

Agenda item: 2.2

Paper No: 6



Guildford and Waverley  
Clinical Commissioning Group

<b>Committee:</b>	Governing Body
<b>Venue:</b>	Boardroom, Dominion House
<b>Date:</b>	24 January 2017
<b>Status:</b>	(1)FOR REVIEW AND NOTE (2) FOR APPROVAL

<b>Title of Report</b>	Risk Management – Board Assurance Framework (BAF)
<b>Presented by</b>	Elaine Newton, Director of Governance and Compliance
<b>Author</b>	Eleanor O’Shaughnessy, Corporate Governance Systems Manager
<b>Relevant Legislation and Source Documents</b>	<ul style="list-style-type: none"><li>Annex 1 – Board Assurance Framework (BAF)</li></ul> BAF is a requirement established by the Department of Health in ‘Assurance: the Board Agenda in July 2002’.
<b>Freedom of Information</b>	Author considers that no exemption applies: <input type="checkbox"/>

**Executive Summary:**

This report discusses BAF risks presented to the Audit Committee in December 2016, and new risks more recently added.

Since the last Governing Body meeting in November 2016, two risks are new, the focus of one risk has changed and one risk has been closed.

Following a review of the risks that have been assigned to the CCG’s objective: ‘we will innovate, lead and transform the way local healthcare is delivered, fostering strong local partnerships to achieve this’, a reduced level of risk appetite is recommended by the Audit Committee as the risks currently attributed do not warrant such a high level of risk tolerance.

The 2016/17 Internal Audit Review of the GBAF and Risk Management arrangements awarded ‘substantial assurance’ for the second year running. The final report will be presented to Audit Committee in March 2017.

**Implications:**

Health/ CCG strategic objectives	The GBAF comprises risks which may threaten the delivery of the CCG's strategic objectives; each risk is linked to a strategic objective on the risk management system. A robust risk management system demonstrates good governance within the CCG and between organisations, where risks span partnership working.
Financial/Resource	Effective management of risk requires input of staff time (Risk Handlers and Owners). There may be additional costs associated with the identification of mitigation strategies.
Legal/compliance	The GBAF should provide key information to the Governing Body and Accountable Officer (AO) on risk, with positive assurances and mitigation strategies identified to close the gaps using internal control systems. In doing so, it provides evidence to support the AO's sign off of the Annual Governance Statement. Any organisation that is well governed must have a robust system of risk management.
Equality Analysis	Equality analysis is included within the CCG's Risk Management Strategy and Policy
Patient and Public Engagement	Lay Member (PPE); Patient and voluntary sector representation in the membership of the Quality and Clinical Governance Committee (review of clinical risks) and Information Governance Sub Committee.
Risk (including reputational) and rating	A failure to keep effective oversight of our key risks could lead to a failure to fully achieve our organisational objectives and purpose.

**Recommendations:**

The Governing Body is asked to:

**REVIEW and NOTE** the current position with respect to risks included on the BAF, informed by the risk owners for the top rated BAF risks.

**APPROVE** the change in risk appetite for the objective 'innovate, lead and transform the way local healthcare is delivered, fostering strong local partnerships to achieve this' to 'open-high' (10-12).

**Next Steps:**

Recommendations from the audit are being addressed, including extension of risk management training to all staff (as well as risk handlers and owners), Governing Body Members and new starters as part of their induction. A risk training needs analysis is now in place and user guidance for the current risk software will be reviewed during quarter 4 2016/17. In addition, risk training has been delivered to individual teams. The review of the CCG's risk management software is underway with costs now received from three potential providers.

## 1. Summary

This Report provides the Governing Body with the CCG's Assurance Framework (GBAF). Presentation of risks on the Corporate Risk Register is by exception only, in line with the Risk Management Strategy and Policy.

The top rated risks for the BAF are presented, together with an analysis of key movements as follows:

- New risks added
- Existing risks escalated or de-escalated, with rationale
- The risk that has been closed since last presentation to the Governing Body

### 1.1 Review of Assurances

A full review of assurances has recently been carried out for BAF risks. This is to ensure they are up to date, valid and relevant to demonstrate the effectiveness of controls in mitigating risk.

### 1.2 Review of Risk Appetite Levels

The risks associated with the objective '*we will innovate, lead and transform the way local healthcare is delivered, fostering strong local partnerships to achieve this*' to ascertain whether they merit the high risk appetite level of 'seek – significant' (15–16) to achieve successful outcomes.

As a result, and with Audit Committee agreement, it was agreed that the level of risk the CCG should tolerate, with partners, to achieve this objective should be reduced to 'open-high (10-12), and Governing Body approval is sought to do this.

This is now in keeping with the one 'transformational' risk assigned to this objective: R0200 '*If primary care strategy is not implemented, primary care will become increasingly unsustainable in its current form*', with a current rating of 16. As a result of this review, a BAF risk (RO148), and a Corporate Risk Register risk (R0115) were found to be wrongly attributed and were reassigned to the quality and safety objective.

### 1.3 New Risks

Two new BAF risks have been added, not previously presented to Audit Committee or Governing Body:

#### **R0219 – If the interim arrangements for stroke care provision are not robustly implemented, improved health outcomes may be impacted**

Audit Committee recommended a new risk to be raised around interim stroke arrangements, separate from that associated with the future model of stroke care and a related risk around the CCG's duty to consult.

