

Agenda Item 14.

Governing Body meeting

Meeting Date	Thursday 26 July 2018
Title	Governing Body Assurance Framework
Executive Summary	<p>Overall risk management responsibility rests with the Governing Body. The Audit Committee soon to be renamed the Audit and Risk Committee has an assurance role with regard to risk management. The Audit Committee has the relevant risk management experts and expertise to scrutinise and challenge organisational risks reported to the committee. It also has an important role in assuring the Governing Body of the risk management structure and processes within the CCG.</p> <p>IGQC has responsibility for reviewing and scrutinising quality risks and providing assurance that those risks are being effectively reported and managed.</p> <p>The Governing Body Assurance Framework includes the high rated risks 12> that affect the organisations corporate objectives.</p>
Key Issues	<p>The key new risks that have been approved by the Audit Committee include:</p> <ul style="list-style-type: none"> • L7, • L8 <p>Risks that have been recommended for closure and agreed by the Audit Committee are:</p> <ul style="list-style-type: none"> • L3, L4, F17, F21, C35, C36 <p>These risks will be closed once the Governing Body has reviewed the GBAF.</p>
Management of Conflicts of Interest	None identified

Risk Issues:	The absence of a fit for purpose GBAF could result in risks not being identified, acted upon and reported and gaps in control / assurances not being identified and addressed.
Original Risk	12 (3x4)
Residual Risk	4 (1x4)
Financial Impact	Not applicable
Legal Issues (including NHS Constitution)	Not applicable
Impact on Health Inequalities	None
Impact on Equality and Diversity	None
Impact on Sustainable Development	None
Patient and Public Involvement	Not applicable
Recommendation	<ul style="list-style-type: none"> For the Governing Body to review the Governing Body Assurance Framework and assurances provided by the Audit Committee including further work to be undertaken on improving risk articulation and identified assurances.
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Governing Body Assurance Framework (GBAF)

1. Introduction

- 1.1 The Governing Body Assurance Framework (GBAF) comprises key risk associated with the achievement of the CCG's corporate objectives. Those risks that score 12 or more are included on the GBAF. Each directorate has a risk register that is updated on a monthly basis and should be used as part of directorate meetings to shape discussions on emerging and current risks that need to be effectively managed / mitigated. The risk registers also include guidance on how to succinctly identify and describe risk, how to score risks and the trend arrow to be included (indicating an upward / downward / same trajectory).
- 1.2 The Corporate Risk Register (CRR) is reported to IGQC with a particular focus on quality risks while the Audit Committee has taken on the assurance role for risk by reviewing both the CRR and GBAF. The Governing Body is ultimately responsible for risk management and ensuring that there is a pro-active risk culture within the CCG.

Corporate objectives

In April this year the Governing Body discussed revising and updating the corporate objectives to reflect current business priorities. The corporate objectives 2018/19 agreed by the Governing Body have been inserted within the corporate risk register and organisational risks have been mapped against those objectives see table 1.1.

Table 1.1

Corporate objective	Mapped risks To CRR	Mapped risk to GBAF
1. Commission high quality, innovative services	L2, L3*, L4*, L5, L7, L8, L9, K1, K2, K5, K7, T15	L5, L7, K1, L8, T15
2. Engage and involve patients, carers and the public in shaping services	Q21	
3. Transform services to meet the future needs of the population, through the most effective use of resources	T12, T14, C27, C5, C6, C15, C8(including 28)	T12, C27, C5, C6, C15, C8(including 28)
4. Secure continuous improvement, in the quality of services, tackling health inequalities and ensuring parity of esteem in mental health	T11, Q20	Q20
5. Work with our partners and staff to promote both the physical and mental health and wellbeing of patients, carers, staff and the public	None	None
6. Deliver strong leadership as commissioners ensuring good governance and financial sustainability	K6, C3, C16, F10/F12, Q5, Q12, F15, F16, F17*, F24, F26, F28, F27, *C36, *C35, F20, F21*	C3, C16, T10, F16, F24, F26, F28, F27, *C35, *C36
7. Develop plans for proactive care with partners that focus on early intervention,	Q19	Q19

prevention and detection of physical and mental health conditions		
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** risks recommended for closure*

2. Risk management training

Risk management training is offered to directorate team meetings, through lunch and learn sessions and 1:1 meetings. Most directorates have been trained with the Quality Directorate trained at the end of May.

