

CCG Governing Body – Part I

Report Details	
Meeting Date	6 March 2018
Report Title	Governing Body Assurance Framework and Risk Register
Presented By/Title	David Bonson, Chief Operating Officer
Prepared By/Title	Jenny Hill, Commissioning Programmes Officer
Report Requirements	Receive

Improvement and Assessment Framework Objectives	
• Better Health	Not applicable
• Better Care	Not applicable
• Sustainability	Not applicable
• Well-led	Yes

CCG Corporate Objectives	
• Through better commissioning, improve local health outcomes by addressing poor outcomes and inequalities	Not applicable
• To work collaboratively to deliver safe, high quality health and care services	Not applicable
• To ensure financial balance and improve efficiency and productivity	Not applicable
• To deliver a step change in the NHS preventing ill health and supporting people to live healthier lives	Not applicable
• To maintain and improve performance against core standards and statutory requirements	Yes
• To commission improved and effective out of hospital care	Not applicable
• To support research, innovation and growth	Not applicable

Committee Discussion	
Committee/Governing Body and Date	Executives and Deputies Team – 27 February 2018
	Clinical Leadership Team – Date
	Quality and Engagement Committee – 13 March 2018
	Finance and Performance Committee – 27 February 2018
	Audit Committee – 22 March 2018
	Primary Care Commissioning Committee – Date
	Recommend to CCG Governing Body – Part I – 6 March 2018

Internal Assurance Process (indicate if not applicable)	
Clinical Lead	Via Executives and Deputies
Senior Lead Manager	Executives and Deputies
Finance Manager	Chief Finance Officer/Deputy Chief Finance Officer
Quality Impact Assessment completed	For individual risks
Equality Impact and Risk Assessment completed	For individual risks
Patient and Public Engagement completed	For individual risks
Financial Implications	As per each risk as relevant
Risk Identified	Not applicable
Report Authorised by Executive Lead	Chief Operating Officer/Director of Performance Delivery

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Governing Body Assurance Framework and Risk Register

Executive Summary

Introduction

The CCG Governing Body Assurance Framework and Risk Register has a total of 19 risks.

Historically the Risk Register and Governing Body Assurance Framework (GBAF) have been two separate documents. The difference between the two being that the GBAF only contained risks with a score of 12 and above as it allowed the Governing Body to focus on the higher level risks. However, currently there are only 19 risks in total on the risk register, of which 14 would also be on the GBAF. As there is little difference between the two it has been agreed that the Governing Body will receive the complete risk register as it allows the Governing Body to be aware of all risks and follow all risks even when their score drops below 12.

Total Risks on GBAF and Risk Register

1	Low Risk	Unlikely to cause problems
1	Moderate Risk	Needs to be resolved or accepted at Departmental level
10	High Risk	Needs to be resolved or accepted at Departmental level
7	Extreme Risk	To be resolved or accepted at CCG Level

Risk Movement

The following risks have been removed from the BCCG Risk Register and GBAF:

CO5.2 – Failure to deliver Performance Improvement Targets – NHS 111

CO5.3 – Ambulance handover and turnaround

CO5.4 – Risk to delivery of National response targets. NWAS actual ARP performance delivery against the new code sets.

These three risks relate to North West Ambulance Service NHS Trust (NWAS) and alternative governance arrangements have now been put into place to review these risks via the Strategic Partnership Board.

One risk has reduced in score:

CO3.4 Planned Savings / QIPP

The score for this risk has been reduced from 12 to 8 due to the forecast for planned savings reaching just over £6 million at the end of January 2018 and therefore it is felt that the year-end target of £6.5 million is achievable.

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One risk has increased in score:

CO5.5 – Capacity and capability

The score has been increased from 16 to 20. This is because there is an increasing concern about the CCG's capacity to continue to deliver the number of priorities maintaining "business as usual" within the existing system along with the new demands for a significant number of CCG staff working on issues across the Fylde Coast ICP and the Lancashire and South Cumbria ICS.

New Risk

One new risk has been added to the register:

CO2.6 – GP and Nurse Recruitment at Elizabeth Street Surgery

This risk that has been identified as Elizabeth Street Surgery has seen a significant rise in list size due to the closure of Gorton Street Practice. In addition the practice has issues with long term sickness and GP resignations which will leave the practice with just one GP to manage a list size of approximately 5800. The practice has been actively trying to recruit a GP and Nurse Practitioner to cope with the increase in list size however the practice is experiencing difficulties recruiting which will be more problematic when it has only one GP.

These issues could result in the practice's patients having difficulty to access an appointment with a GP or another Healthcare professional and could also have a knock on effect on A&E.

The risk has been scored at 16 with a severity score of Major (4) and a likelihood score of likely (4).

An action plan is being put in place to support the practice and ensure the practice's patients can access an appointment with a GP or another Healthcare profession.

The target score is 4 with a severity score of Major (4) but with the likelihood score reduced to rare (1).

Alignment of Risks with Fylde and Wyre CCG

The risk owners for the following risks have reviewed their risks to ensure that they are aligned with the equivalent risks in the Fylde and Wyre CCG's Risk Register:

CO1.2 – Dermatology Tier 2 Service

CO2.2 - In the event that Stroke Services do not fully meet National Standards and Performance targets, resulting in poor patient outcomes and experience.

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When this risk was reviewed both BCCG and F&W CCG had a score of 12. There was a discussion as to whether the score should be increased however as Stroke Performance Indicators have improved across the board from an E (worst performing) to a 'C' on SSNAP which represents very significant improvement in overall performance it was agreed that the risk score should remain at 12, until TIA performance improves and the Trust are able to demonstrate sustainability and/or further improvement.

CO2.3 - BTH is reported nationally as a trust with a higher than expected SHMI, indicating a need for greater scrutiny and assurance (local and national)

When this risk was reviewed BCCG had a score of 16 and F&W CCG had a score of 20. This was discussed and it was agreed to align both risks with a score of 16.

Recommendation

The Governing Body is asked to receive the Governing Body Assurance Framework and Risk Register and continue to support the risk management arrangements for the CCG.

David Bonson
Chief Operating Officer