Risk R0210, which concerned the transition to re-designed stroke services, has also been re-worded to focus on the financial aspect as follows: **If agreement on financial model is not achieved with providers and Surrey CCGs, then the future stroke model will present financial pressure.**

The second new BAF risk is **R0216 – If there is not enough capacity in diabetes structured education, improved quality of life will not be enabled to support self-management of the condition**

This risk concerns a backlog of referrals for the DESMOND structured education service, and how to ensure sufficient capacity to respond to demand. The CCG has made provision for at least 2 sessions per month from January to March 2017 to address the backlog and has sourced staff to support delivery. A longer – term solution is anticipated via the new community health services contract. The intention is to agree this early 2017 as part of service mobilisation.

#### 1.4 Risk Profile and Top Rated Risks

A summary of the current BAF position is as follows:

- There are 22 open risks
- There are 2 new risks (not previously sighted by Audit Committee or Governing Body)
- One risk (**R0198 - If the CCG has not completed the procurement of CSU support within timescales it will be outside of national requirements**) has been closed since the last presentation to the Governing Body, having met its target rating and been approved for closure by the Audit Committee
- 1 risk has decreased
- 16 risks are unchanged
- 3 risks have increased

The BAF is attached at Annex 1. The top rated risks are as follows (with the highest rated risks first):

**R0119 - If the local health economy fails to achieve the QIPP target the CCG will not achieve its financial strategic objective** (current risk rating increased from 20 to 25)

The risk rating has increased from 20 to 25 due to the CCG now not being able to satisfactorily mitigate the deficit position after the financial report identified the in-month and forecast deficit position. Work continues on transforming clinical pathways of care that will impact on the 17/18 run rate for the acute trust activity.

**R0003 - If the CCG does not achieve financial balance then it will not comply with its statutory duty** (current risk rating 20)

The financial risk is correct at point of compiling this report. Given the current volatility of the financial position, the latest position will be reported verbally if it is different from what is noted in the Board Assurance Framework.

**R0213 - If the provider of the ambulance service doesn't improve performance the CCG will breach its statutory obligation** (current risk rating 20).

Following consideration of the issues at the January Quality and Clinical Governance meeting, with lead commissioner (NHS North West Surrey CCG) representatives, the CCG will be convening an urgent summit to ensure the CCG is doing everything

within its control to address this situation, including a review of the contract and having oversight of recovery trajectories, where indicated.

**R0161 - If the CCG does not keep within its reduced running costs allocation, the CCG will breach its statutory duty** (current risk rating 16)

**R0211 - If the providers of A&E do not fulfil national targets, the CCG will breach its statutory obligation** (current risk rating 16)

**R0200 - If Primary Care Strategy is not implemented, primary care will become increasingly unsustainable in its current form** (current risk rating 16)

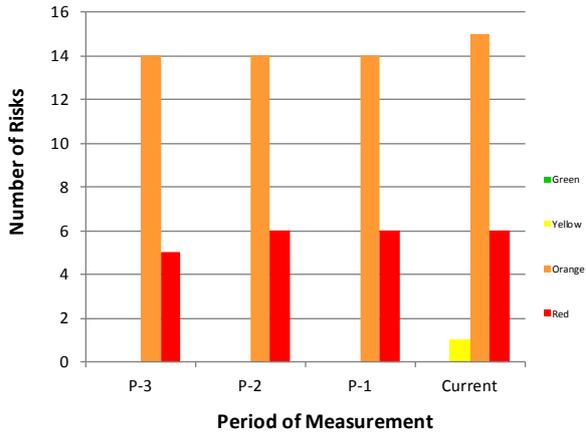
**Risk R0209 - Delays to mobilisation of the new children's community health contract could impact on provision of local services** was discussed at the Audit Committee meeting in December 2016. The current risk rating has remained at 12. The suspension has now been lifted and so the contract can be signed and mobilisation progressed. The risk is shared with other commissioning organisations at a monthly Procurement Board meeting.

BAF risks that currently have a risk rating outside of the risk appetite are detailed on the BAF. This includes direction of travel and commentary from the Risk Owner.

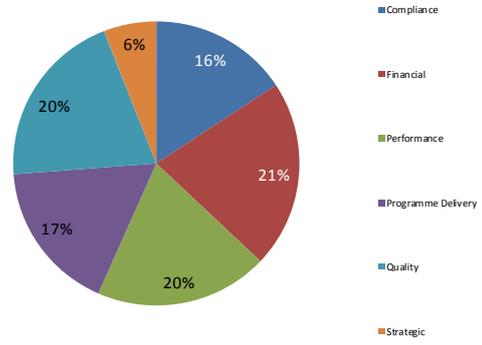
#### 1.5 Deep Dive Review

Finally, a deep dive review focusing on quality risks with a current risk rating of 8 or above was presented to the Audit Committee at their December 2016 meeting. The report tracked the progress of persistent risks over the last twelve months. The Committee reviewed ratings, controls and assurances to be satisfied that everything was being done that was within the CCG's control to mitigate.