The new internal auditors BDO (Adam Spires) met with the Associate Director of Corporate Governance and Lay Member for Governance on 8 June to review the training session specifically tailored to GCCG and the Governing Body. The training session focused on the organisation's key strategic risks and risk appetite. The training session took place on Thursday 21 June. There was good attendance from senior managers at the workshop who engaged in the discussion on risk identification and management and defining the organisation's approach to risk appetite.

3. Audit Committee's review of the CRR / GBAF

The Audit Committee met on 10 July; committee members reviewed the CRR and GBAF noting that further improvements were required namely:

- That risks need to be articulated in way that is concise and pithy, identifying the cause and consequence of the risk (i.e. following the format due to / resulting in)
- That assurances need to be articulated and described in a way that provides assurance of the controls identified and the risk mitigation plans. A good example would be third party assurances provided by internal / external audit, regulators and high level committees and boards, rather than listing internal meetings and groups.

The Audit Committee intends to scrutinise and challenge the risks included on the CRR and GBAF; and implement summary reporting following best practice guidance provided by the CCG's Internal

Auditors BDO. Further improvement work will be undertaken and reported back to the Governing Body.

The Audit Committee approved the closure of the following risks.

- L3 APMS procurement actions and dates have been updated. The risk rating has significantly reduced from 12 (Amber) to 6 (Yellow) due to the mitigating actions that have been taken. While the target of 4 (yellow) has not been reached the Primary Care Team feel that the risk has been reduced to a level that is tolerable and that there is little more to accomplish. Therefore the risk should be closed.
- L4 Risk that the APMS contract for a Primary Care registered list at Eastgate House and Matson Lane and the Urgent Primary Care Centre are handed back. This was a risk added in December 2017. The actions have been updated. The original risk rating was 12 (Amber), for the February report it was reduced to 8 (Amber) and has decreased to 4 (yellow).
- F17 Risk around the CCG using the lead provider framework for the procurement of commissioning support services. The actions have been updated this risk was reduced to 4 (Yellow) from 12 (Amber) in December 2017. The existing CSU has been approached regarding a contract extension which has now been largely agreed for a two year period but some specific elements may need testing. This risk is recommended for closure.
- F21 Shared Record Project - GPs may decline to share data due to concerns about the implications of information sharing. The actions have been updated and risk reduced from 12 (Amber) to 8 (Amber) in December 2017. The risk has been further reduced to 3 (Green) as actions have been taken to mitigate risks. This risk is recommended for closure.
- C36 Inability to report on constitutional standards. This is a duplicate of C15 and a request has been made to close this risk.
- C35 Risk that the transfer in providers of the OOH service from SWAST to CareUK leads to an inability to deliver an effective service during transition. The actions had been updated and risk reduced from 16 (RED) to 12 (Amber) in the December 2017 report.

This risk has been reviewed and is considered to be irrelevant. A request has been made to close this risk.

The Audit Committee approved the inclusion of the new risks.

- L7 there is a potential risk to the delivery of an Out of Hours GP service across the county. Due to: Difficulty of contractor to fill all GP, triage, mobile GP and ANP shifts for which they are commissioned. Resulting in: additional pressure on urgent care across the county.
- L8 there is a risk that clusters cannot deliver Improved Access pilots sustainably. Due to an inability to fill all shifts regularly and system issues. This would result in GCCG inability to commission Improved Access and patients unable to access a National requirement for urgent and routine appointments between 6.30pm and 8pm and at weekends.

Governing Body Assurance Framework

Highest risks RED

There are no current red rated risks on the Governing Body assurance framework.

Amber risks

Objective 1: Commission high quality, innovative services

- L2 Primary care resilience actions have been updated and the risk rating remained unchanged from the last report. It has been reduced to 8 (Amber) from an original risk rating of 12 (Amber).
- K1 Impact on discharges re-enablement the last report showed that the risk had increased from 6 (Yellow) to 12 (Amber). The actions have been updated with more details on the work undertaken to mitigate this risk. K1 and K2 Impact on discharges have been amalgamated as they are essentially the same risk around discharges but the delays are caused by the re-enablement service (K1) and independent sector domiciliary care (K2).

