NHS
Buckinghamshire
Clinical Commissioning Group

MEETING:	**Governing Body**	**AGENDA ITEM:**	6
DATE:	13 December 2018		
TITLE:	Governing Body Assurance Framework – December 2018		
AUTHOR:	Russell Carpenter, Head of Governance/Board Secretary		
LEAD DIRECTOR:	Robert Majilton, Deputy Chief Officer		

Reason for presenting this paper:	
For Action	✓
For Approval	
For Decision	
For Assurance	✓
For Information	
For Ratification	

Summary of Purpose and Scope of Report:

Governing Body is asked to **RECEIVE FOR ASSURANCE** the Governing Body Assurance Framework (GBAF) and Corporate Risk Register escalations (15+), whilst also discussing and commenting on control and assurances detailed.

Authority to make a decision – process and/or commissioning (if relevant)

n/a paper for assurance, not decision

Conflicts of Interest: (please tick accordingly)

No conflict identified	✓
Conflict noted, conflicted party can participate in discussion and decision (see below)	
Conflict noted, conflicted party can participate in discussion but not decision (see below)	
Conflict noted, conflicted party can remain but not participate in discussion (see below)	
Conflicted party is excluded from discussion (see below)	
Governance assurance (see below)	
n/a.	

Strategic objectives supported by this paper (please tick)	
1. Better Health in Bucks – to commission high quality services that are safe, accessible to all and achieve good patient outcomes for all	✓
2. Better Care for Bucks – to commission personalised, high value integrated care in the right place at the right time	✓
3. Better Care for Bucks – to ensure local people and stakeholders have a greater influence on the services we commission	✓
4. Sustainability within Bucks – to contribute to the delivery of a financially sustainable health and care economy that achieves value for money and encourages innovation	✓

5. Leadership across Bucks – to promote equity as an employer and as clinical commissioners	✓

Governance requirements: (Please tick each box as is relevant to the paper)

Governance Element	Y	N	N/A	Comments/Summary
Patient & Public Involvement			✓	
Equality			✓	
Quality	✓			As described within the attached Framework
Financial	✓			As described within the attached Framework
Risks	✓			As described within the attached Framework
Statutory/Legal	✓			As described within the attached Framework
Prior considerations	✓			GBAF is reported to the Governing Body monthly with a deep dive quarterly.
Membership Involvement			✓	
Risks	✓			As described within the attached Framework
Financial Consequences	✓			As described within the attached Framework
Financial Approval	✓			As described within the attached Framework

Supporting Papers:

Appendix A: GBAF report December 2018 Appendix B: Corporate Risk Register escalations

Governing Body Assurance Framework – December 2018

Background

The Governing Body Assurance Framework (GBAF) captures principal risks to the delivery of the CCG's 5 strategic aims/goals, whilst also closely linked to the CCG's corporate objectives.

These were agreed, for 2018/19, in public in July 2018 as:

- **Deliver the system FRP in 18/19** and achieve financial recovery and a sustainable ICS by April 2020
- Manage capacity, demand and clinical variation using a population health management approach so that patient flow is safely optimised, equitable across boundaries and the **NHS constitutional standards are met** in accordance with planning guidance
- Enable and support the component parts of the ICS and STP to **deliver transformation of health and social care**
- Support **delivery of the Five Year Forward Views** for New Models of Care, Primary Care and Mental Health for improved outcomes for patients

CCGs must have a robust risk management framework and have in place processes in place to identify emerging risks or issues.

RSM Financial Governance Review findings and recommendations

In September 2018 the Governing Body was briefed on findings from RSM's (CCG internal auditors) review and report on our financial governance arrangements. Specially in relation to our risk management arrangements, the report said:

1. *Our review has identified that financial risks feature on the Governing Body Assurance Framework (GBAF) and that the risk register is a live document and to a degree is updated as the year progresses. The Governing Bodies focus and attention does tend to centre on the main risks to the CCG albeit without formally capturing the debate under the risk management agenda item. This demonstrates that in many respects the Governing Bodies are focussing appropriately on those areas of most risk.*

2. *That said, the GBAF and Corporate Risk Register agenda items appear to have limited discussion at the "Governing Bodies in common" meetings or materially impact the outcomes of discussions on such matters. In addition, there is limited recorded evidence of focus on the gaps in controls or assurances and associated mitigating actions which should make for a more effective application of risk management within the CCGs.*

It subsequently recommended that: *The GBAF and Risk Report should focus on mitigating actions, controls and assurances to evidence that the CCG is actively managing its risks to the agreed risk appetite.*

Risk Appetite

Our risk appetite was adopted by the Audit Committee on 26/09/18 on behalf of the Governing Body. A definition for this is: *the amount and type of risk that an organisation is willing to take in order to meet their strategic objectives. Organisations will have different risk appetites depending on their sector, culture and objectives. A range of appetites exist for different risks and these may change over time.*

This is now incorporated into our risk management strategy published on our website.
NHS Buckinghamshire CCG Integrated Risk Management Framework v1.8 September 2018
(section 3.9, page 6)

A benchmarking exercise had identified Bedfordshire CCG as having a useful appetite statement on which to base ours having previously experienced similar financial challenges.

Progress since September 2018

Since September 2018, the GBAF has been reviewed and overhauled in order to respond to internal auditor findings and fit the IF, THEN, LEADING model of risk definition as already in use for the Corporate Risk Register.

The Finance, Quality and Performance and Executive sub-committees of the Governing Body have in between been asked to review their relevant risks, leading to a revised set of risks aligned to both five year strategic objectives and in-year corporate objectives. These were agreed by the Governing Body in seminar in November 2018, as were named management and clinical leads for all 7 new risks specified.

