

Agenda item: 2.2

Paper No: 7



Guildford and Waverley  
Clinical Commissioning Group

<b>Committee:</b>	Governing Body
<b>Venue:</b>	East Horsley Village Hall
<b>Date:</b>	25 April 2017
<b>Status:</b>	<b>FOR REVIEW AND NOTE</b>

<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>Finance Lead Sign off</b> <i>(Detail to be included in Implications – Financial/Resource)</i>	N/A	
<b>Conflict of Interest Identified</b>	N/A	
<b>Governance and Reporting</b>	This specific paper has not been presented previously, however the Audit Committee in March 2017 received a risk management report based on Board Assurance Framework and Corporate Risk Register risks at that time.	Outcome: Recommendations from the Audit Committee March 2017 have been incorporated into this paper.
<b>Freedom of Information</b>	Author considers that no exemption applies: <input type="checkbox"/> <input checked="" type="checkbox"/>	

### Executive Summary:

This report presents the Board Assurance Framework risks to the end of the 2016/17 financial year.

Since the last Governing Body meeting in January 2017, one risk is new, two risks will be recommended to the Audit Committee for closure, one of these to allow for a new risk with a new focus, and one risk has been closed.

The BAF has three risks of current rating 20 or above and in total currently has 22 risks.

## 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.

## Recommendation(s):

**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.

## Next Steps:

A review of risks will be completed in order to present the 2017/18 risk profile for the Governing Body meeting in July 2017, taking into account new corporate objectives and ensuring that risks are correctly allocated to either the Board Assurance Framework or the Corporate Risk Register, the former being strategic risks linked to the corporate objectives and the latter being more operational in nature.

The Risk Management Policy and Strategy will be revised and presented for approval at the July 2017 Governing Body meeting.

## 1. Summary

### 1.1 Review of Assurances

The Risk Team has worked with Risk Handlers to establish assurances for risks where these are available, in order to provide the Governing Body with confidence that risks are being managed effectively and to enable determination of the extent to which mitigations are effective in controlling risks.

In addition, following Governing Body feedback and to provide additional assurance, Director's commentary for risk **R0148 - If community health and social care capacity is insufficient patients will not be discharged and create blocks in patient flow** now includes reference to mitigating actions in relation to discharge.

### 1.2 Highest rated risks

The Board Assurance Framework is attached at Annex 1 and presents the risk position at the close of the 2016/17 financial year. The top three risks are:

**R0003 - If the CCG does not achieve financial balance then it will not comply with its statutory duty (current risk rating increased from 20 to 25)**

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

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

For the top two risks, in addition to the existing controls, the CCG appointed a Joint Transformation Director with the Royal Surrey County Hospital NHS Foundation Trust. The Director is focused on supporting the Joint recovery plan and driving service change and this work will continue into 2017/18.

For risk R0213 the CCG held a 999 summit in February 2017 with the provider and associated stakeholders. Actions identified during this summit have been followed up including Community First Responder recruitment and Public Access Defibrillators. This situation has also been helped most recently with the increase in performance during March of the Royal Surrey County Hospital A&E and the positive results from the ambulance handover nurse, which reduces the impact on the ambulance service from delays, and for which funding has now been agreed for 2017/18.

Two other risks have a current rating of 16:

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

### 1.3 New Risks

One new Board Assurance Framework risk has been added, not previously presented to the Governing Body. The Audit Committee had sight of this risk at their March 2017 meeting:

#### **R0221 - Legal Challenge regarding outcome of Surrey Children's Community Services Procurement**

### 1.4 Closure of Risks

Risk **R0209 - Delays to mobilisation of the new children's community health contract could impact on provision of local services** has now met its target score and will be recommended to the Audit Committee for closure.

Risk **R0206 - If mobilisation of adult community health services is delayed, the provision of services to local population may be impacted** is recommended for closure and a new risk will be opened to reflect a new procurement timeline.

