk appetite for committees the Governance and Risk team are reviewing the templates used for committee risk registers.

4. RISK MANAGEMENT ARRANGEMENTS

- 4.1. The Audit and Governance committee were advised that the planned deep dive into Primary Care has been delayed as the work to refresh of the CCG's Primary Care Strategy has been delayed. This will enable the deep dive to review any risks to the delivery of newly identified milestones once the new strategy is complete. This means that the deep dive can be aligned to the domain in the new GBAF structure when it is undertaken.
- 4.2. The work to refresh the GBAF has involved a review of the overall risk profile of the organisation and, in addition to recognising the continuing need to review the risks associated with Primary Care, has identified further actions which are being progressed. In particular, work will be undertaken to assess the impact of risks associated with the transition programme across the four Black Country and West Birmingham CCGs to support the development of a single commissioning voice in line with the NHS long term plan. This includes the impact on staff as well as the

need to understand how the single commissioning voice will reflect and build on local relationships and working arrangements in the five distinct places that will ultimately make up the Black Country and West Birmingham Integrated Care System.

- 4.3. The Governance and Risk Team are continuing to engage with colleagues from across the Black Country and West Birmingham to ensure that the interface between the CCG's risk management arrangements and those of the STP and transition programme work effectively. This has included supporting the development of a governance framework for the STP and highlighting the need to understand how risks identified at a system level are managed both within partnership structures and within organisations. This work will continue as the programmes of work in these areas continue to develop and clarify. The team are also planning to review the CCG's risk management strategy in the Autumn.

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 GBAF 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 2019

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 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	14/08/2019