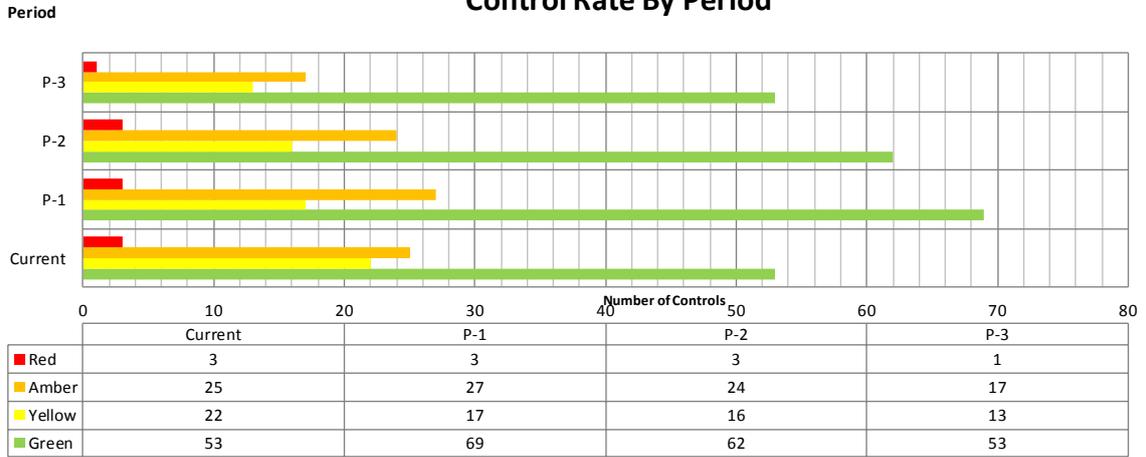
### Current Risk by Period



### Nature of Risk



### Control Rate By Period

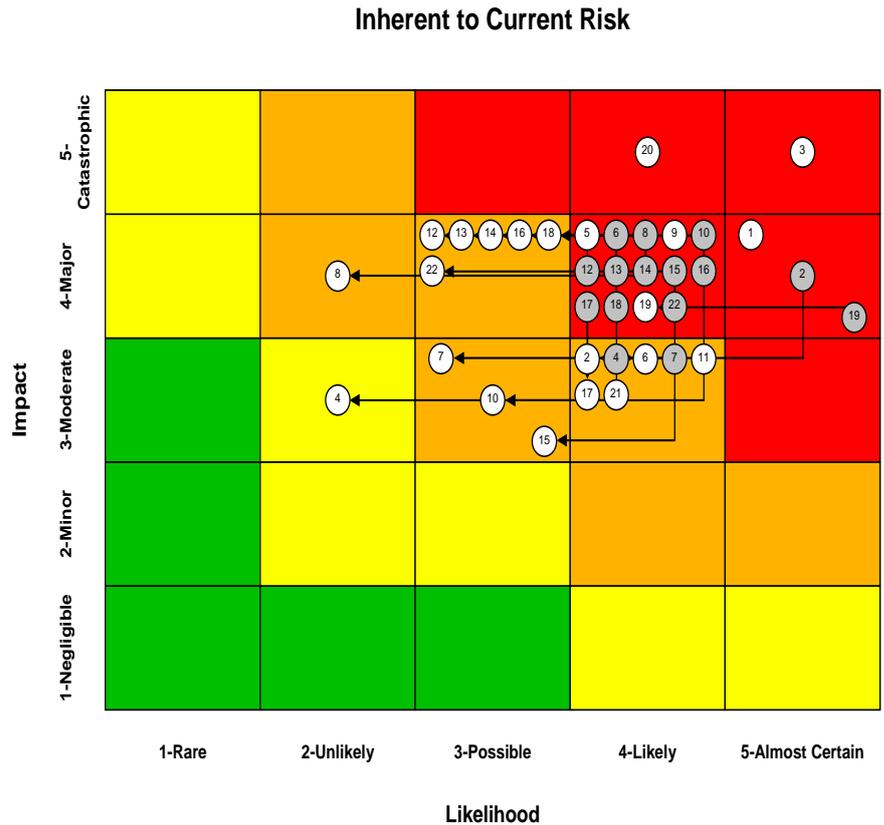


	Current	P-1	P-2	P-3
Red	3	3	3	1
Amber	25	27	24	17
Yellow	22	17	16	13
Green	53	69	62	53

## Heatmap (showing inherent to current risk)

List of risks	
1	R0003 - If the CCG does not achieve financial balance then it will not comply with it's statutory duty
2	R0075 - If acute trust does not achieve A&E performance targets CCG will not receive the Quality Premium financial award
3	R0119 - If the local health economy fails to achieve the QIPP target the CCG will not achieve its financial strategic objective
4	R0148 - If community health and social care capacity is insufficient patients will not be discharged and create blocks in patient flow
5	R0161 - If the CCG does not keep within its reduced running costs allocation, the CCG will breach its statutory duty
6	R0164 - If we do not achieve safe and sustainable provider workforce, the service transformation is at risk
7	R0184 - If the CCG does not have a comprehensive OD programme, focussed on capability and capacity, it may not be high performing
8	R0185 - If local health inequalities are not identified & addressed GWCCG will be unable to discharge its statutory responsibility
9	R0200 - If Primary Care Strategy is not implemented, primary care will become increasingly unsustainable in its current form
10	R0201 - If CCG does not have arrangements to meet NHS E EPRR standards & guidance the CCG response to incidents will not be effective.
11	R0202 - Failure to meet NHS Constitutional standards will result in the CCG not discharging its statutory responsibility
12	R0203 - If the CCG does not consult the public about proposed service change there is a risk of judicial review & delayed implementation
13	R0204 - If conflicts of interests not managed in line with revised guidance - potential risk of challenge to integrity of decision making
14	R0206 - If mobilisation of adult community health services is delayed, the provision of services to local population may be impacted
15	R0207 - Not achieving robust planning environment locally and across the STP will result in failure to deliver transformational change
16	R0208 - Without robust succession planning, clinical leadership in a membership organisation will not be maintained
17	R0209 - Delays to mobilisation of the new children's community health contract could impact on provision of local services
18	R0210 - If agreement on financial model isn't achieved with providers & Surrey CCGs then the future stroke model will present financial pressure
19	R0211 - If the providers of A&E do not fulfil national targets, the CCG will breach its statutory obligation
20	R0213 - If the provider of the ambulance service doesn't improve performance the CCG will breach its statutory obligation
21	R0216 - If not enough capacity in diabetes structured education, improved quality of life will not be enabled to support self-management
22	R0219 - If the interim arrangements for stroke care provision are not robustly implemented, improved health outcomes may be impacted