### 1.5 Overall Risk Profile

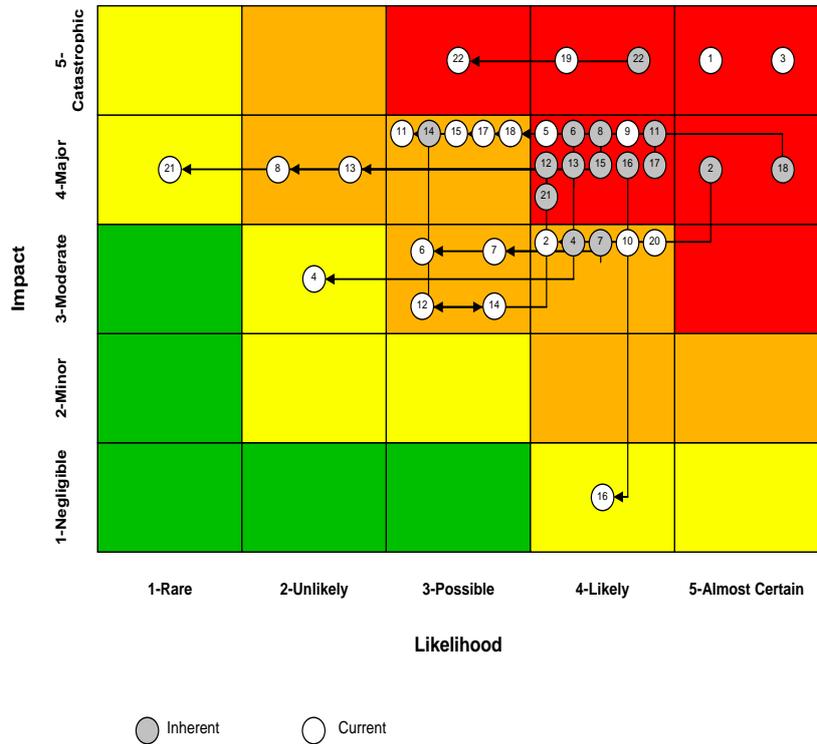
A summary of the current BAF position is as follows:

