

## Attachment 6

<b>Report to:</b>	NEL CCG Partnership Board
<b>Presented by:</b>	Laura Whitton
<b>Date of Meeting:</b>	12 March 2015
<b>Subject:</b>	CCG Board Assurance Framework
<b>Status:</b>	<input checked="" type="checkbox"/> OPEN <input type="checkbox"/> CLOSED
<b>Agenda Section:</b>	<input checked="" type="checkbox"/> STRATEGY <input type="checkbox"/> COMMISSIONING <input type="checkbox"/> OPERATIONAL ISSUES

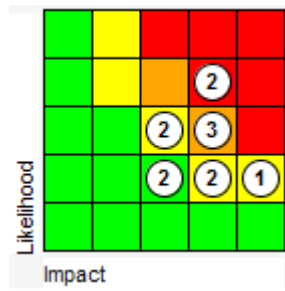
### OBJECT OF REPORT

The North East Lincolnshire Clinical Commissioning Group Board Assurance Framework (hereafter CCG BAF) acts as a high-level risk identification system with regard to compliance with the CCG's strategic objectives. The BAF highlights gaps in control, gaps in assurance processes and details of necessary action to be taken. The CCG Board Assurance Framework (BAF) demonstrates positive assurance received to date and any outstanding gaps in control or assurance.

#### Key areas of development (since March 14)

- All Risks within the BAF have been grouped into "Top 10 risk themes" (Appendix 2)
- The CCG Corporate Governance Assurance Officer with the support from the Commissioning Support Corporate Service Manager undertook two risk awareness sessions on 20 January 2015 & 10 February 2015. The overall objective of the sessions was to assess the risks facing the CCG and to ensure that any risks identified have mitigations in place to control/reduce the risk to the CCG.
- To enable us to fulfil assurances on control; positive assurances; gaps in control and gaps in assurance each member was allocated an half hour session to allow discussion of their risks, both operational risks on the risk register and strategic risks on the Assurance Framework, to look at ways of improving them, and raising awareness of new risks. The sessions also provided an opportunity for risk managers and assignees to raise any queries they had about the risk process.
- Commissioning Support Corporate Service Manager has amended the BAF template to provide easier evaluation
  - Archived anything pre CCG
  - Removed Heatmap
  - Domain titles clearer.
  - Original risk & Target risk scores added above the related risks

### Current position



	26 Feb 15
Total number of risks	12
High level risks (rated at 15+)	2
Medium to high level risks (rated at 12+)	3
Low to medium level risks (rated at 9+),	3
Low level risks (rated at 3+)	4

The current BAF (Appendix 1) to be reviewed and approved at the IG & Audit Committee on 31 March 2015.

### STRATEGY

The CCG Partnership Board monitors the achievement of its strategic and business objectives; the Board Assurance Framework captures how assurance has been received by the CCG and whether it mitigates against the risks that the CCGs objectives might not be achieved.

### IMPLICATIONS

The CCG Partnership Board should have the opportunity during the financial year to monitor the assurance it has received and identify any gaps that should be addressed in order to be assured. This is an on-going process and IG&A should inform the development of the amended BAF for the CCG

### RECOMMENDATIONS (R) AND ACTIONS (A) FOR AGREEMENT

Board members are asked to note:

- amendments made to the BAF template
- level of assurance received by the CCG, in relation to its strategic risks

		Yes/No	Comments
	Does the document take account of and meet the requirements of the following:		
i)	Mental Capacity Act	Yes	
ii)	CCG Equality Impact Assessment	No	Not applicable
iii)	Human Rights Act 1998	Yes	
iv)	Health and Safety at Work Act 1974	Yes	
v)	Freedom of Information Act 2000 / Data Protection Act 1998	Yes	
iv)	Does the report have regard of the principles and values of the NHS Constitution? <a href="http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_113613">www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_113613</a>	Yes	

