

Paper 12.0

Governing Body Meeting in Public

Thursday, 30 March 2017

<b>Title:</b>	<b>Risk Management</b>	<b>Agenda Item: 12.0</b>
<b>Presented by:</b> Jane Meggitt, Director of Communications & Public Affairs		
<b>Author:</b> Janet Young, Governance & Risk Manager		
<b>Responsible Executive Director:</b> Jane Meggitt, Director of Communications & Public Affairs		
<b>Has this paper been signed off by the Responsible Executive Director?</b> Yes		
<b>Actions/ Recommendations required by the Governing Body:</b>		
<p>(i) The Governing Body is asked to note the total operational risk profile of the CCG.</p> <p>(ii) The Governing Body is asked to note the length of time each risk has remained as high on the CRR</p> <p>(iii) Action: The Governing Body is asked to receive and note the GBAF</p>		
<b>Purpose of Paper:</b>		
To provide the Governing Body with a summary of the CCG's current risk profile via the revised Governing Body Assurance Framework (GBAF) and the high level Corporate Risk Register (CRR).		
<b>Background:</b>		
<p>Bedfordshire CCG's vision for risk management is for all decision makers to be fully informed of any risk that might compromise achievement of its strategic aims and objectives. The Board Assurance Framework and the Corporate Risk Register are means the CCG uses for gaining that assurance by providing a structure that enables the Governing Body to focus on key risks and their controls so the CCG uses its resources efficiently and effectively.</p> <p>The Governing Body has overall responsibility and accountability for the management of risk associated with the CCG's activities. It discharges this responsibility through regular review of the assurance framework and related reports as set out in the CCGs Risk Management Framework and Strategy.</p> <p>Both the Governing Body Assurance Framework and the Corporate Risk Register are monitored regularly at the Executive Management Group and the Audit &amp; Governance Committee.</p>		
<b>Audit Trail:</b> The GBAF and CRR are scrutinised on a monthly basis and were last approved by the Executive Committee on the 23 <sup>rd</sup> March 2017		
<b>Strategy Implications:</b>		
Robust risk management contributes to the achievement of all the CCG's priorities and improves performance in areas such as patient safety, financial control, governance, programme and project management, partnership working, effective public engagement and health and safety of patients and staff.		

<p><b>Financial Implications:</b> Any financial implications to support any risk mitigation action plan will be the responsibility of the appropriate Executive Director</p>
<p><b>Risks:</b> Without regular scrutiny and challenge of the GBAF and Corporate Risk Register, there is a risk that the Governing Body does not have a robust and holistic top-down view of key risks facing an organisation before making any key decisions. The GBAF identifies potential risks in relation to the CCG's strategic annual objectives</p>
<p><b>Legal/Compliance:</b> The GBAF should provide key information to the Governing Body 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 Accountable Officer's sign off of the Annual Governance Statement. Any organisation that is well governed must have a robust system of risk management.</p>
<p><b>Has appropriate engagement and consultation taken place? N/A</b></p>
<p><b>Has an appropriate equality and diversity assessment taken place?</b> No. The GBAF does not in itself establish actions that could impact on people who have, or share, a protective characteristic under the Equality Act 2010.</p>

## 1.0 Overview

Although high risks may appear unacceptable and substantial improvements in controls are required, the Governing Body should be assured that high risks are a natural fallout of our work to ensure our population has access to the highest quality healthcare. However, we must take risks in a controlled manner, reducing our exposure to a level deemed acceptable by the Governing Body. By prioritising the monitoring of these risk at Governing Body and its constituted Committees, this will ensure the CCG is taking informed decisions and prioritising its needs.

The Governing Body Assurance Framework and Corporate Risk Register reflects the CCG's risk profile. The GBAF sets out the key threats to achieving the CCG's strategic objectives and priorities for 2016/17. The source of the risks appearing on the CRR are those risks that have a residual score above the tolerance level set by the Governing Body plus those where the consequence is assessed as being catastrophic or major and are deemed likely to happen.

The Governing Body constituted committees also have roles and responsibilities in overseeing specific categories of risk and should report assurance separately to the Governing Body to ensure their oversight is comprehensive.

## 2.0 Risk Profile

Figure 1 below illustrates the CCG's total operational risk profile as at the 10 March 2017. This demonstrates the magnitude of risks and gives assurance that the CCG has appropriate risk management processes in place. It captures the number of risks against the risk evaluation matrix. In accordance with the CCG's Risk Management Policy & Framework any risk scored as green are tolerated.

**Figure 1**

		Likelihood				
		Rare	Unlikely	Possible	Likely	Almost Certain
Impact	Catastrophic					1
	Major	1	9	17	4	2
	Moderate		9	65	30	1
	Minor		2	17	1	3
	Negligible		3	1		

**Action: The Governing Body is asked to note the total operational risk profile of the CCG.**

### 3.0 High Operational Risks

The Corporate Risk Register (CRR) is attached at appendix 1. Figure 2 illustrates the length of time the risk has remained at high.

For any high risk management attention should be focused on implementing actions to improve existing responses or introduce new ones within the first 2 months. The Executive Management Team agreed at their meeting on the 23 February and 23 March that this was a true reflection of each risk and the reasons for the risks remaining high were valid.

**Figure 2**

Business Driver	Risk Owner	Risk	Reason for risk remaining high	May 2016	June 2016	July 2016	Aug 2016	Sept 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	March 2017
Organisation capacity & capability	CS	Workforce pressures in primary care	National problem + roll out of local GP development and resilience programme				15	15	15	15	15	15	15	15
Achieving the financial plan	DD/BJ	Potential failure to achieve QIPP target 16/17	Large programmes such as QIPP by their very nature will carry uncertainty for a long period of time. Risk is realising and will be managed as an issue.	16	16	16	16	16	16	20	20	20	20	20
Achieving the financial plan	BJ	Acute over performance	On-going over-performance by acute hospitals		16	16	16	16	16	16	16	16	16	16
Patient Safety	AM	Patient care at independent provider	Assurance gathering still in progress					16	16	16	16	16	16	16

Patient Safety	AM	Potential failure to secure domiciliary care contracts	Uncertainty whether providers would serve notice as a result of CCG's decision not to award uplifts to contracts.			16	16	16	16	16	16	16	16	16
Reputation	DD	Judicial Review for LD case											20	20
Patient Safety	AM	Potential reduction in quality of dermatology service											16	16
Achieving the financial plan	DD	Potential failure to achieve QIPP target 17/18												20

**Action: The Governing Body is asked to note the length of time each risk has remained as high on the CRR**

#### 4.0 Governing Body Assurance Framework (GBAF)

The GBAF provides a structure and process that enables the CCG to focus on those risks that might compromise achieving its most important (strategic) annual objectives and to map out the key controls that should be in place to manage the objectives.