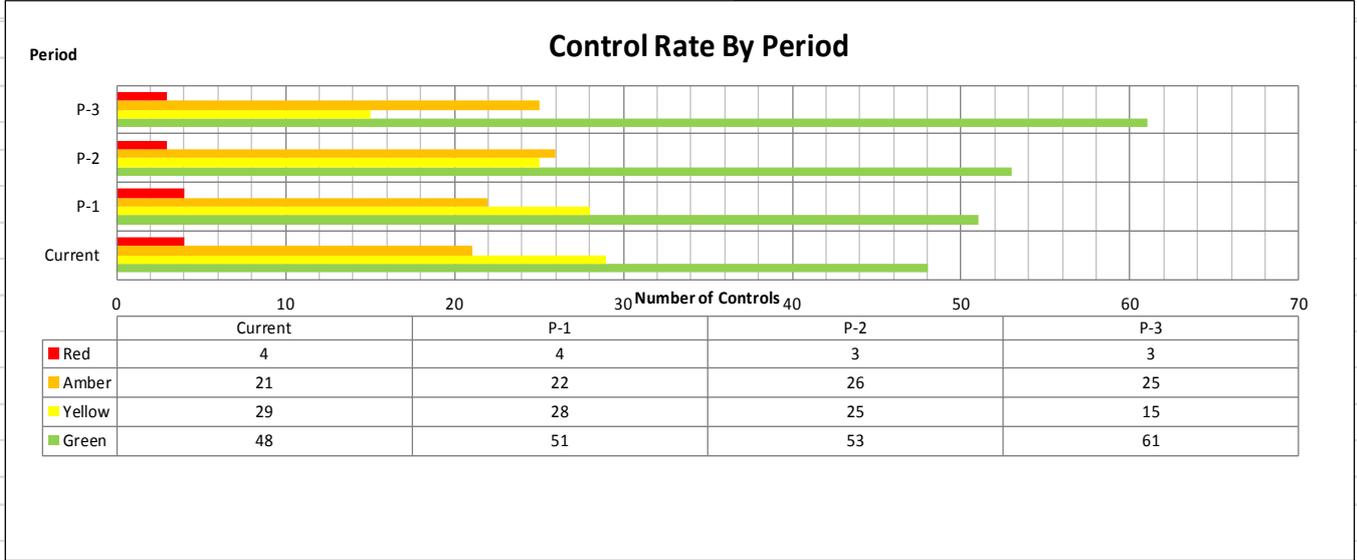
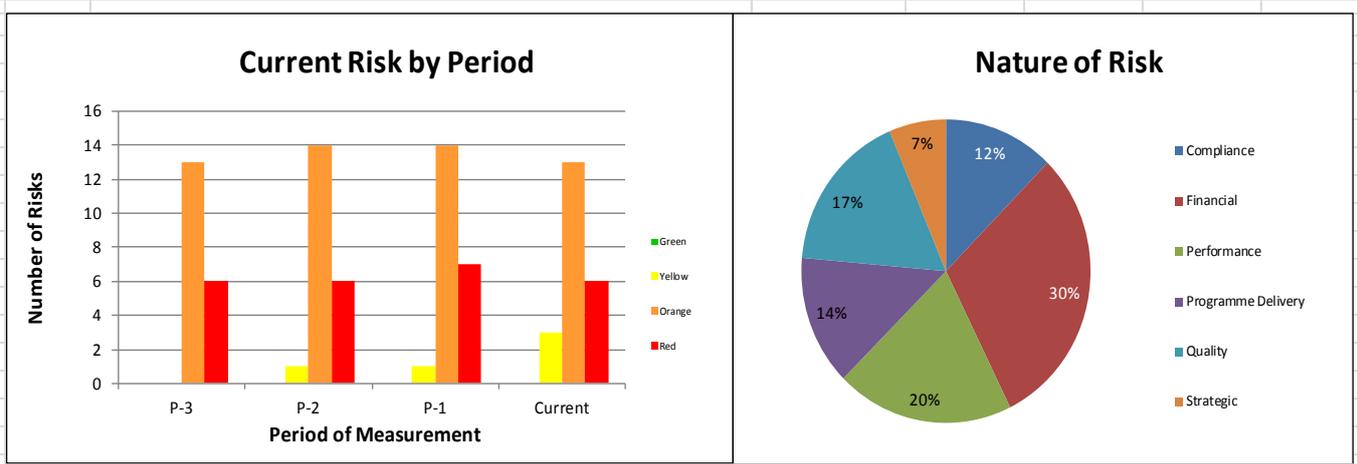
- There are 22 open risks
- There is 1 new risk (previously presented to Audit Committee but not to Governing Body)
- One risk (R0201 - If CCG does not have arrangements to meet NHS E EPRR standards & guidance the CCG response to incidents will not be effective) has been closed since the last presentation to the Governing Body, having met its target rating and been approved for closure by the Audit Committee. The independent audit of business continuity arrangements has returned an outcome of substantial assurance.
- 1 risk has increased
- 14 risks are unchanged
- 6 risks have decreased

Risks that currently have a risk rating outside of the risk appetite are detailed on the Board Assurance Framework at Annex 1. This includes direction of travel and commentary from the Risk Owner.

# 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 its 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	R0202 - Failure to meet NHS Constitutional standards will result in the CCG not discharging its statutory responsibility
11	R0203 - If the CCG does not consult the public about proposed service change there is a risk of judicial review & delayed implementation
12	R0204 - If conflicts of interests not managed in line with revised guidance - potential risk of challenge to integrity of decision making
13	R0206 - If mobilisation of adult community health services is delayed, the provision of services to local population may be impacted
14	R0207 - Not achieving robust planning environment locally and across the STP will result in failure to deliver transformational change
15	R0208 - Without robust succession planning, clinical leadership in a membership organisation will not be maintained
16	R0209 - Delays to mobilisation of the new children's community health contract could impact on provision of local services
17	R0210 - If agreement on financial model not achieved with providers & Surrey CCGs future stroke model will present financial pressure
18	R0211 - If the providers of A&E do not fulfil national targets, the CCG will breach its statutory obligation
19	R0213 - If the provider of the ambulance service doesn't improve performance the CCG will breach its statutory obligation
20	R0216 - If not enough capacity in diabetes structured education, improved quality of life will not be enabled to support self-management
21	R0219 - If the interim arrangements for stroke care provision are not robustly implemented, improved health outcomes may be impacted
22	R0221 - Legal Challenge regarding outcome of Surrey Children's Community Services Procurement