Inherent
  Current



Annex 1 - Board Assurance Framework

Responsible Directorate	Objective	Risk Appetite	Risk	Inherent Score	Previous Score	Change	Current Score	Target Score	Controls	Assurances	Handler	Director's Public Comments
CFO - Chief Finance Officer	We will achieve ways of delivering and prioritising healthcare, working within our allocated budget.	4-6	R0119 - If the local health economy fails to achieve the QIPP target the CCG will not achieve its financial strategic objective	25	20	↑	25	4	C0302 - Fortnightly QIPP PMO meetings C0303 - Commissioning, Finance and Performance Committee C0304 - Governing Body C0462 - Better Care Fund Local Joint Commissioning Group C0625 - Programme Management Office C0677 - NHS England submission Operational Plan 2017 - 2019	Bi Annual Assurance Meeting Operational plan 2017 - 2019 Internal Audit QIPP review October 16 Programme plans monitoring and programme risk registers External NHS England RightCare Assessment	Leah Moss	05/01/17 - The risk rating has increased from 20 to 25 due to the CCG now not being able to satisfactorily mitigate the deficit position after the financial report identified the in month and forecast deficit position. Work continues on transforming clinical pathways of care that will impact on the 17/18 run rate for the acute trust activity.
CFO - Chief Finance Officer	We will achieve ways of delivering and prioritising healthcare, working within our allocated budget.	4-6	R0003 - If the CCG does not achieve financial balance then it will not comply with its statutory duty	20	20	↔	20	6	C0003 - Performance management of QIPP plan C0004 - Budgetary control systems for identifying and controlling financial risks C0005 - Monthly budget holder meetings C0006 - Internal Audit plan C0526 - Reports to Audit and Finance and Performance committee C0527 - Monthly performance and assurance meetings with Local Area Team C0575 - Risk Share agreement with main acute provider C0601 - Joint PMO function established with main acute provider C0615 - CCG Financial recovery plan C0678 - Assurance Meetings C0780 - Joint Recovery Plan	Budget statements produced with monthly budget meetings documented with sign off sheets Monthly Non ISFE returns completed, reviewed and signed off by NHS England NHS England / CCG regular Assurance Meetings in place Deloitte's Independent Financial review 2015/16 - The independent financial review was undertaken to provide scrutiny and review of CCG financial plan and QIPP programme and provision of recommendation of further actions for review by the CCG to mitigate financial risk - Action completed and follow up of all actions undertaken and reported back to Audit Committee.	Vicki Taylor	09/01/17 - The CCG has reported a year to date deficit position at Month 8, with slippage against the overall QIPP Plan, risks and mitigations have been identified which also include a forecast position, committees are informed on a monthly basis of the financial challenge.  Risk and mitigation and QIPP delivery will be reported through the QIPP Delivery Assurance Group, fortnightly meetings still take place with the local area team.  Given the level of risk in the forecast position the CCG had appointed a Joint Turnaround Director to work with the commissioner and provider, to put in place a joint recovery plan, the CCG and provider has now commissioned a joint transformation director to drive this forward in the final quarter and into the new year.  A risk scenario has been shared with NHSE and is discussed at the monthly meetings, and discussions have been underway with regards to the level of unmitigated risk that is currently reported at month 8.
DQG - Director of Quality and Safeguarding	We will continually check and improve the quality and safety of patient services	1-3	R0213 - If the provider of the ambulance service doesn't improve performance the CCG will breach its statutory obligation	20	20	↔	20	4	C0769 - Ambulance Receiving Nurse (pilot) C0770 - AE Delivery Board - Ambulance Response Programme C0771 - NHSI-NHSE & Host Commissioner Governance of Remedial (Unified) Action Plans C0772 - Integrated Care Programme	Audit of Ambulance Receiving Nurse October 2016	Ben Hill	04/01/17- Currently the providers of the service have been placed into special measures following their CQC inspection. Concerns have been raised with regards to their overall performance and governance arrangements. A detailed recovery action plan has been produced and is being overseen by both NHS Improvement, NHS England and the Host Commissioners. Currently we are working with our acute hospital provider to reduce handover delays which directly impact on ambulance performance. We are actively involved in the commissioner forum.
CFO - Chief Finance Officer	We will achieve ways of delivering and prioritising healthcare, working within our allocated budget.	4-6	R0161 - If the CCG does not keep within its reduced running costs allocation, the CCG will breach its statutory duty	16	16	↔	16	8	C0455 - HR and OD strategies C0456 - Recruitment practice C0457 - HR and Finance reports C0458 - EMT oversight and sign off of running costs C0459 - Collaborative arrangements-sharing good practice and resources C0460 - Robust financial management	Commissioning Finance & Performance Committee oversight Monthly reporting by directorate to Formal Executive meeting on running costs budgetary performance. Monthly meetings with corporate budget holders to ensure actions are taken where costs are not within budget Collaborative budget pack agreed and signed off every year	Vicki Taylor	09/01/17- The CCG is delivering against its running cost budget at Month 8, this will be monitored through monthly budget meetings and via the executive committee, the CCG will continue to work with other organisations to share resources which will support the overall position