Following a benchmarking exercise, the format itself is largely unchanged. Benchmarking was undertaken against the following

- A report by the Good Governance Institute (July 2018) which is a survey of good practice across the NHS.
- A report by 360 assurance/ Audit Yorkshire (published 24 October 2018) on benchmarking CCGs only within the Midlands and Yorkshire regions.

Since that time, clinical and managerial risk leads were asked together to conclude for each new risk:

1. What is the initial score for each risk (i.e. impact and likelihood if we did nothing?)
2. What are the controls we need in place (i.e. methods to mitigate the risk?)
3. What are the assurances (i.e. what evidence do we need to ensure the controls are working?)
4. What is the current score for the risk?
5. What are the gaps? (I.e. what controls or assurances are missing?)
6. What actions are needed (i.e. to address the gaps we have identified?)
7. What is the acceptable score (appetite) for each risk (i.e. what are we prepared to accept?)

This is now reflected in the attached report at **Appendix A.**

Summary of GBAF report December 2018
One risk is currently rated as high (16) – IF the CCG is unable to deliver its commitments within the ICS memorandum of understanding and related operating plan. A further five risks are rated at 12; further details within the attached report.

Corporate Risk Register escalations – December 2018 (**Appendix B)**

Alongside the GBAF are escalated risks from the Corporate Risk Register with a score of 15 and above in line with our Integrated Risk Management Framework. Escalated risks relate to (1) Completion of Looked After Children assessments, (2) System wide 4 hour national target (95%) at A&E (3) Transforming care cost pressures.

The Corporate Risk Register was reviewed at the Executive Committee on **22 November 2018**. The Committee reviewed the register, confirmed the corporate risks scores, including "new risks". The risk detailed on Looked After Children assessments was moderated at 16.

Brexit

A further new risk on Brexit was also included in the Corporate Risk Register report to the CCG Executive Committee.

This is defined as **IF** there is a March 2019 'No deal' Brexit scenario; **THEN** there may be an impact on sufficient and seamless continuity of supply for imported medicines in the UK arising from border delays.

This was moderated by the Executive Committee at a corporate risk score of 12 and so does not meet the escalation threshold. This will be subject to review following the expected parliamentary vote on 11 December on the Government's proposed Brexit deal.

Meanwhile, the Secretary of State has written to NHS organisations with an update Government's preparations for a March 2019 'No Deal' scenario. This includes report of a positive response from the pharmaceutical industry to ensure they have a minimum of six weeks' additional supply in the UK, over and above their business as usual operational buffer stocks, in the event of a 'No Deal' scenario.

NHS Buckinghamshire Clinical Commissioning Group

NHS Buckinghamshire Clinical Commissioning Group
Governing Body Assurance Framework
Nov-18

Strategic Aim/Goal		Principal Risk IF	THEN	LEADING TO	CORPORATE OBJECTIVE LINK	Initial	Current	Acceptable	Change	Gap
Better Health for Bucks – to commission high quality services that are safe, accessible to all and achieve good patient outcomes for all	1	The CCG is unable to deliver its commitments within the ICS memorandum of understanding and related operating plan	The outcomes and improvement in patient services may be compromised	(1) A disjointed approach to system delivery (2) Not delivering the benefits and improved outcomes set out in the system plans	Enable and support the component parts of the ICS and STP to deliver transformation of health and social care	12	16	8	New	8
	2	If alternative care pathways are unable to impact on increasing non-elective demand by the end of the financial year	Activity run rates will not reduce to optimum desired levels against planning trajectories informed by national benchmarks	(1) Additional risk cost pressure through Frimley Health will materialise above existing forecasts (2) Further cost pressure on Buckinghamshire Healthcare NHS Trust through increased activity which could impact system partners (3) Further pressures from other acute providers (predominantly London, Oxford University Hospitals and Milton Keynes Trust) (4) non-compliance with statutory responsibilities (5) non-receipt of Commissioning Sustainability Fund (CSF) and Provider Sustainability Fund (PSF) monies from NHS England (6) Implications for ICS system control total (7) Impact on Patient Experience (8) Potential for special measures	Deliver the system FRP in 18/19 and achieve financial recovery and a sustainable ICS by April 2020 Manage capacity, demand and clinical variation using a population health management approach so that patient flow is safely optimised, equitable across boundaries and the NHS constitutional standards are met in accordance with planning guidance	20	12	8	New	4
Sustainability within Buckinghamshire – to **c**ontribute to the delivery of a financially sustainable health and care economy that achieves value for money and encourages innovation	3	The QIPP programme is unable to deliver its end of year cost reduction estimates and further QIPP is not identified to meet further pressures	Contribution to the deficit outturn position for the CCG resulting from unaffordability	(1) non-compliance with statutory responsibilities (2) non-receipt of Commissioning Sustainability Fund (CSF) monies from NHS England (3) Implications for ICS system control total (4) Impact on planning a balanced outturn for future years (5) Potential for special measures	Deliver the system FRP in 18/19 and achieve financial recovery and a sustainable ICS by April 2020 (2) Manage capacity, demand and clinical variation using a population health management approach so that patient flow is safely optimised, equitable across boundaries and the NHS constitutional standards are met in accordance with planning guidance (3) Enable and support the component parts of the ICS and STP to deliver transformation of health and social care	20	12	8	New	4
	4	Providers exceed activity run rate projections incorporated into block or PBR contracts at end of the financial year	Deficit outturn position for the CCG resulting from unaffordability			20	12	8	New	4
Leadership across Bucks – to promote equity as an employer and as clinical commissioners	5	The CCG is unable to maintain its optimum staffing levels at any time	Capacity or capability to discharge its commissioning functions will be affected	(1) non-compliance with statutory responsibilities (2) Reduced motivations for remaining CCG staff through increased workload/pressure	Manage capacity, demand and clinical variation using a population health management approach so that patient flow is safely optimised, equitable across boundaries and the NHS constitutional standards are met in accordance with planning guidance	9	9	6	New	3
Better Care for Bucks – to commission personalised, high value integrated care in the right place at the right time	6	CCG Improvement Assessment Framework standards (on quality and performance) have not been met when measured at the end of the financial year	CCG rating would be affected (likely reduced)	(1) non-compliance with statutory responsibilities (2) NHS England additional scrutiny. (3) Non-compliance with quality premium (4) Impact on Patient Experience	Manage capacity, demand and clinical variation using a population health management approach so that patient flow is safely optimised, equitable across boundaries and the NHS constitutional standards are met in accordance with planning guidance Support delivery of the Five Year Forward Views for New Models of Care, Primary Care and Mental Health for improved outcomes for patients	16	12	12	New	0
	7	The CCG is unable to deliver the requirements stipulated within the Five Year Forward View for New Models of Care, Primary Care and Mental Health	The expected benefits will not be delivered	(1) A disjointed approach to system transformation and delivery (2) Not delivering the benefits and improved outcomes set out in the system plans	Support delivery of the Five Year Forward Views for New Models of Care, Primary Care and Mental Health for improved outcomes for patients	12	12	8	New	4