- K7 Implementation of the electronic patient record system risk to maternity data has been updated and has been reduced to 8 (Amber) from an original risk rating of 12 (Amber).
- T15 Risk around the current lack of knowledge of NHSE strategy for specialised services and current lack of engagement with NHSE in relation to specialised services. Due to mixed messages from NHSE regarding specialised commissioning and lack of CCG links with specialised commissioning. This risk was identified in January 2018 and originally rated as 12 (Amber) it then increased to 16 (Red) in February and for the June report it has been reduced to 12 (Amber) due to actions taken to mitigate the risk.

Objective 3. Transform services to meet the future needs of the population, through the most effective use of resources

- T12 Insufficient clinical capacity – this risk has been reviewed and updated, there is clarification that the risk is now insufficient clinical capacity. Actions have been updated. The risk rating remains unchanged at 12 (Amber).
- C27 Non-emergency patient transport – actions and assurances have been updated, risk remains unchanged at 12 (Amber) since the last report but has decreased from an original risk score of 16 (RED).
- C5 Discharge, risk has been reviewed, actions updated and remains unchanged at 12 (Amber) down from an original risk rating of 16 (Red)
- C6 A&E target 4 hour wait, remains unchanged since the last report in December at 12 (Amber). The original risk was 16 the risk target is 8 (Amber).
- C15 Constitution targets, cancer. Risk has been reviewed and actions updated. The risk remains unchanged at 12 (Amber)
- C8 (including C28) Risk of failure to reduce demand and prevent unnecessary acute attendances has been updated. The risk remains unchanged at 12 (Amber).

Objective 4: Secure continuous improvement in the quality of services, tackling health inequalities and ensuring parity of esteem in mental health

- Q20 Mortality review risk remains unchanged at 12 (Amber). To note a LeDeR update report was reported IGQC on 21 June. This risk will be updated by the new Deputy Director of Nursing.

Objective 6: Deliver strong leadership as commissioners ensuring good governance and financial sustainability

- K6 Impact of Children and Families Act, the risk is rated as 8 (Amber) reduced from its original risk rating of 12 (Amber). This risk has been reviewed for this report and further articulated in terms of risk impact.
- C3 Procurement – risk of legal challenge. This risk has been re-articulated with clearer details on the impact of the risk. The risk rating has been reviewed and is unchanged at 12 (Amber)
- F11 There is a risk that activity will be at variance with plan at Gloucestershire NHS FT and other providers including AQP contracts. This risk has been reviewed and actions updated; this risk continues to be rated 12 (Amber). F11 has been amalgamated with C16 Rising demand above planned levels as they are duplicates.
- T10 Risk that delayed implementation of STP Solutions and/or failure of projects to deliver anticipated benefits, actions have been updated and this risk remains unchanged at 12 (Amber).
- F16 Potential transfers of commissioning responsibilities and service lines from/to CCG may lead to cost pressures. The actions have been updated. The risk rating remains unchanged at 12.
- F24 Implementation of the electronic patient record system has decreased to 12 (Amber) from RED.
- F26 Local Digital Roadmap - Resources may not be available to deliver the programme, actions have been updated and the risk remains unchanged at 12 (Amber).
- F27 Risk of Cyber Attack – actions have been updated and risk remains unchanged at 12 (Amber).

- F28 Overall financial risk of the CCG not delivering the financial position resulting in the CCG not achieving its statutory duty. The risk has been reviewed and remains at 12 (Amber).

Objective 7: Develop plans for proactive care with partners that focus on early intervention, prevention and detection of physical and mental health conditions

- Q19 Health needs of children in care, has been reviewed and the risk remains unchanged at 12 (Amber)

3. Recommendation

- 3.1 The Governing Body is asked to discuss and review the Governing Body assurance framework, noting the feedback and assurances provided by the Audit Committee.

4. Appendix

Appendix 1: GBAF