Annex 1 - Board Assurance Framework

Responsible Directorate	Risk	Objective	Risk Appetite	Inherent Score	Previous Score	Change	Current Score	Target Score	Controls	Assurances	Handler	Director's Public Comments
CFO - Chief Finance Officer	R0003 - If the CCG does not achieve financial balance then it will not comply with its statutory duty	We will achieve ways of delivering and prioritising healthcare, working within our allocated budget.	4-6	25	20	↑	25	6	<p>C0003 - Performance management of QIPP plan</p> <p>C0004 - Budgetary control systems for identifying and controlling financial risks</p> <p>C0005 - Monthly budget holder meetings</p> <p>C0006 - Internal Audit plan</p> <p>C0526 - Reports to Audit and Finance and Performance committee</p> <p>C0527 - Monthly performance and assurance meetings with Local Area Team</p> <p>C0601 - Joint PMO function established with main acute provider</p> <p>C0615 - CCG Financial recovery plan</p> <p>C0678 - Assurance Meetings</p> <p>C0780 - Joint Recovery Plan</p>	<p>Budget statements produced with monthly budget meetings documented with sign off sheets</p> <p>Monthly Non ISFE returns completed, reviewed and signed off by NHSE</p> <p>NHS E / CCG regular Assurance Meetings in place</p> <p>Deloitte 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.</p> <p>A one off assurance exercise was completed in 2015/16 to provide self assessment against the Financial Control Environment. Exercise may be repeated by NHS E.</p> <p>Regular Internal Audit work and full reporting on Financial governance and control</p> <p>Internal Audit reports in year - Regular reporting of Internal Audit throughout the year on key work-streams</p> <p>Additional reporting to NHS E on QIPP position and additional level of detail - Monthly / current and on-going throughout 16/17</p> <p>Joint Recovery Plan completed between Provider and CCG and shared with NHS E to demonstrate actions required to deliver financial balance - currently being worked on and finalised</p>	Vicki Taylor	<p>05/04/17 - The CCG has reported a YTD and forecast deficit position at M11, 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. □</p> <p>□</p> <p>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. □</p> <p>Given the level of risk in the forecast position the CCG had appointed a Joint Transformation Director to work with the commissioner and provider, to put in place a joint recovery plan, and drive service change in the last quarter and the new financial year, this work will continue into the new year. □</p> <p>□</p> <p>A risk scenario including most likely and worst case has been shared with NHSE throughout the year and is discussed at the monthly meetings, the CCG has also attended a regional team meeting to discuss what actions are being put in place for this financial year, and plans going into 17/18. □</p>
CFO - Chief Finance Officer	R0119 - If the local health economy fails to achieve the QIPP target the CCG will not achieve its financial strategic objective	We will achieve ways of delivering and prioritising healthcare, working within our allocated budget.	4-6	25	25	↔	25	4	<p>C0302 - QIPP PMO Monitoring</p> <p>C0303 - Commissioning, Finance and Performance Committee</p> <p>C0304 - Governing Body</p> <p>C0462 - Better Care Fund Local Joint Commissioning Group</p> <p>C0625 - Programme Management Office</p> <p>C0677 - NHS England submission Operational Plan 2017 - 2019</p>	<p>Bi Annual Assurance Meeting</p> <p>Operational plan 2017 - 2019</p> <p>Internal Audit QIPP review October 16</p> <p>Programme plans monitoring and programme risk registers</p> <p>External NHS England RightCare Assessment</p>	Karen McDowell	05/04/2017- The CCG is currently forecasting 70% achievement of the total £12.7m programme. There is increasing pressure regarding the delivery of the 70%, and a number of schemes are required to deliver in the last remaining months of the financial year, the CCG has appointed a Joint Transformation Director to support the organisation to undertake a full analysis of the confidence levels of delivery and establish areas that will mitigate against the risk associated with the 2016/17 QIPP scheme delivery, and 17/18 delivery, the schemes contain a number of non recurrent transactional items which will impact on the financial plans for 2017/18.