## Appendix 1

# Assurance Framework

Generated on: 26 February 2015



Code & Title	Risk Description	Internal Controls	Assurances on controls	Positive assurances	Gaps in controls	Gaps in assurances	Managed By	Assigned To	Current Residual Risk Rating	Date Risk Last Reviewed	Latest Note
<b>CCGAF1000 Domain 1 - Patients are receiving clinically commissioned, high quality services</b>	<p><b>Quality is at the heart of governance, decision-making and planning arrangements, with examples of CCG delivering local quality improvements. Member practices are involved in making and implementing decisions and views and input are sought, heard and valued from a range of professionals across all providers, not just GPs.</b></p> <p>There are currently no risks under this domain</p>										
<b>CCGAF2000 Domain 2 - Patient and the public are actively engaged and involved</b>	<p><b>CCG is an active member of its Health and Wellbeing Board, and sees engagement with patients, carers and members of the public and developing an open and transparent culture, as intrinsic to what it does. Examples of how CCG systematically monitors and acts on patient feedback, particularly in identifying quality issues.</b></p>										
<p>Original risk 3x3 = 9 Target Risk 2x2 = 4</p>											
CCGAF2001 Failure to Establish CCG Identity within local Population	By not establishing the CCG's unique identity within the local community	A Communications and Engagement Steering Group has been established.	A formal Comms & engagement stakeholder group has been established	Minutes taken and actions from the steering group will be reported on to ensure	None at present but may be identified at steering group	None at present	Lisa Hilder	Iquo Ema	6	10-Feb-2015	Lisa Hilder - risk reviewed and positive assurances updated 10 February 2015.

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	there is a risk to both the organisation's reputation, the reputation of the NHS as a whole. Additionally there is a risk that by not establishing itself in the community it will be harder for the CCG to achieve its strategic goals	Regular monthly meetings in place to review C&E plan, discuss and approve future projects and objectives. Group chaired by Lisa Hilder.  Proactive media statements  Media line	that will meet on a monthly basis. Diane Edmonds, Community Forum representative is in attendance to give a community aspect to the meeting.  A comms and engagement plan has been produced. This will be updated to reflect service lead priorities for 2015/16.	progress. Inaugural meeting held mid Feb 14 and meets monthly.  Steering Group feeds into Delivery Assurance Group who provide exception reports to Partnership Board.							
Original risk 5x2 = 10 Target risk 3x1 = 3											
CCGAF2002 Statutory duty to consult	The CCG is required to undertake public consultation on significant service change/ redesign as directed by the local overview and scrutiny committee of North East Lincolnshire Council. The Healthy Lives, Healthy	The risk is managed through the Marketing, Comms and Engagement sub group of the Healthy Lives Healthy Futures(HLHF) programme and overseen by the HLHF assurance group. The chair of the Marketing, Comms and Engagement sub group is the	Assurance is provided through the HLHF assurance sub group. Notes need to come to the Governing Body	Notes need to come to the Governing Body and through NHSE oversight of the Service Change Assurance process	Controls are adequate	Assurances are adequate	Cathy Kennedy	Lisa Hilder	10	13-Feb-2015	New risk identified 13 February 2015 Risk is dormant currently but will emerge as service change proposals are developed by April 2015

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	Futures Programme will shortly be proposing transformational service changes which are likely to require public consultation. All assurance requirements must be met in relation to public consultation or the CCG will be at risk of a successful legal challenge to its service change proposals	AD for Strategic Planning at NEL CCG (Lisa Hilder)									
<b>CCGAF3000 Domain 3 - CCG plans are delivering better outcomes for patients</b>	<b>CCG has detailed financial plan that delivers against the financial business rules, sets out how it will manage within its management allowance and is integrated with its commissioning plan, and CCG can demonstrate progress and delivery against its plan. There are on-going discussions between CCG, its neighbouring CCGs and provider organisations about long-term strategy and plans, and member practices understand their local plans and priorities and are engaged in their delivery.</b>										
Original Risk 4x3 =12 Target Risk 3x3 = 9											
CCGAF3003 Risk that Healthy Lives, Healthy Futures will not deliver the quality and financial sustainability outcomes in the requisite timeframe	Healthy Lives, Healthy Futures is a review of all services in the Northern Lincolnshire region. The	Further work on reviewing and refreshing the financial gap has been commissioned by the Programme	Programme Board, Exec group and Assurance sub group continue to meet regularly and review	Engagement with area team has yielded positive comparison with other areas' similar	None identified	None identified	Lisa Hilder	Lisa Hilder	16	13-Jan-2015	Lisa Hilder - risk reviewed and updated 13 January 2015 as follows:  The consultation on Hyper Acute Stroke and ENT concluded