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DQG - Director of Quality and Safeguarding	We will continually check and improve the quality and safety of patient services	1-3	R0211 - If the providers of A&E do not fulfil national targets, the CCG will breach its statutory obligation	20	16	↔	16	4	C0758 - Remedial Action Plans C0759 - A & E Delivery Board (Previously System Resilience Group) C0766 - Primary Care Stream pilot C0767 - Daily system calls amongst all providers in the urgent care system to discuss risk and agree actions to mitigate. C0768 - Frequent attenders project aimed at reviewing all high users of service and putting interventions in place to reduce attendance	There are no assurances for this risk at the current time	Ben Hill	04/01/17 - A new RAP (recovery action plan) have been created and is now being actioned. Also under the Local A&E Delivery Board we have RIG (Rapid implementation guidance) set out by NHSSE giving suggested milestones for the remainder for this financial year. These two work streams ultimate aim is to improve patient flow through the acute hospital, enhance community services, promotes timely discharge, prevent attendance and non elective admissions These will all create a more efficient urgent care system resulting in an improve performance against national targets.
CFO - Chief Finance Officer	We will innovate, lead and transform the way local healthcare is delivered, fostering strong local partnerships to achieve this	10-12	R0200 - If Primary Care Strategy is not implemented, primary care will become increasingly unsustainable in its current form	16	16	↔	16	12	C0712 - Primary Care Strategy and Delivery Plan in place C0750 - CCG governance C0779 - Completion of estates feasibility studies	NHS England Operational Plan assurance letter Q4 2015/16 NHS England bi-annual submission and assurance letter following meeting held 05/05/16	Katie Thomas	09/01/17 - The delivery plan is being developed to support robust oversight of the strategy.  The CCG is updating the delivery plan in light of recently published NHS England planning guidance in relation to the GP Forward View. The CCG will work with practices to ensure funding linked to the Forward View is assessed and utilised locally
CFO - Chief Finance Officer	We will achieve ways of delivering and prioritising healthcare, working within our allocated budget.	4-6	R0075 - If acute trust does not achieve A&E performance targets CCG will not receive the Quality Premium financial award	20	12	↔	12	6	C0485 - Local A&E Delivery Board Performance reports reviewed monthly C0486 - Monthly Local A&E Delivery Board C0591 - CCG Sign up to Surrey Young Carers Strategy 2014-18 C0651 - RSCH Emergency Floor Redesign working group	NHS England activity submissions NHS England quarterly assurance – outcome letter NHS England QP return	Jane Williams	09/01/2017 - A&E Delivery Board has now been developed within new NHSE assurance process. The new 5 work streams have been developed to ensure new assurance and responsive whole systems. The 95% target is currently part of the remedial Action Plan and will be lead within the A&E Delivery Board of streaming. ESIST report has been completed with a Key action plan being developed as a whole system transformation plan.  CCG has allocated Primary Care winter pressures to support A&E divert, weekends and bank holidays, a review of this will take place at the end of January to determine if this should continue throughout the year. ☐
CFO - Chief Finance Officer	We will continually check and improve the quality and safety of patient services	1-3	R0202 - Failure to meet NHS Constitutional standards will result in the CCG not discharging its statutory responsibility	12	12	↔	12	3	C0715 - Remedial action plans C0716 - Fortnightly governance meetings to review the RAPs C0717 - Attendance of Deputy Director-Director at weekly cancer and 18 week PTL	Remedial action plans in place with the Royal Surrey County Hospital NHS Foundation Trust Minutes of Commissioning, Finance and Performance Committee Monthly reports to Commissioning Finance and Performance Committee	David Howell	09/01/17 - The Royal Surrey County Hospital NHS Foundation Trust are in the process of agreeing what next years trajectories are for achieving the constitutional performance measures for 17/18 financial year with NHS Improvement. This will impact upon the CCGs delivery for 17/18 which needs to be understood following this agreement. Performance has improved within the current financial year to date, particularly for cancer and diagnostics. Remedial action plans continue to be monitored contractually with the provider and mitigations made where applicable, such as moving Neurology activity with poor RTT performance to another provider. This continues to be worked on during the planning process.
CFO - Chief Finance Officer	We will achieve ways of delivering and prioritising healthcare, working within our allocated budget.	4-6	R0210 - If agreement on financial model is not achieved with providers & Surrey CCGs then the future stroke model will present financial pressure	16	12	↔	12	4	C0774 - Stroke pathway redesign across Surrey - Committee in Common to control options and outcome C0782 - Weekly teleconference calls with commissioners and providers to ensure robust interim arrangements for stroke care C0791 - Joint planning group for stroke care - meeting frequency to be agreed	NHS England assurance process for substantive proposals Clinical Senate	Jane Williams	09/01/17- The Stroke pathway has been now agreed with flow of Guildford and Waverley CCG patients to both Ashford and St Peters Hospitals and Frimley Acute Stroke Unit/Hyper Acute Stroke Unit, the full mobilization will require public consultation and an interim plan is being developed for service in January 2017 and stroke Hyper Acute Stroke Unit service will be suspended at the Royal Surrey County Hospital NHS Foundation Trust.
DGC.01 - Director of Governance and Compliance/Communications and Engagement	We will continually check and improve the quality and safety of patient services	1-3	R0219 - If the interim arrangements for stroke care provision are not robustly implemented, improved health outcomes may be impacted	16	New Risk for GB	New Risk for GB	12	3	C0793 - Weekly teleconference calls with all providers coordinated by CCG commissioning lead C0794 - Timely responses to complaints and concerns raised by public and professionals C0795 - Twice daily teleconference calls between CCG and RSCH will include stroke arrangements	There are no assurances for this risk at the current time	Liz Patroe	NEW risk:☐ 06/01/17 - The interim arrangements will direct patients requiring specialist stroke care to either FPH or SPH via SECAMB within a specified timescale, particularly for the proportion of patients that meet all other clinical criteria for thrombolysis (c. 11/65 patients (17% based on Apr-July data for GW/CCG). There has been strong involvement from all relevant providers in developing the interim arrangements and protocols for staff, to ensure the new system operates effectively. Key triggers for this risk are being managed through weekly teleconference calls with providers led by CCG - in particular SECAMB response times and timely repatriation from Frimley Park Hospital or St Peters Hospital to the Royal Surrey County Hospital to facilitate direct admission of other stroke patients to the Hyper Acute Stroke Unit as per best practice. ☐
DQG - Director of Quality and Safeguarding	We will continually check and improve the quality and safety of patient services	1-3	R0164 - If we do not achieve safe and sustainable provider workforce, the service transformation is at risk	16	9	↑	12	4	C0495 - Provider Workforce Reports C0496 - CQC inspection reports C0708 - Senior Committee Bi-Monthly Review of Workforce Statistics by Exception C0723 - For One Major Provider, a Contract Notice and the Production of a Remedial Action Plan C0724 - For one Major Provider, the Monthly Governance of Remedial Action Plans through Clinical Quality Review Meetings C0775 - Staff Survey C0787 - Monthly meet with Associate Director of HR in One Major Provider	NHS England assurance framework CQC regulation of providers Monitor review of providers	Helen Collins	23/12/2016- Risk reviewed and has been increased to 12. Although there has been improvement in one of the larger providers, turnover remains very high (around 15%) and there is also little improvement in statutory and mandatory training compliance. The performance notice for this provider remains open. Recruitment in other providers also remains a challenge and despite multiple efforts, vacancy gaps remain an issue. ☐