DQG - Director of Quality and Safeguarding	R0213 - If the provider of the ambulance service doesn't improve performance the CCG will breach its statutory obligation	We will continually check and improve the quality and safety of patient services.	1-3	20	20	↔	20	4	<p>C0769 - Ambulance Receiving Nurse</p> <p>C0770 - AE Delivery Board - Ambulance Response Programme</p> <p>C0771 - NHSI-NHSE &amp; Host Commissioner Governance of Remedial (Unified) Action Plans</p> <p>C0772 - Integrated Care Programme</p>	<p>Audit of Ambulance Receiving Nurse October 2016</p>	Ben Hill	04/04/17 - 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 NHSI, NHSE 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. A local 999 summit was held on 9th February 2017 and an action plan generated to improve local achievement of the ambulance response rates. The implementation of the action plan is being overseen by the Quality and Clinical Governance Committee.
CFO - Chief Finance Officer	R0161 - If the CCG does not keep within its reduced running costs allocation, the CCG will breach its statutory duty	We will achieve ways of delivering and prioritising healthcare, working within our allocated budget.	4-6	16	16	↔	16	8	<p>C0455 - HR and OD strategies</p> <p>C0456 - Recruitment practice</p> <p>C0457 - HR and Finance reports</p> <p>C0458 - EMT oversight and sign off of running costs</p> <p>C0459 - Collaborative arrangements-sharing good practice and resources</p> <p>C0460 - Robust financial management</p>	<p>Commissioning Finance &amp; Performance Committee oversight</p> <p>Monthly reporting by directorate to Formal Executive meeting on running costs budgetary performance.</p> <p>Monthly meetings with corporate budget holders to ensure actions are taken where costs are not within budget</p> <p>Collaborative budget pack agreed and signed off every year</p>	Vicki Taylor	05/04/17- The CCG is delivering against its running cost budget at Month 11, 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. □
CFO - Chief Finance Officer	R0200 - If Primary Care Strategy is not implemented, primary care will become increasingly unsustainable in its current form	We will innovate, lead and transform the way local healthcare is delivered, fostering strong local partnerships to achieve this.	10-12	16	16	↔	16	12	<p>C0712 - Primary Care Strategy and Delivery Plan in place</p> <p>C0750 - CCG governance</p> <p>C0779 - Completion of estates feasibility studies</p>	<p>NHS England Operational Plan assurance letter Q4 2015/16</p> <p>NHS England bi-annual submission and assurance letter following meeting held 05/05/16</p>	Hannah Yasuda	05/04/17 - The delivery plan has been developed to support robust oversight of the strategy. □ The CCG has updated the delivery plan in light of recently published NHS England planning guidance in relation to the GP Forward View, and will continue to be updated as further guidance is published. □ The CCG will work with practices to ensure funding linked to the Forward View is accessed and utilised locally. □
CFO - Chief Finance Officer	R0221 - Legal Challenge regarding outcome of Surrey Children's Community Services Procurement	We will achieve ways of delivering and prioritising healthcare, working within our allocated budget.	4-6	20	New Risk for Governing Body	New Risk for Governing Body	15	10	<p>Solicitors and Barristers instructed and acting for all 8 Contracting Authorities</p>	<p>There are no assurances for this risk</p>	Niki Baier	05/04/17- Defence filed in March 2017. 5th April update: Case on-going. Key risk associated with losing Court case is financial.