The GBAF details the strategic risks associated with each of the seven objectives set by the Governing Body. It is a live document that is continually monitored by Executive Directors and updated to accurately reflect the successes of, and strategic risks associated with the implementation of the Governing Body approved strategic objectives.

The Assurance Framework was presented to the Audit & Governance Committee on 9 February 2017 and is due to be presented again on 12 April 2017. The Committee scrutinised the strategic risks, controls, assurances and action plans identified in the Assurance Framework and no issues were identified. In that cycle of reporting, four risks had reduced – risks 1, 2, 4 and 7.1. Risks 4 and 7.1 had been reduced and evaluated as reaching their target scores. In accordance with the recommendations from the internal audit of the Governing Body Assurance Framework arrangements within the CCG, where a risk has been mitigated to its target scores then Executives should review whether there is a need for further mitigation to be applied. At the Executives meeting on the 19 January the Executive Management Team confirmed their agreement that no further mitigation was necessary. The Audit and Governance Committee were therefore asked to note the decision by the Executive Management Team.

Where gaps in either control or assurance had previously been identified, risk owners have continued to provide additional information which includes clarification of the actions required to close identified gaps, together with timescales for closure.

Figure 3 illustrates the current strategic risks and their movement

**Figure 3**

Ref	Risk	Inherent Score	Current Score	Risk Appetite	Gaps in controls	Gaps in assurance	Lead Executive
		L x I	L x I				
1	<i>The CCG may fail to embed prevention in all aspects of healthcare provision in Bedfordshire's health economy</i>	3x4 = 12 Moderate	2x3 = 6 Low	4 Low	2	1	Donna Derby
2	<i>Potential failure to develop a successful Out of Hospital Strategy to include stability of general practice to deliver the right care at the right time and therefore preventing over reliance in acute care.</i>	4x4 = 16 High	3x4=12 Moderate	9 Moderate	4	0	Donna Derby
3	<i>The CCG is unable to identify and recognise potential failings in service provision</i>	3x4 = 12 Moderate	2x4 = 8 Moderate	4 Low	0	2	Anne Murray
4	<i>There is a risk that the organisation fails to embed robust governance arrangements resulting in significant conflicts of interest and failure to meet statutory duties.</i>	2x4 Moderate	2x2 = 4 Low	4 Low <b>(Target met)</b>			Jane Meggitt
5.1	<i>Failure to develop and maintain an effective resource allocation model to deliver business priorities in 16-17</i>	3x4 = 12 Moderate	4x4 =16 High	4 Low	2	0	Ben Jay
5.2	<i>lack of robust performance and contract management systems in place for commissioned services</i>	3x3 = 9 Moderate	3x3 = 9 Moderate	4 Low	2	0	Ben Jay
6	<i>Failure to ensure health and care services are coordinated around the needs of individuals, their family and carer(s) and enable improved patient outcomes, experiences and value for money services.</i>	3x4 = 12 Moderate	3x4 = 12 Moderate	9 Moderate	2	0	Donna Derby
7.1	<i>Failure to demonstrate effective meaningful and genuine patient and public engagement throughout all of its commissioning activities.</i>	2x3 = 6 Low	2x2 = 4 Low	4 Low <b>(Target met)</b>			Jane Meggitt
7.2	<i>Risk of reputational damage</i>	3x3=9 Moderate	2x3=6 Low	4 Low	2	0	Jane Meggitt

There are no new risks to add to the GBAF this cycle.

The Full GBAF is attached at appendix 2

**Action: The Governing Body is asked to receive and note the GBAF**

***The Governing Body Assurance Framework***  
**Presented to Governing Body**  
**30 March 2017**

Report prepared by  
Janet Young, Governance & Risk Manager

**STRATEGIC OBJECTIVES: Ratified April 2016**

**FOR OUR PATIENTS:**

**We will increase healthy life expectancy and reduce health inequalities by:**

1. Systematically implementing prevention, early diagnosis and early intervention
2. Commissioning services that deliver evidence-based care, in the right place and at the right time, including promoting self-care and empowering patients to manage their own conditions.
3. Making sure that care is high quality, safe and sustainable, that it improves health outcomes and wellbeing and provides a good patient experience.

**FOR OUR BUSINESS:**

4. Using the statutory framework with best practice governance and transparency principles to be fully accountable to our population in commissioning and operating as a part of the wider health system
5. Ensure that the CCG commissions and operates in a financial manner consistent with the regulatory framework, long term sustainability and best use of public money.

**FOR OUR STAKEHOLDERS/PARTNERS AND STAFF:**

6. We will work in close partnership with all the organisations who commission or provide care for our population, to integrate services where it makes sense and to achieve seamless transitions of care for patients where services remain separate.
7. Embedding member, public, patient, carer, staff and other stakeholders' views through meaningful engagement into decision-making processes and commissioning intentions.

# Strategic Risk Heat Map

The heat map illustrates the profile of current risks.

Each risk is represented by its ID number and is positioned on the matrix where its residual risk rating assessment currently lies.

What this shows is that the residual risks in the red sector require the CCG to take action to further mitigate the risk. Those residual risks that fall within the amber, yellow or green sectors are those risks that have been mitigated through the application of existing controls.

The focus should be on deciding if the residual risk is now within the CCG's appetite for that risk and obtaining assurance over the effectiveness of the controls in place.

<b>Impact</b>	5					
	4		3	2	5.1	
	3		1	6 5.2		
	2		7.1 4	7.2		
	1					
		1	2	3	4	5
<b>Likelihood</b>						