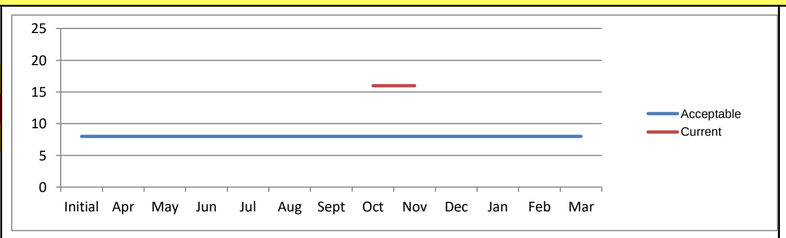
1	**Strategic Objective: Better Health in Bucks**	**Clinical Lead (Risk Owner)**	**Dr Raj Bajwa**
	To commission high quality services that are safe, accessible to all and achieve good patient outcomes for all		
	Corporate Objectives 2018/19: Enable and support the component parts of the ICS and STP to deliver transformation of health and social care	**Managerial Lead (Delegated Owner)**	**Robert Majilton**
Risk Definition:	**IF** **The CCG is unable to deliver its commitments within the ICS memorandum of understanding and related operating plan** **THEN** **The outcomes and improvement in patient services may be compromised** **LEADING TO** **(1) A disjointed approach to system transformation and delivery** **(2) Not delivering the benefits and improved outcomes set out in the system plans**	**Date last reviewed**	Nov-18
		Date Opened	Oct-18

Risk Cause: ICS MOU for 18/19 agreed by CCG Governing Body September 2018 with challenging deliverables; separate ICS and CCG operating plans previously agreed for 2018/19.

Risk Proximity: (how soon could it materialise?) Financial Year End

Risk Rating

	Likelihood	Consequence	
Initial	3	4	12
Current	4	4	16
Acceptable	2	4	8



Rationale for Current Score:

Whilst there continues to be progress on delivery of key areas of the system transformation and MOU and Operating Plan deliverables there remain some areas of challenge particularly performance and system financial position.

Rationale for Acceptable Score:

The system can demonstrate appropriate mitigation and oversight of key risks and issues and is escalating these appropriately for resolution.

Controls/dependencies (What are we currently doing about the risk?) ***(No. of controls and assurances must match)***

Description ***(new if red italics; must also indicate whether internal or external)***	**Internal or external**	**Owner**
a) Agreed ICS operating model including delivery infrastructure, implementation group and partnership board	Both	ICS Managing Director / System SROs
b) System performance and financial reporting	Both	CFOs group
c) System portfolio office	Both	ICS Managing Director

Assurances (How do we know if the things we are doing are having an impact?)

Description ***(new if red italics; must also indicate whether internal or external)***	**Internal or external**	**Owner**

Mitigating Actions (Controls - immediate)

Description ***(new if red italics)***	**Owner**	**Due By**
Involvement in ICS groups and SRO leads from the CCG	Directors	On-going

Gaps in controls (What additional measures should we seek?)

Description ***(new if red italics)***	**Owner**	**Due By**
a) Framework for mapping commissioning functions and future state	Deputy Chief Officer	Feb-19
b) Systematic reporting of ICS delivery to partners including the CCG	ICS Managing Director	Jan-19

Gaps in assurance (What additional measures should we seek?)

Description ***(new if red italics)***	**Owner**	**Due By**
a) A number of ICS roles are temporary / secondments	ICS Managing Director / ICS Partnership board	Mar-19

Mitigating Actions (Assurance - immediate - 0-3 or 3-6 months to reduce risk level)

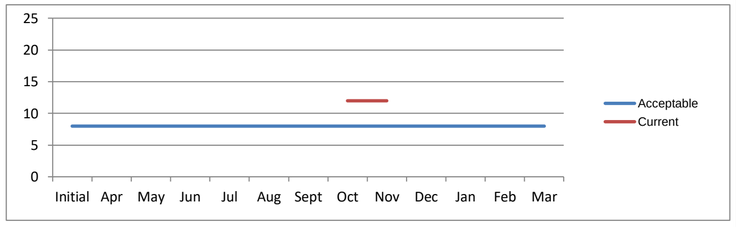
Description ***(new if red italics)***	**Owner**	**Due By**