Responsible Directorate	Objective	Risk Appetite	Risk	Inherent Score	Previous Score	Change	Current Score	Target Score	Controls	Assurances	Handler	Director's Public Comments
DQG - Director of Quality and Safeguarding	We will continually check and improve the quality and safety of patient services	1-3	R0206 - If mobilisation of adult community health services is delayed, the provision of services to local population may be impacted	16	8	↑	12	4	C0742 - Monthly G&W Procurement Programme Board C0743 - Project risk register C0745 - North West Surrey CCG - Exit Planning C0763 - VCL Mobilisation Meeting C0764 - Contract Negotiation Meeting C0776 - Joint Management Board	Regular progress reports on procurement to the NHS Guildford and Waverley CCG Procurement Programme Board and Programme Board pre-planning for potential bidder challenges with Contracts team and NHS Shared Business Services  Successful bidder/s mobilisation plan and regular progress update reports which will be overseen by the procurement exit and mobilisation meeting	Hannah Yasuda	04/01/17- The risk rating has been increased due to a delay in the contract being signed by the specified deadline of 23rd December. Mitigations are in place via the mobilisation meetings and through the Executive Management Team within the CCG. Three key areas of work being undertaken are: (1) Operational mobilisation of services (2) Contract negotiations between the alliance partners (3) Exit and disaggregation of Surrey Wide contract. Surrey Wide exit meeting led by North West Surrey is leading on the disaggregation of areas such as staff, estates and assets. □
DQG - Director of Quality and Safeguarding	We will continually check and improve the quality and safety of patient services	1-3	R0209 - Delays to mobilisation of the new children's community health contract could impact on provision of local services	16	12	↔	12	4	C0751 - Governance through the monthly community childrens procurement board C0752 - Project risk register C0753 - Community procurement exit and mobilisation meeting C0778 - Appointment of Solicitor to respond to legal challenge	Governance in place for this procurement reviewed by TIAA as effective  Robust evaluation led by external NHS organisation experienced in procurement  Legal counsel appointed by GWCCG to manage response to claim on behalf of the 8 organisations sharing a common interest	Sarah Parker	04/01/17- The Committee in Common approved the recommendation of preferred bidder post bid evaluation on 05/10/2016 . Governance remains in place to mitigate challenges in the mobilisation of the new contract. A legal challenge was received on 04/11/2016. The suspension has now been lifted so the contract can be signed and mobilisation can progress. Risks caused by delay are being actively managed, with monthly Procurement Board oversight. □
DQG - Director of Quality and Safeguarding	We will continually check and improve the quality and safety of patient services	1-3	R0216 - If there is not enough capacity in diabetes structured education, improved quality of life will not be enabled to support self-management of the condition	12	New Risk for GB	New Risk for GB	12	9	C0786 - Programme plan in place and being monitored monthly	NHS England Assurance Framework	Katie Thomas	04/01/17- This risk concerns a backlog of referrals for the DESMOND structured education service, and how to ensure sufficient capacity to respond to demand. The CCG has made provision for at least 2 sessions per month from January to March 2017 to address the backlog and has sourced staff to support delivery. A longer – term solution is anticipated via the new community health services contract. The intention is to agree this early 2017 as part of service mobilisation.
DGC - Director of Governance and Compliance	We will involve local people in shaping what we do, respecting and valuing patient and carer experience and feedback	4-6	R0203 - If the CCG does not consult the public about proposed service change there is a risk of judicial review & delayed implementation	16	12	↔	12	8	C0718 - Patient and Public Engagement Group will scrutinise plans C0720 - Quarterly meetings with Patient Participation Group Chairs C0721 - Budget for communications and engagement allocated by Stroke Board C0722 - Additional resource for engagement activities due to organisational restructure of communications and engagement team. C0725 - Lay Member for PPE and GP Clinical Representative lead for PPE and Equality C0747 - Communications Manager in post. C0748 - Regular meetings with Heads of Clinical Commissioning C0749 - Work jointly with communications leads in NWS and SD CCGs C0760 - Maintain involvement with community hospitals review process	Communications and Engagement quarterly reports to Quality & Clinical Governance Committee  Annual Equality Report to CCG and GB  360 degree Stakeholder Survey reported in May 2016 that engagement was good although communication requires improvement.  