## Strategic Risk Summary

Ref	Risk	Inherent Score L x I	Current Score L x I	Evaluation of current score	Risk Appetite	Movement this report	Lead Executive
1	<b>The CCG may fail to embed prevention in all aspects of healthcare provision in Bedfordshire's health economy</b>	3x4 = 12 Moderate	2x3 = 6 Low	Currently it is <b>unlikely</b> that this risk will occur. If the risk did realise the <b>moderate impact</b> would result in short term impacts to quality and cost effectiveness of commissioning and resources being used from other parts of the CCG.	4 Low	↔	Donna Derby
2	<b>Potential failure to develop a successful Out of Hospital Strategy to include stability of general practice to deliver the right care at the right time and therefore preventing over reliance in acute care.</b>	4x4 = 16 High	3x4=12 Moderate	Currently, it is <b>Possible</b> that this risk will occur. If the risk did realise the <b>major impact</b> would result in significant delays or quality reduction in provision of effective commissioning across multiple workstreams.	9 Moderate	↔	Donna Derby
3	<b>The CCG is unable to identify and recognise potential failings in service provision</b>	3x4 = 12 Moderate	2x4 = 8 Moderate	Currently, it is <b>unlikely</b> that this risk will occur. If the risk did realise the <b>major impact</b> would result in Non-compliance with national standards with significant risk to patients if unresolved; Low performance ratings; unsatisfactory patient experience or managemtn of patient care.	4 Low	↔	Anne Murray
4	<b>There is a risk that the organisation fails to embed robust governance arrangements resulting in significant conflicts of interest and failure to meet statutory duties.</b>	2x4 Moderate	2x2 = 4 Low	Currently, it is <b>unlikely</b> that this risk will occur. If this risk did realise the <b>minor impact</b> could result in a single breach of statutory duty or a breach of a single piece of statutry legislation.	4 Low	Met Target	Jane Meggitt
5.1	<b>Failure to develop and maintain an effective resource allocation model to deliver business priorities in 16-17</b>	3x4 = 12 Moderate	4x4 =16 High	Currently, it is <b>likely</b> that this risk will occur. If this risk did realise the <b>major impact</b> could result in an overspend of £8.5m	4 Low	↔	Ben Jay
5.2	<b>lack of robust performance and contract management systems in place for commissioned services</b>	3x3 = 9 Moderate	3x3 = 9 Moderate	Currently, it is possible that this risk will occur. If this risk did realise the moderate impact would result in failure of non NHS constitution standard where performacne is greater than 10% of under performance. Unable to handle risk within normal contract management procedures.	4 Low	↔	Ben Jay
6	<b>Failure to ensure health and care services are coordinated around the needs of individuals, their family and carer(s) and enable improved patient outcomes, experiences and value for money services.</b>	3x4 = 12 Moderate	3x4 = 12 Moderate	Currently it is <b>possible</b> that this risk will occur. If the risk did realise the <b>major impact</b> would result in significatn delays or quality reduction in provision of effective commissioning across mutiple workstreams (<1 month delay to work stream)	9 Moderate	↔	Donna Derby
7.1	<b>Failure to demonstrate effective meaningful and genuine patient and public engagement throughout all of its commissioning activities.</b>	2x3 = 6 Low	2x2 = 4 Low	Currently it is <b>unlikely</b> that this risk will occur. If this risk did realise, the <b>minor impact</b> would result in short term reduction in public confidence.	4 Low	Met Target	Jane Meggitt
7.2	<b>Risk of reputational damage</b>	3x3=9 Moderate	2x3=6 Low	Currently it is <b>unlikely</b> that this risk will occur. If this risk did realise, the <b>moderate impact</b> would result in local media coverage and moderate loss of public confidence in the CCG.	4 Low	↔	Jane Meggitt

<b>Objective No 1:</b> Systematically implementing prevention, early diagnosis and early intervention.		<b>Director lead:</b> Donna Derby, Director of Commissioning																																										
<b>Risk: The CCG may fail to embed prevention to all aspects of healthcare provision in Bedfordshire's health economy</b>		<b>Date last reviewed:</b> 03.03.17																																										
<b>Cause of risk</b>	<b>Effect of risk realising</b>	<b>Risk Rating: 2 x 3 = 6</b> <table border="1"> <caption>Risk Score and Risk Appetite Data</caption> <thead> <tr> <th>Month</th> <th>Risk Score</th> <th>Risk Appetite</th> </tr> </thead> <tbody> <tr><td>April</td><td>12</td><td>4</td></tr> <tr><td>April</td><td>12</td><td>4</td></tr> <tr><td>May</td><td>12</td><td>4</td></tr> <tr><td>June</td><td>12</td><td>4</td></tr> <tr><td>July</td><td>12</td><td>4</td></tr> <tr><td>Aug</td><td>12</td><td>4</td></tr> <tr><td>Sept</td><td>12</td><td>4</td></tr> <tr><td>Oct</td><td>8</td><td>4</td></tr> <tr><td>Nov</td><td>8</td><td>4</td></tr> <tr><td>Dec</td><td>8</td><td>4</td></tr> <tr><td>Jan</td><td>6</td><td>4</td></tr> <tr><td>Feb</td><td>6</td><td>4</td></tr> <tr><td>Mar</td><td>6</td><td>4</td></tr> </tbody> </table>	Month	Risk Score	Risk Appetite	April	12	4	April	12	4	May	12	4	June	12	4	July	12	4	Aug	12	4	Sept	12	4	Oct	8	4	Nov	8	4	Dec	8	4	Jan	6	4	Feb	6	4	Mar	6	4
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Dec	8	4																																										
Jan	6	4																																										
Feb	6	4																																										
Mar	6	4																																										
Inadequate focus on prevention in all aspects of commissioning	Unhealthy lifestyle choices result in poor population health outcomes																																											
Patients are not aware and informed of where and when to present with symptoms	Late diagnosis and intervention																																											
Patients not empowered to take greater responsibility for own health	(i) Increased utilisation of health services (ii) Pressures and demands on service capacity																																											
Poor uptake of national screening programmes	Poor health outcomes																																											
Constrained GP capacity to support improved early diagnosis	(i) Pressures and demands on service capacity (ii) Poor outcomes for patients																																											
<b>Controls</b>		<b>Assurances</b>																																										
(a) Memorandum of Understanding agreeing our Public Health Core Offer to embed the prevention agenda in place from April 2016		(i) JSNA Published in April 2016 for 3 year period.																																										
(a) Extended Core Offer agreed with PH to provide increased inputs into embedding prevention in all aspects of healthcare provision in place from May 2016		(ii) Joint Co-Commissioning Committee assuring achievement of flu vaccine uptake by each practice. Committee is bi-monthly																																										
(b) Primary Care Strategy ratified in May 2016 outlines aims to proactively support people to maintain a healthy lifestyle and to embed early assessment, diagnosis and intervention within long term condition management and cancer.		(iii) Uptake reports from PH on target achievement of cancer screening programmes such as cervical, bowel																																										
(c) .Public Health has commissioned lifestyle hubs and a range of commissioned services to facilitate individuals to engage in healthy lifestyle choices and self-care approaches.		(iv) MOU with Public Health to supply weekly uptake of levels of flu vaccine																																										
(d) STP Steering Group ensuring greater focus on the prevention strategy across the three CCG's		Monitored at Joint Co-commissioning Committee (bi-monthly committee)																																										
(e) Health and Wellbeing Strategy has section on prevention		(i) Lifestyle hubs and other commissioned services have their impact monitored and reviewed by the Public Health Team (monthly)																																										
		(ii) Health outcomes improvements will be measured through PH Outcomes Framework, NHS outcomes Framework and right care analysis.																																										
		(i) Director of Commissioning is a member of the STP Steering Group reporting into Executive Management Team (bi-weekly)																																										
		Assured through progress updates to Health & Wellbeing Boards																																										
<b>Mitigation to address risk</b>		<b>Gaps in assurance :</b>																																										
Rollout of prevention and risk stratification approach through our integrated health and social care community services programme.	<b>By When?</b> March 2017	(b) Current gap in STP influence to deliver promotional element of strategic design to improve risk stratification and achievement of targets of screening																																										