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	<p>review aims to make sure the services available to people in our area will be safe and of high quality and affordable for years to come.</p> <p>Healthy Lives, Healthy Futures is being led by North Lincolnshire Clinical Commissioning Group (NLCCG) and North East Lincolnshire Clinical Commissioning Group (NELCCG) working with organisations such as the Northern Lincolnshire &amp; Goole Hospitals NHS Foundation Trust and other health and social care organisations.</p>	<p>Board to be delivered by PWC (13 October 2014)</p> <p>HLHF Programme Board</p> <p>Governance framework provided by HLHF programme board, engagement core group and assurance sub group in place.</p> <p>The HLHF Programme Board reviews progress monthly towards financial and clinical sustainability goals for Northern Lincolnshire. The Programme Board reviews the programme risk log on a monthly basis and has also established an assurance sub group to identify key areas of concern and recommend remedial action.</p>	risks and issues	processes							<p>on 26 September 2014. The recommendations from the report to maintain HAS at SGH and to consolidate ENT inpatient services at DPOW were accepted by the programme board and the respective CCGS and will now move to implementation. The focus for the consultation has been on service redesign for quality rather than financial efficiencies. Current modelling suggests circa 50% progress towards the overall financial goals. This work has been assisted by some additional modelling capacity from PWC which has produced the "single version of the truth" (SVT) Further workstreams targeting service redesign for financial efficiencies are underway for future phases of the programme, the first of which will be constructed in the coming 3-6 months. PWC have been retained to assist</p>

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		With regards to financial sustainability the Executive group of the Programme board meets weekly virtually and receives ongoing reports and assurance on the updated financial position.									with this modelling work and a service visioning workshop took place on 8 January 2015 to inform future clinical direction of travel
Original Risk 4x3 = 12 Target Risk 4x2 = 8											
CCGAF3005 Instability in partnership finances or services/costs leads to unaffordable consequences for members of the health care system	Instability in partnership finances or services/costs leads to unaffordable consequences for the CCG and/or the wider NEL health and care system	August 2014: NELC flagging that their 3 year financial plan has an unresolved gap which <i>may</i> require additional savings in ASC to be identified - regular meetings for Executive Directors for CCG/LA in place to monitor position.  16/07/13: NELC have established an outcome review process engaging the CCG to meet £7-9million cost reduction target	Routine financial reports to partnership board  Delivery Assurance Committee scrutiny of financial plan delivery	Joint NELC/CCG working group set up to assess Care Act financial implications and impact on partnership resources  Partnership funding discussions at partnership board workshop(s)  Integrated Governance & Audit (IG&A) review of key risks and actions  Medium Term Financial Plan reports to	None identified	None identified	Cathy Kennedy	Cathy Kennedy	12	07-Nov-2014	Cathy Kennedy - risk reviewed 7 November 2014 and positive assurances updated



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		for ASC		IG&A and board  Internal audit plan is risk - based							
Original Risk 4x4 =16 Target Risk 3x2 = 6											
CCGAF3008 Financial challenges	Risk that the CCG could face financial challenges (i.e. Fail to deliver a balanced budget or there is a funding gap) and therefore does not achieve statutory financial obligations Particular issue at this time due to uncertainties in NHS transition/allocations and NELC (social care) funding pressures and NHS service sustainability	17 May 13 Within the CCG the IG&A committee assures management of financial risk  Regular meetings for Executive Directors for CCG/LA to monitor position.  HLHF programme arrangements	Routine financial reports to partnership board (finance and HLHF)  Delivery Assurance Committee scrutiny of financial plan delivery	Integrated Governance & Audit (IG&A) review of key risks and actions  Medium Term Financial Plan reports to IG&A and board  Internal audit plan is risk - based	None identified	None identified	Cathy Kennedy	Cathy Kennedy	16	09-Jan-2015	Cathy Kennedy - risk reviewed 9 January and no changes noted at this time.
<b>CCGAF4000 Domain 4 - The CCG has robust governance arrangements</b>	<b>a) ability to manage all aspects of quality</b> <b>b) ability to commission the full range of services</b> <b>c) use of information to deliver an open and transparent culture</b> <b>d) financial control and capacity</b> <b>e) environmental and social sustainability</b>										