2	**Strategic Objective: Better Health in Bucks** To commission high quality services that are safe, accessible to all and achieve good patient outcomes for all	**Clinical Lead (Risk Owner)**	**Dr Raj Bajwa**
	Corporate Objectives 2018/19: Deliver the system FRP in 18/19 and achieve financial recovery and a sustainable ICS by April 2020 Manage capacity, demand and clinical variation using a population health management approach so that patient flow is safely optimised, equitable across boundaries and the NHS constitutional standards are met in accordance with planning guidance	**Managerial Lead (Delegated Owner)**	**Gary Heneage**
Risk Definition:	**IF** **If alternative care pathways are unable to impact on decreasing non-elective demand by the end of the**	**Date last reviewed**	Nov-18
	THEN **Activity run rates will not reduce to optimum desired levels against planning trajectories informed by national benchmarks**		
	LEADING TO **(1) Additional risk cost pressure through Frimley Health will materialise above existing forecasts** **(2) Further cost pressure on Buckinghamshire Healthcare NHS Trust through increased activity which could impact system partners** **(3) Further pressures from other acute providers (predominantly London, Oxford University Hospitals and Milton Keynes Trust)** **(4) non-compliance with statutory responsibilities** **(5) non-receipt of Commissioning Sustainability Fund (CSF) and Provider Sustainability Fund (PSF) monies from NHS England** **(6) Implications for ICS system control total** **(7) Impact on Patient Experience** **(8) Potential for special measures**	**Date Opened**	Oct-18

Risk Cause:	ICS MOU for 18/19 agreed by CCG Governing Body September 2018 with challenging deliverables; separate ICS and CCG operating plans previously agreed for 2018/19.	**Risk Proximity: (how soon could it materialise?)**	Financial Year End

Risk Rating

	Likelihood	Consequence	
Initial	5	4	20
Current	3	4	12
Acceptable	2	4	8



Rationale for Current Score:

Outturn assumptions broadly agreed with Frimley. Significant progress in non-elective demand management schemes. Ongoing review and mitigations, including with London providers.

Rationale for Acceptable Score:

There will always be an inherent risk of activity above projected levels given transient population and PBR contracts with providers.

Controls/dependencies (What are we currently doing about the risk?) ***(No. of controls and assurances must match)***

Description ***(new if red italics; must also indicate whether internal or external)***	**Internal or external**	**Owner**
1) Financial Recovery Plan	Internal	CFO

Gaps in controls (What additional measures should we seek?)

Description ***(new if red italics)***	**Owner**	**Due By**

Assurances (How do we know if the things we are doing are having an impact?)

Description ***(new if red italics; must also indicate whether internal or external)***	**Internal or external**	**Owner**
1) Finance Report, Finance Committee minutes, Executive Committee minutes, Audit Committee minutes, further assurance with NHS England	Internal	CFO

Gaps in assurance (What additional measures should we seek?)

Description ***(new if red italics)***	**Owner**	**Due By**

Mitigating Actions (Controls - immediate)

Description ***(new if red italics)***	**Owner**	**Due By**
1) described within FRP - monthly re-forecasting with risks and mitigations refreshed	Internal	CFO

Mitigating Actions (Assurance - immediate - 0-3 or 3-6 months to reduce risk level)

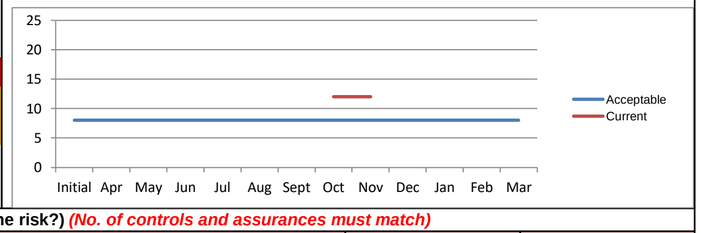
Description ***(new if red italics)***	**Owner**	**Due By**

3	**Strategic Objective: Sustainability within Buckinghamshire** To contribute to the delivery of a financially sustainable health and care economy that achieves value for money and encourages innovation	**Clinical Lead (Risk Owner)**	**Dr Raj Bajwa**
	Corporate Objectives 2018/19: Deliver the system FRP in 18/19 and achieve financial recovery and a sustainable ICS by April 2020 Manage capacity, demand and clinical variation using a population health management approach so that patient flow is safely optimised, equitable across boundaries and the NHS constitutional standards are met in accordance with planning guidance Enable and support the component parts of the ICS and STP to deliver transformation of health and social care	**Managerial Lead (Delegated Owner)**	**Gary Heneage**
Risk Definition:	**IF** The QIPP programme is unable to deliver its end of year cost reduction estimates and further QIPP is not identified to meet further pressures **THEN** Contribution to the deficit outturn position for the CCG resulting from unaffordability **LEADING TO** (1) non-compliance with statutory responsibilities (2) non-receipt of Commissioning Sustainability Fund (CSF) monies from NHS England (3) Implications for ICS system control total (4) Impact on planning a balanced outturn for future years (5) Potential for special measures	**Date last reviewed**	Nov-18
		Date Opened	Oct-18

Risk Cause:	Financial deficit position with need to identify further QIPP savings to offset	**Risk Proximity: (how soon could it materialise?)**	Financial Year End

Risk Rating

	Likelihood	Consequence	
Initial	5	4	20
Current	3	4	12
Acceptable	2	4	8



Rationale for Current Score:

QIPP reporting broadly on plan with regular QIPP clinics in place and detailed monthly reporting of QIPP delivery.

Rationale for Acceptable Score:

Consequence remains potentially high given the value but CCG can reduce likelihood through management of the QIPP programme.

Controls/dependencies (What are we currently doing about the risk?) ***(No. of controls and assurances must match)***

Description ***(new if red italics; must also indicate whether internal or external)***	**Internal or external**	**Owner**
1) CCG QIPP Audit and Recovery Plan	Internal	Chief Finance Officer

Gaps in controls (What additional measures should we seek?)