Primary care sustainability programme being developed to initiate interventions to support GP capacity to deliver primary care strategy (Action owner = Clare Steward)		programmes. First meeting was held in December and therefore the work plan will now evolve
New Community Health Services model in development which will embed prevention as a key focus for service delivery	March 2017	
<b>Outcome Measures:</b> How will we measure success? <ul style="list-style-type: none"> <li>• Measurement of unplanned emergency admission reductions.</li> <li>• Benchmarking against national indicators</li> </ul>		<b>Linked operational risks appearing on Corporate Risk Register</b>  <b>(None)</b>

<b>Objective No 2:</b> Commissioning services that deliver evidence-based care, in the right place and at the right time, including promoting self-care and empowering patients to manage their own conditions.		<b>Director lead:</b> Donna Derby, Director of Commissioning																																							
<b>Risk: Potential failure to develop a successful Out of Hospital Strategy to include stability of general practice to deliver the right care at the right time and therefore preventing over reliance in acute care.</b>		<b>Date last reviewed:</b> 03.03.17																																							
<b>Cause of risk</b>	<b>Effect of risk realising</b>	<b>Risk Rating: 3 x 4 = 12</b>																																							
Strategic direction for the CCG has been affected by inability to conclude Healthier Together and HCR over a number of years	(i) Patients access services at a higher level of acuity (ii) Increased demand on services for conditions amenable to self-management or out of hospital treatment contributing to over reliance on acute care	<table border="1"> <caption>Risk Score and Risk Appetite Data</caption> <thead> <tr> <th>Month</th> <th>Risk Score</th> <th>Risk Appetite</th> </tr> </thead> <tbody> <tr><td>April</td><td>16</td><td>9</td></tr> <tr><td>May</td><td>16</td><td>9</td></tr> <tr><td>June</td><td>16</td><td>9</td></tr> <tr><td>July</td><td>16</td><td>9</td></tr> <tr><td>Aug</td><td>16</td><td>9</td></tr> <tr><td>Sept</td><td>16</td><td>9</td></tr> <tr><td>Oct</td><td>16</td><td>9</td></tr> <tr><td>Nov</td><td>16</td><td>9</td></tr> <tr><td>Dec</td><td>16</td><td>9</td></tr> <tr><td>Jan</td><td>12</td><td>9</td></tr> <tr><td>Feb</td><td>12</td><td>9</td></tr> <tr><td>Mar</td><td>12</td><td>9</td></tr> </tbody> </table>	Month	Risk Score	Risk Appetite	April	16	9	May	16	9	June	16	9	July	16	9	Aug	16	9	Sept	16	9	Oct	16	9	Nov	16	9	Dec	16	9	Jan	12	9	Feb	12	9	Mar	12	9
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Dec	16	9																																							
Jan	12	9																																							
Feb	12	9																																							
Mar	12	9																																							
Failure to deliver resources through redesign which could be used to increase out of hospital services	Poorer health outcomes for the Bedfordshire population																																								
Limited joint provision to meet population's needs.	Limited funding for BCF initiatives would prevent some patients having to access acute care																																								
<b>Controls</b>		<b>Assurances</b>																																							
(a) 1% of CCG's spend on services moved from acute care to out of hospital provision		(a) Clinical Executive decision and now recognised in STP.																																							
(b) Ambulatory Emergency Care Unit in place		(b) Daily AECU data received by Director of Commissioning																																							
(c) Appropriate service changes linked to the system plan for improved working under the delivery of the A&E Delivery Board in place		(c) CCG Accountable Officer member of the A&E Delivery Board (monthly)																																							
(d) November 2016. New GP practice opened in hospital setting geared up to take triaged patients from A&E. January 2017 Plans to develop the service further are now in place		(d) Monitored by Commissioning Directorate.																																							
(e) "Discharge to assess at home" programmed being piloted. Will decrease numbers of frail elderly patients in hospital settings and also decrease likelihood of hospital acquired infections. January 2017 Stakeholder workshops have taken place. A delivery plan has been developed.		(e) Work will be overseen and monitored by A&E Delivery Board (monthly)																																							
(f) November 2016 Primary Care Working Group established to oversee General Practice Sustainability Plan		(f) GP Sustainability Plan being overseen by Primary Care Working Group and assured via Joint Co-Commissioning Committee (bi-monthly)																																							
(g) GPFYFV interfaces with the OOH strategy to give coherence across Bedfordshire		(g) Plan produced Feb 17																																							
<b>Mitigation to address risk</b>	<b>By when?</b>	<b>Gaps in assurance :</b>																																							
New community health service model in development which will embed prevention as a key focus for service delivery.	From 2018																																								
Out of Hospital Strategy being developed to focus on right care and in the right place and self-management to stay well.	March 2017																																								

Ensure that the 5 priority areas of disease have end to end pathway reviews that will ensure self-management as an integral part of the pathway	During 2017/18	
Strategic placement of new primary care practice to take diverted patients from A&E to primary care setting (pathways still in development)	Practice opened 24.10.16.	
Full implementation of "discharge to assess" will demonstrate a decrease in self-care spend in nursing home care placements (1 per day starting November 2017)	Full roll out 17/18	
General Practice Sustainability Plan being developed.	Completed	
<b>Outcome Measures:</b> How will we measure success?		<p><b>Linked operational risks appearing on Corporate Risk Register</b></p> <p><b>Judicial Review</b>  This is for an individual LD case. They are claiming that the CCG and LA have a joint responsibility to commission travel costs of patients mother. We are one of two defendants. The second being CBC.</p>