Annual Equality Report 2015/16 published January 2016 reported on several equality analyses that have been carried out demonstrating systematic consideration of equality.  Statement of principles for patient involvement reflected in the Constitution, with legal assurance.  NHS England oversight  Robust governance arrangements for Surrey wide decision making (committees in common)  NHS E oversight of stroke review/model of care	Liz Patroe	06/01/17- The recent agreement by Committees in Common (CIC) that G&W CCG should lead on the public consultation for stroke services mitigates this risk to a degree, with the opportunity to shape the overall consultation plan and respond to specific Guildford and Waverley issues that have been raised. This should ensure that local people are better reached through the CCG's existing Patient and Public Engagement contacts as well as additional public events. The interim arrangements starting on 09.01.17 do not compromise the opportunity for the public to have their say with regard to the longer term proposals. The CCG wants to listen to local views in order to help in making a decision about future stroke service arrangements.□  Risk will be brought into appetite when consultation materials have been finalised and the actions required from the consultation plan have been taken e.g. venues booked; opportunities to participate advertised etc. Key assurances include CIC assurance that West system proposals are clinically sound; NHS E approval of draft consultation plan and Health and Scrutiny Oversight Committee.□ □ □ □ □
DGC - Director of Governance and Compliance	We will be a learning, listening organisation that values our staff and the wider workforce, and ensures good governance within the CCG and between organisations	4-6	R0204 - If conflicts of interests not managed in line with revised guidance - potential risk of challenge to integrity of decision making	16	12	↔	12	4	C0737 - Standards of Business Conduct and Conflicts of Interest Policy C0738 - Registers of interests maintained and published C0739 - Audit Committee scrutiny and oversight C0740 - Lay Member for Finance, Audit, Corporate Governance - tbc as 'COI' guardian C0757 - Action tracker to address new guidance requirements	2015/16 Internal Audit review of corporate governance including conflicts of interest gave reasonable assurance  TIAA - Fraud Intelligence Team undertook a Conflicts of Interest proactive exercise in October 2016 in relation to CCG Governing Body members with the outcome of no cause for concern	Chris Head	04/01/17- Standards of Business Conduct and Conflict of Interest Policy and Receipt of Hospitality, Gifts and Inducement Policy aligned to new statutory guidance and merged. The revised policy was approved by Audit Committee in December 2016, for recommendation to January 2017 Governing Body. Progress is being made on the refresh of staff Register of Interests, in preparation for publication. CCG staff will attend Practice Managers' Forum in January 2017 to run through revised statutory guidance implications for GPs and practice staff. □ □ □
DGC - Director of Governance and Compliance	We will be a learning, listening organisation that values our staff and the wider workforce, and ensures good governance within the CCG and between organisations	4-6	R0208 - Without robust succession planning, clinical leadership in a membership organisation will not be maintained	16	12	↔	12	8	C0754 - CCG Constitution C0755 - Employment Contract & Terms of Office C0756 - Practice Council Membership C0765 - OD Strategy includes GB succession planning as a priority	OD Strategy – GB succession planning and clinical leadership two of six key priorities  GP Leadership Development Programme - Faculty of Medical Leadership and Management (provider) and testimonies from participants  Surrey Heartlands STP supports GP Leadership Development Programme (funding)  Local GP Education Lead to champion the programme  Successful appointment to Lay Member role (audit chair and corporate governance) wef. 09/01/17	Elaine Newton	04/01/17- New actions added to mitigate this risk which seek to address GB (and committee) succession planning, with a focus on (a) review of lay member roles; (b) reappointment where terms of office coming up for renewal; (c) induction for GB members; (d) review of membership engagement (incl. Practice Council refresh with appointment of new Chair, GP clinical leadership development programme (14 expressions of interest for this)). GB succession planning focus for this year's committee effectiveness review.□ □ □ □ □