Description ***(new if red italics)***	**Owner**	**Due By**

Assurances (How do we know if the things we are doing are having an impact?)

Description ***(new if red italics; must also indicate whether internal or external)***	**Internal or external**	**Owner**
1) Routine ongoing monitoring through CCG committee structure including Finance Committee (risks and mitigations described within Finance Report)	Internal	Chief Finance Officer
2) Finance Committee minutes (reported in public) 3) Internal audit of QIPP provided reasonable positive assurance	Internal	Chief Finance Officer

Gaps in assurance (What additional measures should we seek?)

Description ***(new if red italics)***	**Owner**	**Due By**

Mitigating Actions (Controls - immediate)

Description ***(new if red italics)***	**Owner**	**Due By**
1) As described within QIPP Audit and Recovery Plan	Chief Finance Officer	Ongoing

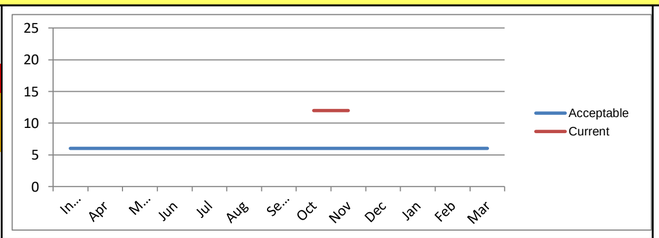
Mitigating Actions (Assurance - immediate - 0-3 or 3-6 months to reduce risk level)

Description ***(new if red italics)***	**Owner**	**Due By**
1) As described within QIPP Audit and Recovery Plan	Chief Finance Officer	Ongoing

4	**Strategic Objective: Sustainability within Buckinghamshire** To contribute to the delivery of a financially sustainable health and care economy that achieves value for money and encourages innovation	**Clinical Lead (Risk Owner)**	**Dr Raj Bajwa**
	Corporate Objectives 2018/19: Deliver the system FRP in 18/19 and achieve financial recovery and a sustainable ICS by April 2020 Manage capacity, demand and clinical variation using a population health management approach so that patient flow is safely optimised, equitable across boundaries and the NHS constitutional standards are met in accordance with planning guidance Enable and support the component parts of the ICS and STP to deliver transformation of health and social care	**Managerial Lead (Delegated Owner)**	**Gary Heneage**
Risk Definition:	**IF** **Providers exceed activity run rate projections incorporated into block or PBR contracts at end of the financial** **THEN** **Deficit outturn position for the CCG resulting from unaffordability** **LEADING TO** **(1) non-compliance with statutory responsibilities** **(2) non-receipt of Commissioning Sustainability Fund (CSF) and Provider Sustainability Fund (PSF) monies from NHS England** **(3) Implications for ICS system control total** **(4) Impact on planning a balanced outturn for future years** **(5) Potential for special measures**	**Date last reviewed**	Nov-18
		Date Opened	Oct-18
Risk Cause:	Financial deficit position with need to identify further QIPP savings to offset	**Risk Proximity: (how soon could it materialise?)**	Financial Year End

Risk Rating

	Likelihood	Consequence	
Initial	5	4	20
Current	3	4	12
Acceptable	2	4	8



Rationale for Current Score:

At Month 7 risks were in balance; and the CCG continues to forecast on plan., but has used a£0.5m of its contingency.

Rationale for Acceptable Score:

Consequence remains potentially high given the value but CCG can reduce likelihood through management of the Financial Recovery Plan

Controls/dependencies (What are we currently doing about the risk?) ***(No. of controls and assurances must match)***

Description ***(new if red italics; must also indicate whether internal or external)***	**Internal or external**	**Owner**
1) CCG Financial Recovery Plan	Internal	Chief Finance Officer

Gaps in controls (What additional measures should we seek?)

Description ***(new if red italics)***	**Owner**	**Due By**

Assurances (How do we know if the things we are doing are having an impact?)

Description ***(new if red italics; must also indicate whether internal or external)***	**Internal or external**	**Owner**
1) Routine ongoing monitoring through CCG committee structure including Finance Committee	Internal	Chief Finance Officer
2) Finance Committee minutes (reported in public)	Internal	Chief Finance Officer

Gaps in assurance (What additional measures should we seek?)

Description ***(new if red italics)***	**Owner**	**Due By**

Mitigating Actions (Controls - immediate)

Description ***(new if red italics)***	**Owner**	**Due By**
1) As described within Financial Recovery Plan. Detailed sensitivity and run rate analysis undertaken on a monthly basis.	Chief Finance Officer	Ongoing

Mitigating Actions (Assurance - immediate - 0-3 or 3-6 months to reduce risk level)

Description ***(new if red italics)***	**Owner**	**Due By**
1) As described within Financial Recovery Plan	Chief Finance Officer	Ongoing

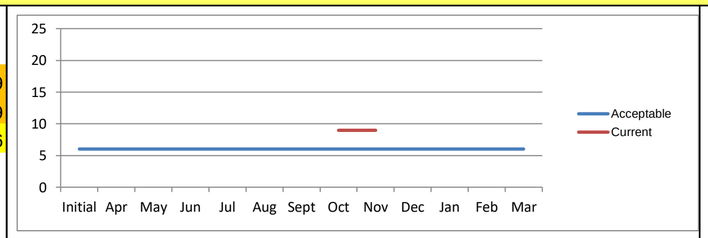
5	**Strategic Objective: Leadership across Bucks** To promote equity as an employer and as clinical commissioners Corporate Objectives 2018/19: Manage capacity, demand and clinical variation using a population health management approach so that patient flow is safely optimised, equitable across boundaries and the NHS constitutional standards are met in accordance with planning guidance	**Clinical Lead (Risk Owner)**	**Dr Raj Bajwa**
		Managerial Lead (Delegated Owner)	**Nicola Lester**
Risk Definition:	**IF** The CCG is unable to maintain its optimum staffing levels at any time **THEN** Capacity or capability to discharge its commissioning functions will be affected **LEADING TO** (1) non-compliance with statutory responsibilities (2) Reduced motivations for remaining CCG staff through increased workload/pressure	**Date last reviewed**	Nov-18
		Date Opened	Oct-18