Responsible Directorate	Risk	Objective	Risk Appetite	Inherent Score	Previous Score	Change	Current Score	Target Score	Controls	Assurances	Handler	Director's Public Comments
CFO - Chief Finance Officer	R0075 - If acute trust does not achieve A&E performance targets CCG will not receive the Quality Premium financial award	We will achieve ways of delivering and prioritising healthcare, working within our allocated budget.	4-6	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 Patient flow transformation steering group and three work streams.	NHS E activity submissions NHS E quarterly assurance – outcome letter NHS QP return	Ben Hill	05/04/2017 - 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. Commissioner and Provider are working jointly to ensure appropriate processes are in place. <input type="checkbox"/> <input type="checkbox"/>
CFO - Chief Finance Officer	R0210 - If agreement on financial model not achieved with providers & Surrey CCGs future stroke model will present financial pressure	We will achieve ways of delivering and prioritising healthcare, working within our allocated budget.	4-6	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 C0810 - Stroke Oversight Group C0811 - Stroke Oversight Group	NHS England assurance process for substantive proposals Clinical Senate	Ben Hill	05/04/17: The Stroke pathway has been now agreed with flow of GWCCG patients to both ASPH and Frimley ASU/HASU, the full mobilization will require public consultation and an interim plan has been developed for service in January 2017 and stroke HASU service will be suspended at the Royal Surrey County Hospital NHS Foundation Trust.
CFO - Chief Finance Officer	R0202 - Failure to meet NHS Constitutional standards will result in the CCG not discharging its statutory responsibility	We will continually check and improve the quality and safety of patient services.	1-3	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	05/04/2017 - Seeing improvements to particularly A&E performance over the past few weeks, which is the result of significant work between the CCG and the Royal Surrey County Hospital NHS Foundation Trust to date. To continue to support this, the A&E Delivery board has been pushing forward greater sharing of information between providers to better manage the whole health economy, Referral To Treatment and Diagnostic waiting times continue to be a challenge however, and so a new financial year Recovery plan for both is being developed and will be overseen by the quality and contracts departments for 2017-18. An extension to Neurology services repatriation is being requested for another 6 months to improve performance.
DQG - Director of Quality and Safeguarding	R0211 - If the providers of A&E do not fulfil national targets, the CCG will breach its statutory obligation	We will continually check and improve the quality and safety of patient services.	1-3	20	16	↓	12	4	C0758 - Remedial Action Plans C0759 - A & E Delivery Board (Previously System Resilience Group) C0766 - Primary Care Stream 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	Template reports from Work Stream Leads presented at each monthly A&E Delivery Board show improvement in the 95% in February 2017 Emergency Care Improvement Programme September 2016 Urgent Care Recovery Action Plan September 2016 RIG Assurance 2017	Ben Hill	03/04/2017 There is a new transformation programme at the Royal Surrey County Hospital NHS Foundation Trust focussed on the delivery of the A&E 4 hour target. A revised, comprehensive Remedial Action Plan for A&E is being developed and the CCG is working closely with the transformation lead at the acute trust to align working groups to ensure a whole system approach. The achievement of the A&E target is reported at the monthly Local A&E Delivery Board (LAEDB), with involvement of all partners in improving current performance. <input type="checkbox"/> <input type="checkbox"/>
DQG - Director of Quality and Safeguarding	R0216 - If not enough capacity in diabetes structured education, improved quality of life will not be enabled to support self-management	We will improve the health of our local population and reduce health inequalities.	8-12	12	12	↔	12	9	C0786 - Programme plan in place and being monitored monthly	NHS England Assurance Framework	Hannah Yasuda	04/04/17 The CCG has identified a backlog in referrals for Desmond structured education, as there is not enough capacity in the current provider to provide sufficient sessions. The CCG requested the provider to provide at least 2 sessions per month from January-March to clear some of the backlog. The CCG has sourced several staff members who can work via the bank at the Trust to support delivery. The main requirement is for a longer-term solution to be agreed and the plan for this will be reported to the CCG's Commissioning, Finance and Performance Committee.
DGC - Director of Governance and Compliance	R0203 - If the CCG does not consult the public about proposed service change there is a risk of judicial review & delayed implementation	We will involve local people in shaping what we do, respecting and valuing patient and carer experience and feedback.	4-6	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 C0806 - Consultation document available for public to view - on website and via other printed media C0809 - Equality analysis carried out and available for the public C0813 - External agency to analyse stroke consultation survey responses and compile independent report	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	03/04/17 Current rating remains 'as is' given local interest in proposals remains high. Assurance in robustness of consultation programme and opportunity for public to have their say - 20 different events at various times and venues; on-line survey (199 responses to date). Proactive stakeholder management through FOIs and other information requests. Analysis of consultation responses by an external agency for independence. Key meeting with Jeremy Hunt and Waverley Borough Councillors 21.04.17 includes Professor Tony Rudd to support clinical case for change; this with other requested meetings eg. Haslemere Town Council and East Hants District Council have been met. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Responsible Directorate	Risk	Objective	Risk Appetite	Inherent Score	Previous Score	Change	Current Score	Target Score	Controls	Assurances	Handler	Director's Public Comments