Code & Title	Risk Description	Internal Controls	Assurances on controls	Positive assurances	Gaps in controls	Gaps in assurances	Managed By	Assigned To	Current Residual Risk Rating	Date Risk Last Reviewed	Latest Note
Original Risk 4x3 = 12 Target Risk 4x2 = 8											
CCGAF4001 Possible reduction in performance	Possibility of being unable to maintain performance and delivery	The Delivery Assurance Committee (DAC) meets regularly to discuss all elements of performance with a focus on quality. Any significant issues are escalated to the Partnership Board. There is a particular focus on those measures that NHS England will use to assess CCGs overall performance next year with some directly relating to the Quality Premium payment. NHSE have representation on the DAC and the CCG and NHSE meet to discuss the CCGs performance against the CCG Assurance Framework regularly and agree support	Regular reporting in to performance leads so that they can take action where appropriate to resolve issues and regular contract meetings with providers to ensure that performance issues are raised and assurance is received on actions being taken.  The CCG performed well against the CCG Assurance Framework in 2014-15 with the AT being assured against each of the domains.	Regular reporting in to the Delivery Assurance Committee and Partnership Board	None	None	Cathy Kennedy	Martin (SU) Rabbetts	12	11-Feb-2015	Martin Rabbetts - risk reviewed and updated 11 February 2015  The Delivery Assurance Committee (DAC) meets regularly to discuss all elements of performance with a focus on quality. Any significant issues are escalated to the Partnership Board. There is a particular focus on those measures that NHS England will use to assess CCGs overall performance with some directly relating to the Quality Premium payment. NHS England have representation on the DAC and the CCG and NHS England meet regularly to discuss the CCGs performance against the CCG Assurance Framework and agree support where appropriate. These meetings will have occurred on a quarterly basis but

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		where appropriate.									they may take a lighter touch approach in future. The CCG performed well against the CCG Assurance Framework in 2014-15 with NHSE being assured against each domain. There are some measures consistently performing below the target however and these will be areas that the NHSE will continue to seek assurance around plans in place to improve.
Original Risk 4x3 = 12 Target Risk 2x2 = 4											
CCGAF4004 Recruitment, retention and succession planning	Risk that the organisation is unable to recruit, retain and succession plan (re. leadership and HQ) to maintain the capacity and capability required to deliver its functions and meets its priorities	Clinical leadership development and succession planning overseen by Chair and Chief Clinical Officer. Personal objective and PDP system in place and overseen by Deputy Chief Executives	Ability to recruit to key roles  Corporate business plan delivery is monitored by Delivery Assurance committee  Routine Workforce report on IG&A agenda	Actions included in OD plan and corporate business plan.  CE and Chair assure PDP system is in place for board and senior executives  Appraisal policy in place, delivery monitored by Workforce Team and Corporate Management	None identified	None identified	Peter Melton	Cathy Kennedy	8	08-Dec-2014	Cathy Kennedy - risk reviewed 8 December and no changes were noted.

Code & Title	Risk Description	Internal Controls	Assurances on controls	Positive assurances	Gaps in controls	Gaps in assurances	Managed By	Assigned To	Current Residual Risk Rating	Date Risk Last Reviewed	Latest Note
				Meeting (CMM)							
Original Risk 5x3 =15 Target Risk 3x2 = 6											
CCGAF4006 Potential conflict of interest compromises planning process	Reputational, legal and/or regulatory risk if decisions are seen to be compromised by conflicts of interest. Main risk relates to GP member involvement in service planning and/or procurements.	Constitution/process that ensures transparency and openness and develop an open and honest culture	Constitution, Conflicts of Interest policy, and Procurement policy approved and available on website	Internal audit review of arrangements for managing conflicts of interest showed 'Significant assurance' in place in 2013/14. Follow up on the reports action plan will occur in 2014/15	Internal audit report identified a small number of actions to be taken – none were rated 'significant'.	None identified	Cathy Kennedy	Cathy Kennedy	8	07-Nov-2014	Cathy Kennedy - risk reviewed 7 November 2014 and no changes notes at this time.
<b>CCGAF5000 Domain 5 - The CCG is working in partnership with others</b>	<b>CCG has deep collaborative ties to their local authority, clinical senates and area teams, with shared governance of joint commissioning with area teams and, where relevant strong integrated commissioning with their local authority partner. The CCG has developed a strong and insightful working partnership with the local Health and Wellbeing Board. CCG has contract in place with an assured commissioning support services provider, and can articulate clear plans for its commissioning support services between 2013 and 2016.</b>										
Original Risk 4x4 = 16 Target Risk 4x1 = 4											
CCGAF5002 Summary Hospital Mortality Indicator (SHMI) Organisational Risk	The Summary Hospital-level Mortality Indicator (SHMI) reports on mortality at trust level across the NHS in	A Northern Lincolnshire Mortality Stakeholder Group has been established to oversee the release of information into the public	The latest SHMI data indicates that the current position is now within the "expiated range"	10 July 2014 A brief synopsis was presented to the Partnership Board of the SHMI data. The supporting	The Mortality Action Group meets next month to review the latest Mortality Action Plan, terms of reference,	MAP needs to be RAG rated – this is on the agenda for the next meeting	Helen Kenyon	Julie Taylor-Clark	12	13-Nov-2014	Julie Taylor-Clarke - risk reviewed and updated 13 November 2014 as follows:  Paper is going to the Partnership Board 13 November 2014.