<b>Objective No 3:</b> Making sure that care is high quality, safe and sustainable that it improves health outcomes and wellbeing and provides a good patient experience		<b>Director lead:</b> Anne Murray, Director of Nursing & Quality																																										
<b>Risk: <i>Inability to identify and recognise potential failings in services</i></b>		<b>Date last reviewed:</b> 03.03.17																																										
<b>Cause of risk</b>	<b>Effect of risk realising</b>	<b>Risk Rating: 2 x 4 = 8</b> <table border="1"> <caption>Risk Score and Risk Appetite Data</caption> <thead> <tr> <th>Month</th> <th>Risk Score</th> <th>Risk Appetite</th> </tr> </thead> <tbody> <tr><td>April</td><td>12</td><td>4</td></tr> <tr><td>April</td><td>12</td><td>4</td></tr> <tr><td>May</td><td>12</td><td>4</td></tr> <tr><td>June</td><td>9</td><td>4</td></tr> <tr><td>July</td><td>9</td><td>4</td></tr> <tr><td>Aug</td><td>9</td><td>4</td></tr> <tr><td>Sept</td><td>9</td><td>4</td></tr> <tr><td>Oct</td><td>9</td><td>4</td></tr> <tr><td>Nov</td><td>8</td><td>4</td></tr> <tr><td>Dec</td><td>8</td><td>4</td></tr> <tr><td>Jan</td><td>8</td><td>4</td></tr> <tr><td>Feb</td><td>8</td><td>4</td></tr> <tr><td>Mar</td><td>8</td><td>4</td></tr> </tbody> </table>	Month	Risk Score	Risk Appetite	April	12	4	April	12	4	May	12	4	June	9	4	July	9	4	Aug	9	4	Sept	9	4	Oct	9	4	Nov	8	4	Dec	8	4	Jan	8	4	Feb	8	4	Mar	8	4
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Mar	8	4																																										
Poor contract monitoring	Patients not receiving safe effective care Poor patient experience Reputational damage																																											
Not triangulating intelligence effectively	As above																																											
Not listening to the patients and the public	As above																																											
Not gaining effective assurance from providers	As above																																											
Gap in service provision	As above																																											
<b>Controls</b>		<b>Assurances</b>																																										
(a) Established links in place with Local Authorities to report safeguarding information		Director of Quality & Nursing assuring process.																																										
(b) Quality Team active participants in both LA's Safeguarding Boards for Children & Adults		Minutes of meetings																																										
(c) Contract specifications in place and reviewed annually		Response to action plans following any CQC inspections taken up through contract monitoring meetings																																										
(d) Yellow inform analysis highlighting safety & quality issues reported by GPs and providers		Reported at Integrated Quality & Commissioning Committee																																										
(e) Following lack of assurance around SI policy compliance and learning from incidents, monthly face-to-face meetings now in place with ELFT		Monthly reports to Director of Quality & Nursing.																																										
(f) External inspections by CQC and OFSTED undertaken endorsing CCG monitoring of services		Reported to Integrated Quality & Commissioning Committee and Governing Body (bi-monthly)																																										
(g) Quarterly reviews with NHS England to pick up areas of risk		Director of Quality & Nursing attends assurance reviews (quarterly)																																										
(h) Partnership working with Healthwatch representing the patient and public voice		(i) Healthwatch are a member of the Integrated Quality & Commissioning Committee (ii) National Patient Experience survey carried out in July 2016																																										
(i) BCCG now attends BHT Maternity Transformation Board to monitor maternity services more closely		(i) Minutes of the meeting available (ii) Serious Incident report monitoring (iii) Progress against CQC action plans for L&D and BHT																																										
(j) Additional assurance visits have been put in place at BHT and L&D Stroke Units		Director of Quality & Nursing monitoring effectiveness daily <b>SNAP data for L+D Hospital demonstrates improving performance. Quality Assurance visits undertaken and patient views obtained.</b>																																										
(k) Quality rep attends QIPP Board to ensure QIA process and identification of risk is robust		(i) Minutes of QIPP Board Meetings (monthly) (ii) Monthly QIPP status reports.																																										
(l) One-off table top audit carried out to assess gaps in SEND agenda		Summary paper shared with Executive Team August 2016																																										

		Face to face meetings held with parent carers. Attendance at SEND improvement boards. Designated Clinical Officer newly appointed to lead development.
(m) SEND improvement plan developed in partnership with Local Authorities		Monitored by Children & Young People Operation Group; Improvement Board and Local Authority Boards
<b>Mitigation to address risk</b>	<b>By when?</b>	<b>Gaps in assurance :</b> <ul style="list-style-type: none"> <li>(c) Directorate does not have capacity to fully analyse all contracts</li> <li>(j) Directorate does not have capacity to deliver more assurance visits.</li> </ul>
Quality Assurance visits to be undertaken by Quality Team	On-going	
Contract meetings with providers to ensure date on priority outcome indicators and soft intelligence is provided	Quarterly	
Triangulation of all data and soft intelligence	On-going	
Monitoring of quarterly reports from providers	Quarterly	
Yellow Inform analysis	Monthly	
Undertake QIAs on all service re-design projects	As required	
Liaison with stakeholders including Healthwatch	As required	
<b>Outcome Measures:</b> How will we measure success? <ul style="list-style-type: none"> <li>Improved CQC reports</li> <li>Reduced number of themed serious incidents</li> <li>Improved patient experience</li> <li>Compliance with best practice guidance</li> </ul>		<b>Linked operational risks appearing on Corporate Risk Register</b> <b>CRR 81</b> <i>As a result of a number of concerns raised by commissioners from a number of areas about patient care at an independent provider, there is a risk that the service may be put in serious concerns process which may result in possible embargo of service, poor outcomes for residents, movement of residents to unsuitable placement, closure of beds. Also reputational damage to CCG due to the complexities and number of commissioners involved.</i>  <b>CRR 82</b> <i>As a result of BCCG's decision not to give any uplift to high cost and domiciliary care providers there is a risk that the providers will serve notice which may result in care ceasing placing the person at risk.</i>  <b>CRR89</b> <i>As a result of OPTUM giving notice on the Optum Dermatology Contract there is a risk that there may be a reduction in quality of service provision which may result in delays to treatment and poor patient experience</i>