Risk Cause: Financial deficit position with need to identify further QIPP savings to offset this

Risk Proximity: (how soon could it materialise?) Financial Year End

Risk Rating

	Likelihood	Consequence	
Initial	3	3	9
Current	3	3	9
Acceptable	2	3	6



Rationale for Current Score:

Named CCG HR Lead in place with an appropriate and effective series of controls and assurances in place

Rationale for Acceptable Score:

A risk of staff leaving remains, but controls and assurances will ensure effective contingency plans are in place, especially if holders of statutory roles were to leave the CCG

Controls/dependencies (What are we currently doing about the risk?) ***(No. of controls and assurances must match)***

Description ***(new if red italics; must also indicate whether internal or external)***	**Internal or external**	**Owner**
a) Matrix of all roles across the organisation ranked as those which are statutory, those which are business critical and those which are key supporting roles, along with agreed principles for action at each level should any of them become vacant. b) Succession plan for all statutory and business critical roles c) Vacancy impact assessment as soon as notice is given for any role	Internal	Director of Transformation

Gaps in controls (What additional measures should we seek?)

Description ***(new if red italics)***	**Owner**	**Due By**
a) Matrix of all roles across the organisation ranked as those which are statutory, those which are business critical and those which are key supporting roles, along with agreed principles for action at each level should any of them become vacant. b) Succession plan for all statutory and business critical roles c) Vacancy impact assessment as soon as notice is given for any role d) Review of Vacancy Impact Assessments by Directors	Director of Transformation	Ongoing

Assurances (How do we know if the things we are doing are having an impact?)

Description ***(new if red italics; must also indicate whether internal or external)***	**Internal or external**	**Owner**
a) Review of Vacancy Impact Assessments by Directors b) Monthly Workforce Performance Dashboard from ConsultHR to Director of Transformation c) Quarterly HR Report to Executive Committee	Internal	Director of Transformation

Gaps in assurance (What additional measures should we seek?)

Description ***(new if red italics)***	**Owner**	**Due By**
a) Matrix of all roles across the organisation ranked as those which are statutory, those which are business critical and those which are key supporting roles, along with agreed principles for action at each level should any of them become vacant. b) Succession plan for all statutory and business critical roles c) Vacancy impact assessment as soon as notice is given for any role d) Review of Vacancy Impact Assessments by Directors	Director of Transformation	Ongoing

Mitigating Actions (Controls - immediate)

Description ***(new if red italics)***	**Owner**	**Due By**
a) Matrix of all roles across the organisation ranked as those which are statutory, those which are business critical and those which are key supporting roles, along with agreed principles for action at each level should any of them become vacant. b) Succession plan for all statutory and business critical roles c) Vacancy impact assessment as soon as notice is given for any role d) Review of Vacancy Impact Assessments by Directors	Director of Transformation	Ongoing

Mitigating Actions (Assurance - immediate - 0-3 or 3-6 months to reduce risk level)

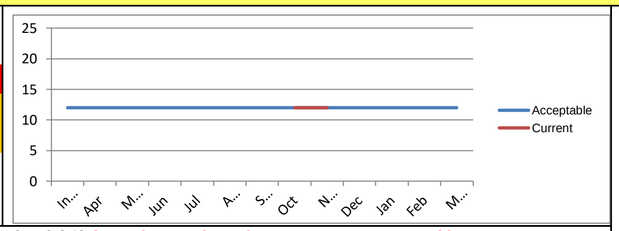
Description ***(new if red italics)***	**Owner**	**Due By**
a) Matrix of all roles across the organisation ranked as those which are statutory, those which are business critical and those which are key supporting roles, along with agreed principles for action at each level should any of them become vacant. b) Succession plan for all statutory and business critical roles c) Vacancy impact assessment as soon as notice is given for any role d) Review of Vacancy Impact Assessments by Directors	Director of Transformation	Ongoing

Return to front page

6	**Strategic Objective: Better Health in Buckinghamshire**	**Clinical Lead (Risk Owner)**	**Dr Karen West**
	To commission high quality services that are safe, accessible to all and achieve good patient outcomes for all	**Managerial Lead (Delegated Owner)**	**Debbie Richards**
	Corporate Objectives 2018/19: Manage capacity, demand and clinical variation using a population health management approach so that patient flow is safely optimised, equitable across boundaries and the NHS constitutional standards are met in accordance with planning guidance, Support delivery of the Five Year Forward Views for New Models of Care, Primary Care and Mental Health for improved outcomes for patients		
Risk Definition:	**IF:** CCG Improvement Assessment Framework standards (on quality and performance) have not been met when measured at the end of the financial year **THEN:** CCG rating would be affected (likely reduced) **LEADING TO:** (1) non-compliance with statutory responsibilities (2) NHS England additional scrutiny. (3) Non-compliance with quality premium (4) Impact on Patient Experience	**Date last reviewed**	Nov-18
		Date Opened	Oct-18
Risk Cause:	Challenged performance against national constitutional standards. Providers have to still control. Consequence high.	**Risk Proximity: (how soon could it materialise?)**	Immediate

Risk Rating

	Likelihood	Consequence	
Initial	4	4	16
Current	3	4	12
Acceptable	3	4	12



Rationale for Current Score:

Majority of IAF indicators are compliant, where performance or quality standards have not been achieved or outside of the NHSE thresholds these are under focus of the appropriate CCG lead. Performance is reflected in the monthly integrated Quality and Performance report

Rationale for Acceptable Score:

Achievement of all standards and improvement against thresholds

Controls/dependencies (What are we currently doing about the risk?) ***(No. of controls and assurances must match)***

Description *(new if red italics; must also indicate whether internal or external)*	Internal or external	Owner
1) Each indicator has a responsible lead	Internal	Director of Commissioning & Delivery
2) Reported to Quality & Performance Committee on a quarterly basis	External	
3) Assurance made to CCG Governing Body through Quality & Performance report	Internal/External	

Gaps in controls (What additional measures should we seek?)