Code & Title	Risk Description	Internal Controls	Assurances on controls	Positive assurances	Gaps in controls	Gaps in assurances	Managed By	Assigned To	Current Residual Risk Rating	Date Risk Last Reviewed	Latest Note
	<p>England. This indicator is produced and published quarterly as an experimental official statistic by the Health and Social Care Information Centre (HSCIC). On February 6 2013, the Prime Minister announced that he had asked Professor Sir Bruce Keogh, NHS Medical Director for England, to review the quality of care and treatment provided by those NHS trusts and NHS foundation trusts that are persistent outliers on mortality indicators. NL&amp;G Hospital Trust formed part of this review.</p>	<p>domain and to oversee the delivery of the associated action plan and communications plan. Progress monitored via the NL&amp;G Contract Board.</p>		<p>paper outlined the ongoing action given to 7 day working action plan that has been developed by NL&amp;G to drive improvement in the weekend mortality rates. Headline areas within this plan include:</p> <ul style="list-style-type: none"> <li>a) Patient experience</li> <li>b) Diagnostics</li> <li>c) Interventional services</li> <li>d) Mental health</li> <li>e) Other – this includes access to consultants by GPs, transport availability and twice daily consultant visits to specific units</li> </ul> <p>Within primary care the following steps have been taken:</p> <ul style="list-style-type: none"> <li>a) Development of an end to end review process for</li> </ul>	<p>Chair to be reviewed</p>						

Code & Title	Risk Description	Internal Controls	Assurances on controls	Positive assurances	Gaps in controls	Gaps in assurances	Managed By	Assigned To	Current Residual Risk Rating	Date Risk Last Reviewed	Latest Note
				<p>reviewing all SHMI related deaths at Practice level</p> <p>b) The newly formed Primary Care Mortality Group will have its first meeting in August</p> <p>c) An education event for North Lincolnshire GPs has been arranged for August</p> <p>d) The end to end review process will be rolled out to all Practices at the end of August</p> <p>It was queried whether the ratio difference between week day/weekend and also in and out of hospital has remained the same and in response it was confirmed that this is still relatively similar.</p>							

Code & Title	Risk Description	Internal Controls	Assurances on controls	Positive assurances	Gaps in controls	Gaps in assurances	Managed By	Assigned To	Current Residual Risk Rating	Date Risk Last Reviewed	Latest Note	
				<p>14 May 2014 - Paper taken to the CCG Board last week which evidenced that the NLAG SHMI is now within the "acceptable" range- although there is still a variance between weekend and weekday rates at DPOWH</p> <p>Feb 14 A paper was taken to the Partnership Board on Thurs 9/1/14 which outlined where the Acute Trust are in terms of Keogh. The Trust has an on-going action plan in relation to Keogh and the latest plan was attached to the partnership Board paper to raise members awareness of progress being made.</p>								

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				In relation to SHMI a paper was also tabled at the partnership board on 9/1/14 noting the progress being made by the Trust as their SHMI is now within the expected range. It was noted that there is still differential between Grimsby and Scunthorpe Hospitals and the Trusts monthly action plan acknowledges this and identifies work needed to progress with improvement in this area							
Original Risk 4x4 =16 Target Risk 3x2 =6											
CCGAF5003 Ineffective planning mechanisms across new systems, including CCG, PHE networks, senates, NHS Property Services and NHSE	Fragmented new system fails to coordinate effective planning of services and infrastructure	Emerging co-commissioning arrangements for Specialist services and Primary Care (GP practices) from 1 April 2015	Co-commissioning arrangements are subject to Partnership Board approval  Strategic and operational	Key service planning risks brought to board meetings and workshops for discussion	Senates not yet fully established to engage with, but early links have been made through HLHF	None identified	Cathy Kennedy	Cathy Kennedy	9	07-Nov-2014	Cathy Kennedy - risk reviewed 7 November 2014: co-commissioning additions