<b>Objective No 5:</b> Ensure that the CCG commissions and operates in a financial manner consistent with the regulatory framework, long term sustainability and best use of public money		<b>Director lead:</b> Ben Jay, Chief Finance Officer																																										
<b>Risk 5.1: Failure to develop and maintain an effective resource allocation model to deliver business priorities in 16-17</b>		<b>Date last reviewed:</b> 21.03.17 7b																																										
<b>Cause of risk</b>	<b>Effect of risk realising</b>	<b>Risk Rating: 4 x 4 = 16</b>																																										
Weak financial governance	(i) Unable to secure confidence from Regulators, Stakeholders and Member Practices (ii) Reputational damage	<table border="1"> <caption>Risk Score and Risk Appetite Data</caption> <thead> <tr> <th>Month</th> <th>Risk Score</th> <th>Risk Appetite</th> </tr> </thead> <tbody> <tr><td>April</td><td>12</td><td>4</td></tr> <tr><td>April</td><td>12</td><td>4</td></tr> <tr><td>May</td><td>12</td><td>4</td></tr> <tr><td>June</td><td>12</td><td>4</td></tr> <tr><td>July</td><td>12</td><td>4</td></tr> <tr><td>Aug</td><td>12</td><td>4</td></tr> <tr><td>Sept</td><td>16</td><td>4</td></tr> <tr><td>Oct</td><td>16</td><td>4</td></tr> <tr><td>Nov</td><td>16</td><td>4</td></tr> <tr><td>Dec</td><td>16</td><td>4</td></tr> <tr><td>Jan</td><td>16</td><td>4</td></tr> <tr><td>Feb</td><td>16</td><td>4</td></tr> <tr><td>Mar</td><td>16</td><td>4</td></tr> </tbody> </table>	Month	Risk Score	Risk Appetite	April	12	4	April	12	4	May	12	4	June	12	4	July	12	4	Aug	12	4	Sept	16	4	Oct	16	4	Nov	16	4	Dec	16	4	Jan	16	4	Feb	16	4	Mar	16	4
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Mar	16	4																																										
Unsatisfactory analysis of activity	Sub-optimal benefit in terms of outcomes																																											
Challenging financial plan	Minimal scope for remedial action																																											
Externally regulated financial constraints	Reduced scope to invest in line with local commissioning priorities Reduced scope for remedial action.																																											
<b>Controls</b>		<b>Assurances</b>																																										
(a) ToR for Finance & Performance Committee revised to ensure robust reporting		Scrutiny role of both Finance & Performance Committee and Audit & Governance Committee																																										
(b) Monthly finance meetings with major providers in place to monitor performance		CFO sighted on feedback from main provider finance meetings (monthly)																																										
(c) Monthly QIPP reporting to F&P Committee and Governing Body		Minutes of meetings available from Governing Body, F&P committee, Audit & governance Committee and Provider meetings.																																										
(d) Detailed planning and close monitoring of all QIPP schemes in place to ensure delivery to the target level. When delivery is less than target alternatives are sought		CFO and/or Senior Finance representative in attendance at all QIPP Boards.																																										
(e) NHS England assurance meetings in place		NHS England scrutiny (quarterly)																																										
(f) Robust transparent management of financial reporting in place		Demonstrated through monthly pack reported to Finance & Performance Committee.																																										
(g) Management of finance and performance reporting		Ownership of organisation plan. Monthly financial pack and follow up meetings with budget holders.																																										
(h) Potential areas of QIPP savings have been exploited		Benchmarked on NHSE's basis																																										
(i) Compliance with planning guidance for 2017-19 has been worked on		Plan fully compliant and reviewed by NHS England.																																										
(j) Financial Reporting internal audit undertaken		Part of year end audit process.																																										
<b>Mitigation to address risk</b>		<b>Gaps in assurance :</b>																																										
Preparing mitigation actions to provide additional assurance on financial performance in 2016/17	By when? December 2017																																											
External Audit to provide VFM opinion	May 2017																																											

**Outcome Measures:** How will we measure success?

- CCG's financial position against plan
- Delivery of savings/investment plans
- Opinion of internal and external audit
- Demonstration of value for money through £530m commissioning activity.

**Linked operational risks appearing on Corporate Risk Register**

**CRR68** *As a result of the levels of ambition documented for the projects that reside in the current QIPP Programme and an increased QIPP target, there is a risk that BCCG will not fully achieve the £17.4m target set by NHSE, which may result in financial and reputational damage.*

**CRR74** *As a result of potential Acute over performance and limited investment to provide savings there is a risk of increased spend that would result in the CCG being unable to meet its financial targets.*

**CRR90** *As a result of a CCG agreed £25.531m QIPP target for 2017/18, there is a risk that the sum of the savings opportunity in the 45+ projects is less than the £25.531m ambition, which may result in failure to achieve the QIPP target and subsequent financial and reputational damage.*

<b>Objective No 5:</b> Ensure that the CCG commissions and operates in a financial manner consistent with the regulatory framework, long term sustainability and best use of public money:		<b>Director lead:</b> Ben Jay, Chief Finance Officer																																										
<b>Risk 5.2: Lack of robust performance and contract management systems in place for commissioned services</b>		<b>Date last reviewed:</b>																																										
<b>Cause of risk</b>	<b>Effect of risk realising</b>	<b>Risk Rating: 3 x 3 = 9</b> <table border="1"> <caption>Risk Score and Risk Appetite Data</caption> <thead> <tr> <th>Month</th> <th>Risk Score</th> <th>Risk Appetite</th> </tr> </thead> <tbody> <tr><td>April</td><td>9</td><td>4</td></tr> <tr><td>April</td><td>9</td><td>4</td></tr> <tr><td>May</td><td>9</td><td>4</td></tr> <tr><td>June</td><td>9</td><td>4</td></tr> <tr><td>July</td><td>9</td><td>4</td></tr> <tr><td>Aug</td><td>9</td><td>4</td></tr> <tr><td>Sept</td><td>9</td><td>4</td></tr> <tr><td>Oct</td><td>9</td><td>4</td></tr> <tr><td>Nov</td><td>9</td><td>4</td></tr> <tr><td>Dec</td><td>9</td><td>4</td></tr> <tr><td>Jan</td><td>9</td><td>4</td></tr> <tr><td>Feb</td><td>9</td><td>4</td></tr> <tr><td>Mar</td><td>9</td><td>4</td></tr> </tbody> </table>	Month	Risk Score	Risk Appetite	April	9	4	April	9	4	May	9	4	June	9	4	July	9	4	Aug	9	4	Sept	9	4	Oct	9	4	Nov	9	4	Dec	9	4	Jan	9	4	Feb	9	4	Mar	9	4
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Inadequate financial data	Inability to demonstrate value for money																																											
Inadequate non-financial data	Inability to make informed commissioning decisions																																											
<b>Controls</b>		<b>Assurances</b>																																										
(a) Contractual levers currently applied according to contract schedule requirements		Formal monthly meeting minutes and action logs																																										
(b) Review meetings set up once a week with main acute contract to discuss contract challenges.		These challenges form the checks and balances to ensure the Trust is contractually compliant.																																										
(c) Full list of contracts addressed and allocated to contract managers.		Part of national contract signing process (by 23 December)																																										
(d) Contracts database reviewed on a regular basis which identifies renewals																																												
(e) Requirement now in place for all contracts that meetings are minuted and an action tracker produced. Meetings taking place monthly.		New Escalation meeting (Performance and Contract Executive) has been created to deal with disputed items																																										
<b>Mitigation to address risk</b>		<b>Gaps in assurance :</b>																																										
Hold regular contract review meetings with providers to seek assurance on contract compliance	By when? Completed																																											
All CCG contracts will be managed in proportion to their value, clinical risk and available resources.	Completed																																											
Contracts database is modified to reflect the procurement pipeline	March 2017																																											
Ensure robust reporting requirements are included within all CCG managed contracts and escalate areas of concern.	Completed																																											
The contract management team will ensure that a contracts database is maintained.	Quarterly																																											
(f) Review process which will give assurance to small contracts being developed	End March 2017																																											
<b>Outcome Measures:</b> How will we measure success? <ul style="list-style-type: none"> <li>Better return on contractual challenges.</li> <li>Better quality of data from providers</li> </ul>		<b>Linked operational risks appearing on Corporate Risk Register</b>  (None)																																										