Description *(new if red italics)*	Owner	Due By
Ability to risk assess/analyse gap between current position and framework when issued by NHS England mid-year.	Director of Commissioning and Delivery	Ongoing

Assurances (How do we know if the things we are doing are having an impact?)

Description *(new if red italics; must also indicate whether internal or external)*	Internal or external	Owner
a) Monitoring through Contract management and CQRM meetings with providers	Internal / external	Associate Directors of Contracts & Performance / Quality and Safeguarding
b) Updated quarterly reports received from NHSE	External	
c) Peer comparison against similar provider performance	Internal	

Gaps in assurance (What additional measures should we seek?)

Description *(new if red italics)*	Owner	Due By
a) Delay in the provision of data to provide assurance due to processes and complexity for these to be completed	Associate Directors of Contracts & Performance / Quality and Safeguarding	Ongoing
b) Ensuring recovery plans are robust and delivering improvements expected.		
c) Sharing of good practice and identification of potential 'buddies' to enable improvement		
d) Less direct influence on providers for whom we are not lead provider and therefore reliant on assurances offered by lead commissioners		

Mitigating Actions (Controls - immediate)

Description *(new if red italics)*	Owner	Due By
a) Focus on under performing indicators, where leads are responsible for developing b) Remedial Action Plan (RAP) with the appropriate provider	Associate Director of Quality and Safeguarding	Ongoing
c) Request for support from NHS England		
d) Quality visits & audits		

Mitigating Actions (Assurance - immediate - 0-3 or 3-6 months to reduce risk level)

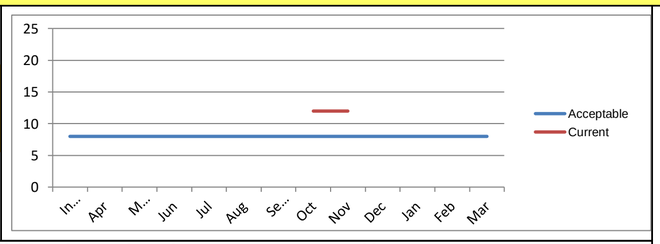
Description *(new if red italics)*	Owner	Due By
1) Monitor RAPs (Rapid Action Plans)	Associate Directors of Contracts & Performance / Quality and Safeguarding	Ongoing
2) When required		Ongoing
3) Undertaken in line with agreed annual programme and further adhoc activity when required		Ongoing

7	**Strategic Objective: Better Care for Bucks** To commission personalised, high value integrated care in the right place at the right time	**Clinical Lead (Risk Owner)**	**Dr Becky Mallard-Smith, Dr Karen**
	Corporate Objectives 2018/19: Support delivery of the Five Year Forward Views for New Models of Care, Primary Care and Mental Health for improved outcomes for patients	**Managerial Lead (Delegated Owner)**	**Robert Majilton**
Risk Definition:	**IF** **The CCG is unable to deliver the requirements stipulated within the Five Year Forward View for New Models of Care, Primary Care and Mental Health** **THEN** **The expected benefits will not be delivered** **LEADING TO** **(1) A disjointed approach to system transformation and delivery** **(2) Not delivering the benefits and improved outcomes set out in the system plans**	**Date last reviewed**	Nov-18
		Date Opened	Oct-18

Risk Cause:	Operational plan agreed for 2018/19 which sets out delivery expected in year for the 5YFV.	**Risk Proximity: (how soon could it materialise?)**	Financial Year End

Risk Rating

	Likelihood	Consequence	
Initial	3	4	12
Current	3	4	12
Acceptable	2	4	8



Rationale for Current Score:

Operational plan delivery and link to system wide transformation is monitored. Key areas of the 5YFV are progressing whilst there remain some on-going risks around implementation and the 5YFV plan is being refreshed as part of the long term NHS plan for the next 5 years.

Rationale for Acceptable Score:

Controls/dependencies (What are we currently doing about the risk?) ***(No. of controls and assurances must match)***

Description ***(new if red italics; must also indicate whether internal or external)***	**Internal or external**	**Owner**
Regular monitoring of delivery and reporting on operating plan milestones	Internal	Relevant Director

Gaps in controls (What additional measures should we seek?)

Description ***(new if red italics)***	**Owner**	**Due By**
Quarterly report on progress against the operating plan delivery	Deputy Chief Officer	Jan-19

Assurances (How do we know if the things we are doing are having an impact?)

Description ***(new if red italics; must also indicate whether internal or external)***	**Internal or external**	**Owner**
Regular monitoring of delivery and reporting on operating plan milestones	Internal	Relevant Director

Gaps in assurance (What additional measures should we seek?)

