

## WOLVERHAMPTON CCG Governing Body – July 2016

<b>Title of Report:</b>	<b>Board Assurance Framework and Risk Register Quarter 1, 2016/17</b>
<b>Report of:</b>	Manjeet Garcha  Director of Nursing & Quality
<b>Contact:</b>	Dawn Bowden, Quality Assurance Co-ordinator
<b>Q&amp;SC Action Required:</b>	<input type="checkbox"/> <b>Decision</b> <input checked="" type="checkbox"/> <b>Assurance</b>
<b>Purpose of Report:</b>	To provide an update to the Governing Body on progress made during the reporting period i.e. April, May, June 2016 with particular attention being drawn to key risks that are recorded on the CCG Risk Register that may impact upon the Board Assurance Framework.
<b>Relevance to Board Assurance Framework (BAF):</b>	All domains detailed in the 16/17 framework.

### 1. KEY POINTS/BACKGROUND

- 1.1 NHS England has introduced a new Improvement and Assessment Framework for CCGs (CCG IAF) from 2016/17 onwards to replace both the existing CCG Assurance Framework and separate CCG performance dashboard. The new framework takes an enhanced and more central place in the overall arrangements for public accountability of the NHS. The CCG IAF brings clarity, simplicity and balance to the conversation between NHS England and CCGs about what matters to both sides. It draws together in one place NHS Constitution and other core performance and finance indicators, outcome goals and transformational changes. In combination, these provide a more accurate account of the real job description of CCGs.

The new framework covers indicators located in four domains:

- 1) **Better Health** – this section looks at how the CCG is contributing towards improving the health and wellbeing of its population and bending the demand curve;
- 2) **Better Care** - this principally focuses on care redesign, performance of constitutional standards and outcomes, including in important clinical areas;

- 3) **Sustainability** – this section looks at how the CCG is remaining in financial balance and is securing good value for patients and the public from the money it spends;
- 4) **Leadership** – this domain assesses the quality of the CCG’s leadership, the quality of its plans, how the CCG works with its partners and the governance arrangements that the CCG has in place to ensure it acts with probity, for example in managing conflicts of interest.

The diagram below summarises the framework:



The committee is requested to refer to **Appendix 1** and note that Quarter 4 domain ratings (2015/16) have been carried forward into Quarter 1 (2016/17) due to the new framework being published.

Significant work is being undertaken to better align WCCG’s Board Assurance Framework with new national guidance. Further training and discussions will take place in September at the Governing Body Development sessions being held in conjunction with PWC and Ernst & Young.

Updates will be reflected in Quarter 2’s Board Assurance Framework paper to Q&SC and Audit & Governance Committee in October 2016.

1.2 The Quality and Safety Committee receives monthly updates within the quality report detailing red risks and their associated movement into or out of the red zone of the risk register. In addition, a quarterly report is shared with the Quality & Safety Committee as well as the Audit & Governance Committee pertaining to the risk register and Board Assurance Framework. The CCG Governing Body receives an assurance report based on discussions that have taken place at both of these committees in order to assure the Board of the suitability and robustness of the risk register and Board Assurance Framework.

1.3 Reporting in this way enables each committee to consider the full risk register, the breadth of risk recording and raise queries in regard to departmental profiles and items that may be deemed to be gaps in the register. It also provides the committee with the opportunity to add and/or remove red rated risks as they deem appropriate.

## 2. CURRENT SITUATION

2.1 Assurance Framework – **Appendix 1** demonstrates the scores assigned to each domain by responsible directors for Quarter 1. Mitigating controls within each Domain, and associated red risks, performance reds, are reviewed by respective directors on a regular basis.

2.2 Risk Register – provides an update on risk entries and movement within the amber/red region of the risk register.

There were 11 red risks live on the risk register at the end of Quarter 1.

There have been 5 new red risks added to the risk register during Quarter 1.

One risk has been downgraded from red to green since the previous quarter.

One red risk has been closed during Quarter 1.

2.3 A summary of all risk entries are presented at QSC on a quarterly basis, the risks are listed in accordance with how they link to the respective Board Assurance Framework Domain. This work is currently being undertaken and a full alignment will be completed by October Governing Body Meeting.

2.4 The following tables confirm the numbers of risk entries and their status:-

<b>Risk Register Entries 2015/16</b>	<b>Q4 15/16</b>	<b>Q1 16/17</b>
Number of Open Risks	110	112
Number of Reds	8	11
Number of Ambers	62	57
Number of Green Risks	40	44

Risk owners are expected to manage their own risks and ensure that risks are reviewed before their review date. The Quality Assurance Co-ordinator continues to issue routine follow up emails to remind owners when their risk(s) are nearing/past their review date. Where risks remain overdue they are escalated to the responsible director. A deep dive review is being undertaken regularly on specific risks to challenge scoring and management of the risk. This is undertaken at six week intervals at SMT and commenced on 5th April 2016. The next deep dive will take place during July. SMT are required to update and add all new risks before Quality and Safety Committee.