DGC - Director of Governance and Compliance	R0208 - Without robust succession planning, clinical leadership in a membership organisation will not be maintained	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	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	03/04/17 Successful renewal of Governing Body member appointments regarding Lay Member and Secondary Care Doctor Representative. 12 Guildford and Waverley CCG places on GP Clinical Leadership Development programme have been fully allocated - 3 mixed cohorts together with NHS North West Surrey and NHS Surrey Downs CCGs. No change in rating pending resolution of GP Member vacancy which persists - consideration of Practice Manager representative being reinstated which has been identified as a new action. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
CG - CFO - Chief Finance Officer	R0207 - Not achieving robust planning environment locally and across the STP will result in failure to deliver transformational change	We will achieve ways of delivering and prioritising healthcare, working within our allocated budget.	4-6	12	9	↔	9	6	C0746 - Surrey Heartland Transformation Board Governance arrangements C0814 - Appointment of STP Work Stream Programme Managers	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	Karen McDowell	05/04/17 - Plans have been submitted earlier in the year and a further resubmission of plans took place on the 21st October 2016, a review of the resource requirements has been undertaken, and is discussed regularly at the Programme Board, work streams continue to be currently worked on, and modelling of activity and finance is also taking place for each of the key work streams, resources to support delivery of the work streams are currently being recruited to.
DGC - Director of Quality and Safeguarding	R0164 - If we do not achieve safe and sustainable provider workforce, the service transformation is at risk	We will continually check and improve the quality and safety of patient services.	1-3	16	12	↓	9	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 - Quarterly meet with Associate Director of HR in One Major Provider	NHS England assurance framework CQC regulation of providers Monitor review of providers	Helen Collins	04/04/2017: Risk reviewed and reduced to 9. This is due to the acute provider demonstrating improvements in workforce statistics and a notable improvement in particular with the reduced turnover of nursing staff. It is anticipated the improvement pattern will continue and the risk will therefore be reduced accordingly next month.
DGC - Director of Governance and Compliance	R0184 - If the CCG does not have a comprehensive OD programme, focussed on capability and capacity, it may not be high performing	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	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	03/04/17 Good progress made on 2 of 6 organisational priorities identified in Organisational Development Strategy - namely Governing Body succession planning and GP clinical leadership programme. The other priorities continue to require organisational focus - QIPP; achieving financial balance and overall sustainability; local accountable care systems and valuing workforce - with joint work with the Royal Surrey County Hospital NHS Foundation Trust on a credible recovery plan, and across STP with appointment of joint AO recently announced. The impact of procurement outcomes also requires a reflective, organisational focus on the learning. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
DGC - Director of Governance and Compliance	R0204 - If conflicts of interests not managed in line with revised guidance - potential risk of challenge to integrity of decision making	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	16	12	↓	9	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	03/04/17 - Internal auditors have awarded 'reasonable' assurance for mandated audit of the CCG's arrangements for managing COI - 5 areas audited, 4 now fully compliant (3 at time of audit). The outstanding area is collation and publication of registers for extended scope - (a) staff and (b) GP partners and practice staff involved in CCG business and decision making. This, pending NHS England's clarification of the impact on CCGs of the 7 February 2017 guidance (albeit published for consistency of COI management across NHS organisations); mandatory on line training is also still awaited from NHS England. Key CCG assurance in addition to mandated audit is (a) proactive role of CCG's Audit Chair as COI Guardian and (b) pro-active exercise by Counter-Fraud of all Governing Body Member declarations, with no undeclared interests identified. <input type="checkbox"/>
DGC - Director of Quality and Safeguarding	R0206 - If mobilisation of adult community health services is delayed, the provision of services to local population may be impacted	We will continually check and improve the quality and safety of patient services.	1-3	16	12	↓	8	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	11/04/17 - The risk should be closed as the mobilisation of the new contract is no longer required following the Governing Body decision not to award. Consequently, an interim contract has now been signed with the incumbent provider which assures service delivery for the next 6 months (with potential further 6 month extension). This will cover the time period required to begin and complete a new procurement process.
DGC - Director of Quality and Safeguarding	R0185 - If local health inequalities are not identified & addressed GWCCG will be unable to discharge its statutory responsibility	We will improve the health of our local population and reduce health inequalities.	8-12	16	8	↔	8	4	C0691 - Clinical Commissioning Committee - Prevention plan 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	Hannah Yasuda	04/04/17 - Risk reviewed and is unable to be reduced this month, as further work is underway with partners to ensure delivery of actions in the plan. Once these actions are implemented and the impact evaluated, a further review of the current risk rating will be undertaken. <input type="checkbox"/>