<b>Objective No 6</b> We will work in close partnership with all the organisations who commission or provide care for our population, to integrate services where it makes sense and to achieve seamless transitions of care for patients where services remain separate.		<b>Director lead:</b> Donna Derby, Director of Commissioning																																										
<b>Risk: Failure to ensure health and care services are co-ordinated around the needs of individuals, their family and carer(s) and enable improved patient outcomes, experiences and value for money services.</b>		<b>Date last reviewed:</b> 03.03.17																																										
<b>Cause of risk</b>	<b>Effect of risk realising</b>	<b>Risk Rating: 3 x 4 = 12</b>																																										
Different level of commitment, pace and approach across the commissioning system to deliver the integration of health and care services in a timely way to deliver benefit	Poor delivery of integrated services Continued lack of integration in Intermediate Care which is driving DTOC in Acute and Intermediate Care and creating cost pressures in community beds.	<table border="1"> <caption>Risk Score and Risk Appetite Data</caption> <thead> <tr> <th>Month</th> <th>Risk Score</th> <th>Risk Appetite</th> </tr> </thead> <tbody> <tr><td>April</td><td>12</td><td>9</td></tr> <tr><td>April</td><td>12</td><td>9</td></tr> <tr><td>May</td><td>12</td><td>9</td></tr> <tr><td>June</td><td>12</td><td>9</td></tr> <tr><td>July</td><td>12</td><td>9</td></tr> <tr><td>Aug</td><td>12</td><td>9</td></tr> <tr><td>Sept</td><td>12</td><td>9</td></tr> <tr><td>Oct</td><td>12</td><td>9</td></tr> <tr><td>Nov</td><td>12</td><td>9</td></tr> <tr><td>Dec</td><td>12</td><td>9</td></tr> <tr><td>Jan</td><td>12</td><td>9</td></tr> <tr><td>Feb</td><td>12</td><td>9</td></tr> <tr><td>Mar</td><td>12</td><td>9</td></tr> </tbody> </table>	Month	Risk Score	Risk Appetite	April	12	9	April	12	9	May	12	9	June	12	9	July	12	9	Aug	12	9	Sept	12	9	Oct	12	9	Nov	12	9	Dec	12	9	Jan	12	9	Feb	12	9	Mar	12	9
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Limited ability of CCG to fully fund the BCF in 16/17 and thus improve community services to manage demand	Increased and uncontrolled activity for Non- Elective admissions creating unsatisfactory performance against BCF targets and cost pressure through Acute contracts.																																											
People in Bedfordshire experiences of health and social care are fragmented and confusing	Failure of individuals to achieve desired care outcomes and poor experiences of care																																											
Health and Care services may duplicate care assessments, planning and care support	May result in poor value for money and possibly individuals at risk of receiving sub-optimal care.																																											
<b>Controls</b>		<b>Assurances</b>																																										
(a) . Monitoring of BCF Plan through governance meetings with each Local Authority.		(a) Quarterly reports to Health & Wellbeing Boards on BCF Plan Implementation of BCF plans for 2016/17 assured through BCF governance arrangements with each Local Authority.																																										
(b) Joint Governance & Delivery Framework in place for the development of the STP		Director of Commissioning assuring implementation																																										
(c) Joint Co-Commissioning Committee established in June 2016 with NHS England to oversee Primary Care Strategy and General Practice sustainability plan.		Update reports sent to joint-Committee bi-monthly																																										
(d) Transformation Boards set up in December with both Local Authorities		Minutes of Meeting available to assure decisions.																																										
<b>Mitigation to address risk</b>	<b>By when?</b>	<b>Gaps in assurance :</b>																																										
Implementation of Better Care Fund Plans for 2016/17 with each Local Authority. Reflect plans to transform community services as part of the overall vision and journey towards integration																																												
BCCG leading on STP work stream for community services, social care and primary care which will reflect integration plans.	On-going work																																											

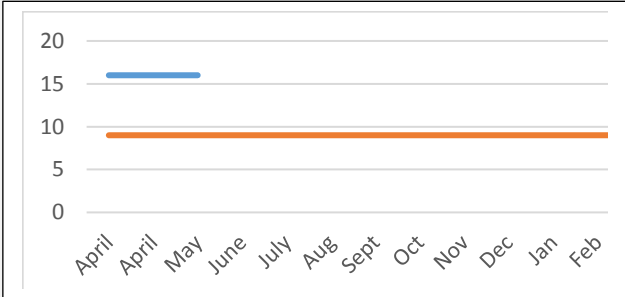
<p><b>Outcome Measures:</b> How will we measure success? National BCF plan metrics:</p> <ul style="list-style-type: none"> <li>• Emergency hospital admission reductions</li> <li>• Delayed transfer of care reductions</li> <li>• Reduced permanent admissions to residential care homes</li> <li>• Increase in numbers of people still at home 91 days after discharge from hospital</li> </ul>		<p><b>Linked operational risks appearing on Corporate Risk Register</b> <b>CRR 59</b> <i>As a result of the current workforce pressures in general practice and the inability to recruit to vacancies, there is a risk that practices will continue to rely on locums or struggle to cope with workload which may result in a detrimental effect on access, referral variation, workforce moral and the sustainability of current primary care provision</i></p>