- 2.5 Programme Delivery Boards – It is anticipated that Heads of Service will review their risks based on approved work programmes. Quality and Risk Team representatives are attending meetings, actively influencing inclusion of programme risks and monitoring each Board's risk register.
- 2.6 Better Care Fund – The Better Care Fund Risk Register is being operationally managed by the CCG's BCF Delivery Lead and monitored via BCF Programme Delivery Board.
- 2.7 The Quality & Risk Team actively monitors risk entries (new/existing) to ensure they are recorded correctly and progressed in a timely manner. Any queries are raised with risk owners and/or Directors.
- 2.8 Financial/Resource Implications - If a risk has a financial/resource implication, risk handlers must now provide further assurance details in the appropriate section within the Risk Register for Finance colleagues to note.
- 2.9 Relevant committees/groups are reminded of the need to record risks and receive reports on risks associated with their respective responsibilities.
- 2.10 Monthly risk activity is reported to the Quality & Safety Committee, quarterly reports on the Board Assurance Framework are provided for Quality & Safety Committee, Audit & Governance Committee and the Governing Body.
- 2.11 Risk Management Strategy has been reviewed during Quarter 1 2016/17, currently in draft form and out for consultation. Feedback has been encouraged from QSC with a view to ratification in August.

### **3. CLINICAL VIEW**

- 3.1 The CCG strives to ensure the services it commissions are achieving minimum standards of clinical quality as defined by regulatory requirements, contractual requirements and best practice. The Quality Team engages with Secondary Care Consultant, Nursing professionals and GP colleagues.

### **4. PATIENT AND PUBLIC VIEW**

- 4.1 Patient Representatives will be given the opportunity to comment on the content of the report prior to discussion

### **5. RISKS AND IMPLICATIONS**

#### ***Key Risks***

- 5.1 There is potential that not all services are pro-actively recording risks associated with their area(s) of responsibility on the risk register & therefore the committee is not fully informed on the organisation's risks. On-going monitoring and management of existing risk entries and publicity of the need to pro-actively record risks continues to take place. Programme Delivery

Boards have been continually urged to ensure that programme risks are reflected in each PDB's risk register.

- 5.2 Risks recorded against assurance domains within the Assurance Framework continue to be recorded as part of the on-going assurance that the Q&SC should consider and approve (**Appendix 1**).

### ***Financial and Resource Implications***

- 5.3 There are no financial implications associated with this report. The treatment of individual risks may have financial implications, which are addressed through financial approval processes.

### ***Quality and Safety Implications***

- 5.4 See full report detailing the impact on patient safety, experience and effectiveness.

### ***Equality Implications***

- 5.5 The content of this report has been prepared in consideration of the Protected Characteristics within the CCG's Equality Strategy.

### ***Medicines Management Implications***

- 5.6 The Quality Team engages with the Head of Medicines Optimisation regarding any risks that may have an impact on the prescribing budget.

### ***Legal and Policy Implications***

- 5.7 Statutory responsibilities associated with organisation governance including risk management e.g. management of Health and Safety at Work Regulations (amended 1999).

Refer to report - Risk Management Strategy.

## **6. RECOMMENDATIONS**

- RECEIVE and NOTE the report.
- CONFIRM the current red rated risks, or AGREE to add and/or remove red rated risks as appropriate.
- NOTE that the Quality and Safety Committee & Audit & Governance Committee will receive this report prior to an assurance report being shared with the Governing Body for the period covered.
- CONFIRM if the BAF Scores are supported given the supplementary evidence available in Appendix 1 (revised and supplementary info).

**Name: Manjeet Garcha**

**Job Title: Director of Nursing and Quality**  
**Date: July 2016**

## 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.**

	<b>Details/ Name</b>	<b>Date</b>
Clinical View	Helen Hibbs	05/07/16
Public/ Patient View	NA	
Finance Implications discussed with Finance Team	NA	
Quality Implications discussed with Quality and Risk Team	Nicola Ensor/Manjeet Garcha	05/07/16
Medicines Management Implications discussed with Medicines Management team	NA	
Equality Implications discussed with CSU Equality and Inclusion Service	NA	
Information Governance implications discussed with IG Support Officer	NA	
Legal/ Policy implications discussed with Corporate Operations Manager	Peter McKenzie	05/07/16
<b>Signed off by Report Owner (Must be completed)</b>	Manjeet Garcha	05/07/16



**CCG BOARD ASSURANCE FRAMEWORK: Quarter 1 Update 2016/17**  
**Principle Objectives & Risks (BAF)**

**Appendix 1**

Domain Number	Description	Rationale	Board Lead	Risk Review Status 2016/17			
				Q1	Q2	Q3	Q4
Domain 1	<p><b><u>Better Health</u></b></p> <p>How the CCG is contributing towards improving the health and wellbeing of its population and bending the demand curve.</p>	Quarter 1 score remains at amber, due to Level 2 for our Acute/Community as well as care homes/private sector providers. Issues include cdiff, pressure ulcers, cancer targets, safer staffing and prevalence of serious incidents.	Manjeet Garcha	4 x 3 = 12			
	<p><b>Mitigating Controls</b></p> <p>Documents : Quality Strategy, Commissioning Strategy, Finance Strategy, Patient &amp; Public Engagement Strategy, CCG Constitution</p> <p>Forums : CCG Board Membership, Programme Delivery Boards, Locality Meetings, Finance and Performance Committee, Quality and Safety Committee, Data Quality Forum, Joint Francis Task &amp; Finish Group (multi agency), Health and Well Being and Integrated Commissioning Board.</p> <p>Plans : Local Priorities, Integrated Commissioning Plan, Two Year Operating Plan, Five Year Strategic Plan, Organisational Development Plan, CCG Audit Programme &amp; Output Reports</p> <p>NHS standard contract: levers deployed to encourage providers to improve performance where delivery of the target position slips.</p>						