Responsible Directorate	Risk	Objective	Risk Appetite	Inherent Score	Previous Score	Change	Current Score	Target Score	Controls	Assurances	Handler	Director's Public Comments
DQG - Director of Quality and Safeguarding	R0148 - If community health and social care capacity is insufficient patients will not be discharged and create blocks in patient flow	We will continually check and improve the quality and safety of patient services.	1-3	12	6	↔	6	3	C0491 - Local A&E Delivery Board C0557 - Local A&E Delivery Board work streams C0784 - Appointment of Care Home Project Manager C0816 - Risk Stratification of Care Homes- Care Home Project Group- Clinical Transformation Manager C0817 - Care Home Dashboard developed and shared with ICP localities	NHSE QP return	Philip Tremewan	04/04/2017 - Risk reviewed and remains at 6. 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. The Local A&E Delivery Board (LAEDB) has a focus on reviewing the whole system response to capacity, demand and the improvement of care pathways. As part of the LAEDB governance, there is a work stream charged with reviewing patient discharge and flow. This is reported at the monthly LAEDB meetings. In addition to this, CCG and provider leads review discharges and whole system working in line with locally agreed procedures and ways of working on a daily/weekly basis. □
DGC.01 - Director of Governance and Compliance/Communications and Engagement	R0219 - If the interim arrangements for stroke care provision are not robustly implemented, improved health outcomes may be impacted	We will continually check and improve the quality and safety of patient services.	1-3	16	12	↓	4	3	C0794 - Timely responses to complaints and concerns raised by public and professionals C0799 - Stroke Oversight Board - monthly meetings	There are no assurances for this risk	Liz Patroe	03/04/17 Current risk rating reduced 8 to 4 to reflect interim arrangements working well and good communication between partners across the system. Ashford and St Peter's Hospitals NHS Foundation Trust now confirmed as receiving employer for Early Supported Discharge Team (based at Milford) for interim period from 01/05/17; will support robust discharge from the Royal Surrey County Hospital NHS Foundation Trust. Impact of majority flow to Frimley Park Hospital needs to be addressed as patient flow much higher than planned for. □
DOG - Director of Quality and Safeguarding	R0209 - Delays to mobilisation of the new children's community health contract could impact on provision of local services	We will continually check and improve the quality and safety of patient services.	1-3	16	12	↓	4	4	C0751 - Governance through the monthly community children's 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 procurement 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	04/04/17 - Risk reviewed and target rating of 4 met. New contract commenced as planned from 1st April 2017. Risk is now recommended for closure. □