Description ***(new if red italics)***	**Owner**	**Due By**

Mitigating Actions (Controls - immediate)

Description ***(new if red italics)***	**Owner**	**Due By**

Mitigating Actions (Assurance - immediate - 0-3 or 3-6 months to reduce risk level)

Description ***(new if red italics)***	**Owner**	**Due By**

GOVERNING BODY CORPORATE RISK REGISTER: DECEMBER 2018

Risk Title	Risk Causes	Risk Description (IF)	Risk Effect (THEN)	Consequence (LEADING TO)	Project Risk Owner	Delegated Risk Owner	Corporate Risk Owner	Risk Baseline Score	Risk Score After Mitigation	Corporate Risk Score	Reasoning for Current Score	Risk Proximity	Controls & Assurances in Place	Actions Required
NEW RISKS MODERATED BY THE EXECUTIVE COMMITTEE AT 15+														
Quality and safeguarding Compliance with statutory timescales for completion of Looked After Children (LAC) assessments	Current compliance 50% with 81 outstanding review health assessments for Looked After Children (as at 9 November 2018). This breaches statutory timescales of 100% At entry to care system, initial health assessments must be undertaken within 20 days of notification, and thereafter annual for over 5s, 6 monthly for under 5s) A recent Ofsted inspection also identified the lack of evidence of statutory duty to supply care leavers (aged 16 and 17) with health summaries	the CCG is unable to evidence that its commissioned provider for Looked After Children health assessments has met statutory requirements	the CCG will be unable to provide assurance that the commissioned provider has met its statutory obligations	(1) Failure to deliver on key recommendations of Children's Services Improvement Plan (given services under statutory direction following Ofsted re-inspection and rating of inadequate) (2) Poor patient experience (3) Unidentified health needs not addressed in a timely and effective manner (4) Increased scrutiny from external stakeholders including NHS England	Debbie Richards	Gilly Attree	Debbie Richards	20	16	16	BHT are now providing the required health assessments. However they have been requested to provide the required retrospective health summaries	Immediate	**Controls:** (1) Joint Action Plan in place (2) Regular meetings held to identify issues and resolutions (monthly operational and monthly performance meetings), outside constituted committee arrangements). (3) Commissioner support provided - joint commissioners have worked with the LAC health provider to support improvements in the timeliness of meeting the statutory requirements for health summaries and health assessments. The commissioners are also supporting the Local Authority to consider how their internal systems can be amended to ensure effective joint working. (4) Corporate Parenting Panel scrutinises the LAC activity data from both the Local Authority and Buckinghamshire healthcare NHS trust and provides robust challenge. **Assurances:** (1) Two weekly activity reports submitted to monthly operational and performance meetings. (2) Minutes from operational and performance meetings provided for assurance to Corporate Parenting Panel via single assurance report (3) Minutes from Corporate Parenting Panel (accountable to the Safeguarding Children's Board) are published online	None other than those already stipulated within the Joint Action Plan.
EXISTING RISKS AT OR ABOVE ESCALATION THRESHOLD FOR ESCALATION TO GOVERNING BODY (15+)														
System wide 4 hour national target -A&E	Lower than 95% of patients spending 4 hours or less in A & E	Providers are unable to achieve the 4 hour waiting time target by 31st March 2018	Unable to meet related statutory duty	(1) Poor patient experience (2) longer waits (3) overcrowded department (4) Loss of Provider Sustainability Fund (PSF) circa £4m	Debbie Richards	Gary Passaway	Debbie Richards	16	16	16	Performance against the 4-hour standard for September 2018 was 89.35%, associated with lower 88.31% year to date average Buckinghamshire Health NHS Trust did not meet the target in Q1 so did not achieve Q1 Provider Sustainability Fund (PSF)	0-3 months	Under revised ICS arrangements, there is an A&E/UEC delivery board which has oversight of the system work streams designed to achieve the 4 hour performance	Under revised ICS arrangements, there is an A&E/UEC delivery board which has oversight of the system work streams designed to achieve the 4 hour performance.
Buckinghamshire Transforming Care Partnership (TCP) Cost Pressures	The requirement of the TCP plan is that match funding for the transition and capital funding is made available from NHSE. The plan lists what funding we feel will be needed to deliver on all the components in the plan.	If NHS England do not transfer TCP funding (ongoing)	then annual costs: • £1m additional cost pressure to CCG	Increased cost pressure across the system - the costs of new individual packages of care will rise gradually, in line with the TCP's inpatient trajectory, but with sharp increases when the longer stay patients are discharged into more complex care packages. This will result in a gap between savings from inpatient care on the one hand and new community investment on the other	Gary Heneage	Debbie Richards	Gary Heneage	16	16	16	Differences between additional costs for the new model, CLDT and care packages, and funds released from bed closures is understood. The difference will need to be met through a combination of national funding opportunities and reconfiguring existing local resources across the whole system to work more effectively. However, NHSE are still to provide clarity on what monies will be released from spec com inpatient beds to support repatriation. There is no additional funds for investment and we have identified as a system a growing funding gap for this cohort. This will increase cost pressures on the system. Clarity from NHSE is being sought	Immediate	The CCG, through the reduction of inpatient beds, funded the enhancements to the existing Community Learning Disability Team (CLDT). The enhancements are derived from the new service model, with more staff having been recruited to enable the delivery of increased and more robust community support. We have set out controls that advise NHSE of the issues of Bucks TCP not getting any transformation funding. The assurances are the constant updating and reviewing of our finance plans to NHSE to highlight the issues that this programme of work is not cost neutral and will continue to be a cost pressure to the system. This is a national issue. Control 1: The CCG and local authority have made plans/assumptions about the funding for individual packages of care for those long-stay and out of area patients, through an aligned S117 budget. Control 2: NHSE national LD programme team have requested that all TCPs submit revised finance plans January 2017 and the cost pressures have been included in the revised plan. Update 07/08 a revised plan was submitted in May and again in June and July 2017 following feedback from NHSE national team. Control 3: CCG/BCC will not sign off plan until funding is identified. CFO refuses to sign off the plan. Assurances: Reporting to NHS England on position; flagged as a risk during planning process. Detail is also included in the Finance Report reported to the Governing Body and its committees.	No other than description under assurances