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		Deputy Chief Executive (DCE) membership of CCG collaborative group DCE attendance at Area Team strategic service meetings Clinical Chief Officer and DCE membership of HLHF programme board spans all relevant CCGs and providers.	plans in place. Plans reflected in corporate business plan Corporate business plan delivery is monitored by Delivery Assurance committee		programme office  Propco processes and functions are not fully established, but CCG is initiating discussions as and when required on specific matters						
Original Risk 4x3 =12 Target Risk 1x3 = 3											
CCGAF5004 Lack of Effective risk sharing with other CCGs, including financial risk sharing and strategic service planning	Lack of effective risk sharing will increase the risk exposure of the organisation , and criticism of CCG arrangements (including a potential on-going authorisation condition)	Deputy Chief Executives given authority to implement policies	Routine financial reports to partnership board  Delivery Assurance Committee scrutiny of financial plan delivery  Strategic and operational plans in place.	Integrated Governance & Audit (IG&A) review of key risks and actions  Key service planning risks brought to board meetings and workshops for discussion	None identified	None identified	Cathy Kennedy	Cathy Kennedy	6	08-Dec-2014	Cathy Kennedy - risk reviewed 8 December 2014, no changes notes at this time.
<b>CCGAF6000 Domain 6 - The CCG has strong and robust leadership</b>	<b>CCG has individually and collective leadership who demonstrate commitment to partnership working and have the necessary skillset to lead commissioning and drive transformational change. Distributed leadership throughout the culture of the CCG and the governing body means that there is extensive engagement and communication across practices, with effective processes for two-way accountability in use.</b>										

Code & Title	Risk Description	Internal Controls	Assurances on controls	Positive assurances	Gaps in controls	Gaps in assurances	Managed By	Assigned To	Current Residual Risk Rating	Date Risk Last Reviewed	Latest Note
Original Risk 3x3 = 9 Target Risk 2x2 = 4											
CCGAF6003 Lack of engagement with non GP clinicians	Lack of engagement with non GP clinicians which may impact on the implementation of commissioning plans	Database of professionals interested in involvement	Database of practice nurses whom the CCG engage with on a quarterly basis at the Practice Nurse Forum	Assurance is through the Quality Committee	Next phase is to collate a register of allied health professionals , to be completed by end Q4 2014/15	Adequate assurances in place	Cathy Kennedy	Julie Taylor-Clark	9	20-Jan-2015	Sue Cooper Lead Nurse Quality- risk reviewed 15 January 2015  Awaiting feedback from Practice Nurse Forum - Temporary Dedicated Lead now in post to take this work forward.

## Appendix 2

### Top 10 Risk Themes

The table below shows the CCGs risks on the assurance framework mapped to the Top 10 themes as identified in the MIAA Insight – CCG Assurance Framework Benchmarking. The insights were taken from a detailed review of 17 CCG assurance frameworks (September 2014).

Of all the assurance frameworks:

- Only one had all 'top 10' themes
- Over half of the assurance frameworks (65%) covered at least seven of the 'top 10' risk themes
- All of the assurance frameworks identified one or more risks in at least five of the 'top 10' risk themes

The average number of high risks (risk score 15 – 25) in an assurance framework was 4.

Theme	NEL CCG Assurance Framework	Risk Score
Corporate Systems and Processes	CCGAF4004 Recruitment, retention and succession planning	8
	CCGAF4006 Potential conflict of interest compromises planning process	8
Quality Assurance of Providers	CCGAF5002 Summary Hospital Mortality Indicator (SHMI) Organisational risk	12
Access to Services		
Performance Targets	CCGAF4001 Possible reduction in performance	12
Financial duties	CCG3008 Financial challenges	16
	CCGAF5004 lack of effective risk sharing with other CCGs, including risk sharing and strategic service planning	6
Partnership working	CCGAF3005 Instability in partnership finances or services / costs leads to unaffordable consequences for members of the health care system	12
	CCGAF5003 Ineffective planning mechanisms across new systems, including CCG, PHE networks, senates, NHS Property Services and NHSE	9
	CCGAF6003 Lack of engagement with non GP clinicians	9
Commissioning		
Reconfiguration and redesign of services	CCGAF3003 Risk that Healthy Lives, Healthy Futures will not deliver the quality and financial sustainability outcomes in the requisite timeframe	16
CSU support		
Public and Patient engagement	CCGAF2001 Failure to establish CCG identity within local population	6

#### Outcome of mapping

The CCG cover 7 risks of the 'top 10' risk themes.

The CCG have 2 risks with a high risk score (between 15 – 25).