Domain Number	Description	Rationale	Board Lead	Risk Review Status 2016/17			
				Q1	Q2	Q3	Q4
Domain 2	<p><b>Better Care</b></p> <p>Care redesign, performance of constitutional standards and outcomes, including in important clinical areas.</p>	<p>Robust governance is in place to oversee the Better Care Fund programme and delivery of its work stream. There is a risk that the pooled budget may incur some over-spend and there is a Risk Share Agreement/Section 75 underpinning this. However, overspend and the inability to address the demographic growth pressure poses a financial risk to the CCG.</p>	Steven Marshall	2 x 4 = 8			
	<p><b>Mitigating Controls</b></p> <p>Documents : Quality Strategy, Commissioning Strategy, Finance Strategy, Patient &amp; Public Engagement Strategy, CCG Constitution</p> <p>Forums : CCG Board Membership, Programme Delivery Boards, Locality Meetings, Finance and Performance Committee, Quality and Safety Committee, Data Quality Forum, Joint Francis Task &amp; Finish Group (multi agency), Health and Well Being and Integrated Commissioning Board.</p> <p>Plans : Local Priorities, Integrated Commissioning Plan, Two Year Operating Plan, Five Year Strategic Plan, Organisational Development Plan, CCG Audit Programme &amp; Output Reports</p> <p>NHS standard contract: levers deployed to encourage providers to improve performance where delivery of the target position slips.</p>						



Domain Number	Description	Rationale	Board Lead	Risk Review Status 2016/17			
				Q1	Q2	Q3	Q4
Domain 3	<b><u>Sustainability</u></b>  How the CCG is remaining in financial balance and is securing good value for patients and the public from the money it spends;	All headlines are significant to the CCG and individually as well as collectively could pose significant risk to the CCG if they fail to achieve their objectives. That said, the organisation has many mitigating factors in place to ensure that the risks do not crystallise or are reduced as far as possible and therefore the score allocated in the status box reflects a view of the current mitigated position.	Claire Skidmore	3 x 4 = 12			
	<b>Mitigating Controls</b> Documents: Plan on a Page, Finance Strategy, Monthly Returns to NHSE, budget manager statements, reporting for QIPP Programme Board, Finance and Performance Committee and Governing Body.  Forums: Joint Working with LA i.e. BCF, Collaborative Working with Associate Commissioners, Health & Wellbeing Board, Locality meetings, QIPP Programme Board, Finance and Performance Committee, Governing Body, Joint Efficiency Review Group with BCPFT, Capital Review Group, work with emerging Vertical Integration and Primary Care Home models.  Plans: Plan on a Page, Commissioning Intentions, Operational Plan, Strategic Plan.						



Domain Number	Description	Rationale	Board Lead	Risk Review Status 2016/17			
				Q1	Q2	Q3	Q4
Domain 4	<b><u>Leadership</u></b>  The quality of the CCG's leadership, the quality of its plans, how the CCG works with its partners and the governance arrangements that the CCG has in place to ensure it acts with probity, for example in managing conflicts of interest.	Leadership team in place. CSU contract moved to Arden & Gem and review of OD. Plan to be undertaken to provide leadership development working in Black Country STP. Governing Body development sessions on-going.	Dr Helen Hibbs	2 x 4 = 8			
	<b>Mitigating Controls</b>  Documents : Organisational Development Strategy, Professor S Fairlea Review/Report/Action Plan (complete Jan 14), MOU with Public Health/LA, Forums : Interim Director Appointments & Board Development, Mentoring for Executive Directors, Board Development Sessions, Integrated Transformation Board (BCF), Collaborative Working Among Accountable Officers, Collaborative Commissioner Network, Working as a Governing Body (leadership/assurance/ chairmanship) Plans : Team Level Appraisal Plans/Records & Individual Objectives, Appraisal Records, Organisational Development Plan, CCG Audit Programme, HR Review						

LIKELIHOOD		CONSEQUENCE		Please Note: Scores are determined in line with the CCG's Risk Quantification Tool (likelihood x consequence)
1	RARE	1	MINOR	
2	UNLIKELY	2	MODERATE/LOW	
3	POSSIBLE	3	SERIOUS	
4	LIKELY	4	MAJOR	
5	ALMOST CERTAIN	5	FATAL/CATASTROPHIC	

\*Note Scoring is based upon likelihood of not satisfying the rationale within this financial year.