Responsible Directorate	Objective	Risk Appetite	Risk	Inherent Score	Previous Score	Change	Current Score	Target Score	Controls	Assurances	Handler	Director's Public Comments
CG - CFO - Chief Finance Officer	We will achieve ways of delivering and prioritising healthcare, working within our allocated budget.	4-6	R0207 - Not achieving robust planning environment locally and across the STP will result in failure to deliver transformational change	16	9	↔	9	6	C0746 - Surrey Heartland Transformation Board Governance arrangements	STP submission assurance reports Bi Annual Assurance Meeting Operational plan 2017 - 2019 Internal Audit QIPP review October 16 Programme plans monitoring and programme risk registers	Leah Moss	05/01/17- Sustainability and Transformation Plan resource funding request made, agreed to the principle and seeking to identify alternative stream, senior management continue to engage and support the work streams. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
DGC - Director of Governance and Compliance	We will be a learning, listening organisation that values our staff and the wider workforce, and ensures good governance within the CCG and between organisations	4-6	R0184 - If the CCG does not have a comprehensive OD programme, focussed on capability and capacity, it may not be high performing	12	9	↔	9	6	C0641 - Proactive Staff Partnership Forum C0642 - PDPs, appraisals and personal objectives aligned to corporate objectives and organisational targets C0643 - OD programme developed reflecting feedback from 360 CCG stakeholder survey C0644 - Statutory and Mandatory training C0674 - ACAS training session for SPF development C0682 - Feedback sessions and organisational development response to concerns raised in Staff Survey C0683 - Staff Survey February 2015 - Results C0781 - Launch of OD strategy implementation action plan	Results from 2016/17 staff survey have helped to sculpt the OD strategy approved for 2016/17 360 CCG stakeholder survey 2015/16 – positive feedback in some areas	Toni-Dee Downer	06/01/17- Work is underway to prioritise direction of travel for and focus of Organisational Development (OD) for rest of the financial year, building on priorities identified in OD Strategy. This will include some form of Change Management Training/Support in the light of rapidly changing environment and pace of change around Sustainability and Transformation Plans and devolution proposals. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
DGC - Director of Governance and Compliance	We will be a learning, listening organisation that values our staff and the wider workforce, and ensures good governance within the CCG and between organisations	4-6	R0201 - If CCG does not have arrangements to meet NHS E EPRR standards & guidance the CCG response to incidents will not be effective.	16	9	↔	9	6	C0713 - Incident Management Plan C0726 - Local Health Resilience Partnership C0727 - CCG Designated AEO and EPO in place C0728 - EPRR Policy Framework C0729 - Annual Programme of exercise and testing C0730 - Systems Resilience Group C0731 - On-Call Resource C0732 - Resilience Direct C0777 - EPRR Officer in Post	2016/17 NHSE EPRR Assurance rated as substantial	Mark Twomey	04/01/17- Following the transfer of collaborative commissioning for mental health for Surrey Heartlands and East Surrey, the scope of business continuity will need to be extended to account for this and adult safeguarding that Guildford and Waverley CCG has also taken the lead for. Work is already underway but will now be completed towards the end of the business year, given the extension in scope for both business continuity and emergency response. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
DQG - Director of Quality and Safeguarding	We will continually check and improve the quality and safety of patient services	1-3	R0185 - If local health inequalities are not identified & addressed GWCCG will be unable to discharge its statutory responsibility	16	8	↔	8	4	C0691 - Clinical Commissioning Committee - Prevention plan 2015/16 (Prevention plan included) C0695 - Guildford BC and Waverley BC Health and Well Being Boards	NHS England letter – Assurance outcome Operational plan 2015/16 (Prevention plan included) October 2016 Dementia Recognition letter - Health and Social Care Information Centre (HSCIC) External NHS England Right care interview	Leah Moss	04/01/17- The prevention plan has been refreshed and presented to the Clinical Commissioning committee, this will then formed into clear commissioning intentions. Further work to be completed to ensure delivery of actions in the plan. <input type="checkbox"/>
DQG - Director of Quality and Safeguarding	We will continually check and improve the quality and safety of patient services	1-3	R0148 - If community health and social care capacity is insufficient patients will not be discharged and create blocks in patient flow	12	9	↓	6	3	C0491 - Local A&E Delivery Board C0557 - Local A&E Delivery Board work streams C0784 - Appointment of Care Home Project Manager	NHSE QP return	Philip Tremewan	04/01/17- Risk reviewed and risk reduced as a result of adding a new control highlighting the post of Care Home Project Manager. The care home project continues to gather momentum with 3 in-reach GPs and Care Home Community Matron targeting care homes with high non-elective admission rates. Despite occasional monthly spikes non-elective admissions from care homes continue to reduce. <input type="checkbox"/> <input type="checkbox"/>