<b>Objective No 7:</b> Embedding member, public, patient, carer, staff and other stakeholder's views through meaningful engagement, into decision-making processes and commissioning intentions.		<b>Director lead:</b> Jane Meggitt, Director of Communications and Corporate Affairs																								
<b>Risk 7.2: Risk of reputational damage</b>		<b>Date last reviewed:</b> 13.01.17																								
<b>Cause of risk</b>	<b>Effect of risk realising</b>	<b>Risk Rating: 2 x 3 = 6</b> <table border="1"> <caption>Risk Score and Risk Appetite Data</caption> <thead> <tr> <th>Month</th> <th>Risk Score</th> <th>Risk Appetite</th> </tr> </thead> <tbody> <tr><td>Sept</td><td>9</td><td>4</td></tr> <tr><td>Oct</td><td>9</td><td>4</td></tr> <tr><td>Nov</td><td>9</td><td>4</td></tr> <tr><td>Dec</td><td>9</td><td>4</td></tr> <tr><td>Jan</td><td>6</td><td>4</td></tr> <tr><td>Feb</td><td>6</td><td>4</td></tr> <tr><td>Mar</td><td>6</td><td>4</td></tr> </tbody> </table>	Month	Risk Score	Risk Appetite	Sept	9	4	Oct	9	4	Nov	9	4	Dec	9	4	Jan	6	4	Feb	6	4	Mar	6	4
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Poor beliefs and perceptions of BCCG and NHS nationally	Inability to meet expectations of patients, public and stakeholders																									
Unfair attacks from stakeholders	Lack of trust from patients, public and stakeholders that CCG is behaving ethically																									
Inaccurate reporting in the media	Inability to convince stakeholders CCG is a trustworthy business partner																									
Delays in announcing decisions whilst under legal directions	Lack of trust from patients, public and stakeholders that CCG is behaving ethically																									
Lack of value in employees	CCG not attracting the best staff available																									
<b>Controls</b>		<b>Assurances</b>																								
(a) Use of website/blogs/social networking to speak directly to public keeping communications consistent	(a) to speak directly to public keeping communications consistent	All communications reviewed and signed off by Head of Communications																								
(b) Accountable Officer meetings with local MPs and Local Authority Leaders	(b) Accountable Officer meetings with local MPs and Local Authority Leaders	Accountable Officer influences change in perceptions																								
(c) Processes in place to ensure complaints and enquiries are responded to quickly	(c) Processes in place to ensure complaints and enquiries are responded to quickly	Quarterly complaints reports to ICQC and FOI reports to Governance & Risk Group																								
(d) Local and national media monitored daily for positive and negative stories	(d) Local and national media monitored daily for positive and negative stories	Daily emails circulated from Communications Team																								
(e) Patient Participation Group set up	(e) Patient Participation Group set up	Minutes available. Reports to ICQC (bi-monthly meetings)																								
(f) CCG representation at H&WB, Healthwatch, OSCs	(f) CCG representation at H&WB, Healthwatch, OSCs	Regular reporting																								
(g) Communications Team's attendance at Committees in order to ensure performance objectives being met.	(g) Communications Team's attendance at Committees in order to ensure performance objectives being met.	Head of Communications to manage feedback																								
(h) Communications & Engagement Strategy developed	(h) Communications & Engagement Strategy developed	Monitored via Integrated Quality & Commissioning Committee																								
(i) Comprehensive communications & engagement strategy action plan in place	(i) Comprehensive communications & engagement strategy action plan in place	Integrated Quality & Commissioning Committee to monitor																								
(j) Staff survey undertaken to assess any danger to reputation by unhappy staff.	(j) Staff survey undertaken to assess any danger to reputation by unhappy staff.	Results shared with staff. Workshops underway and mitigations taken to SIG.																								
(k) Media training for Executives and Lay Members taken place.	(k) Media training for Executives and Lay Members taken place.	Executives and Lay Members trained.																								
(l) 360 Stakeholder Survey completed and expected to report by 31 March.	(l) 360 Stakeholder Survey completed and expected to report by 31 March.	To be taken to PPEF and ICQC with actions for follow up.																								
<b>Mitigation to address risk</b>	<b>By when?</b>	<b>Gaps in assurance :</b>																								
Patient Survey to assess CCG's reputation among patients	<b>December</b>																									
Mental Health Engagement to shape commissioning decisions	Completed December																									

<p><b>Outcome Measures:</b> How will we measure success?  Confidence in the CCG by its GP members, patients and the public, partners and staff.  Stakeholder survey showing an upward trend  Upward trend in social media usage</p>		<p><b>Linked operational risks appearing on Corporate Risk Register</b></p>

## RISKS CLOSED SECTION

The following risk(s) have been closed as a result of either the risk not occurring or the risk being managed successfully. If the activity that gave rise to the risk is still present, the risk will be reviewed periodically to ensure the controls are still effective. If the risk activity is no longer in existence then it is acceptable to permanently close the risk

<b>Objective 2: Commissioning services that deliver evidence-based care, in the right place and at the right time, including promoting self-care and empowering patients to manage their own conditions.</b>	<b>Director lead:</b> Director of Strategy & System Redesign (Acting)	
<b>Risk: <i>Potential failure to adequately engage with patients on the management of conditions that lead to poor health outcomes and patient safety incidents.</i></b>	<b>Date last reviewed:</b> Alison Lathwell, 16.03.16 Alison Lathwell 17.05.16	
<b>Risk Rating</b> (likelihood x consequence):  Initial: 16 Current: 16 Appetite: 9  	<b>Cause of risk:</b> <ul style="list-style-type: none"> <li>• Patients lack of knowledge to make informed decisions</li> <li>• Inadequate information available to patients to exercise choice</li> <li>• Failure to engage with patients to take responsibility for healthy choices</li> <li>• Inadequate self-care and self-management tools and approaches embedded within commissioned pathways</li> </ul> <b>Effect of risk realising:</b> <ul style="list-style-type: none"> <li>• Patients access services in inappropriate settings (e.g. A&amp;E)</li> <li>• Poorer health outcomes for the Bedfordshire population</li> <li>• Increased demand on services for conditions amenable to self-management</li> <li>• Increased numbers of patient safety incidents</li> </ul>	
<b>Controls</b> <ul style="list-style-type: none"> <li>• (April 16) Performance and governance framework for monitoring patient safety incidents managed by quality team.</li> <li>• Public Health commissioned lifestyle hubs offer services to facilitate individuals to engage in healthy lifestyle choices and self-care approaches (on-going)</li> </ul>	<b>Mitigating actions</b> <ul style="list-style-type: none"> <li>• Implementation of self-care approaches through the integrated community services programme – Maximising Independence Through Assisted Technology business case is in development; post assurance aim to commence procurement in 2016/17</li> <li>• Monitoring of work streams to ensure self-care approaches embedded within all commissioned pathways</li> </ul>	
<b>Assurances</b> (How do we know if the things we are doing are having an impact?) <ul style="list-style-type: none"> <li>• Reduction in emergency admissions for conditions amenable to care outside of hospital</li> <li>• Patients are equipped with strategies of self-care and self-management</li> <li>• PMO assurance of progression of milestones and timelines for plans for procurement of services.</li> </ul>	<b>Gaps in assurance</b> (What additional assurances should we seek?)	
<b>Outcome Measures:</b> How will we measure success? <ul style="list-style-type: none"> <li>• Public Health outcomes improvements will be measured through public health outcomes framework, NHS outcomes framework and right care analysis</li> </ul>	<b>Additional Comments:</b>  <b>RISK CLOSED - DID NOT OCCUR</b>	2

<b>Objective No 4:</b> Using the statutory framework with best practice governance and transparency principles to be fully accountable to our population in commissioning and operating as a part of the wider health system		<b>Director lead:</b> Director of Communications and Corporate Affairs																																										
<b>Risk:</b> <i>There is a risk that the organisation fails to embed robust governance arrangements resulting in significant conflicts of interest and failure to meet statutory duties.</i>		<b>Date last reviewed:</b> 13 January 2017																																										
<b>Cause of risk</b>	<b>Effect of risk realising</b>	<b>Risk Rating: 2 x 2 = 4</b> <table border="1"> <caption>Risk Score and Risk Appetite Data</caption> <thead> <tr> <th>Month</th> <th>Risk Score</th> <th>Risk Appetite</th> </tr> </thead> <tbody> <tr><td>April</td><td>8</td><td>4</td></tr> <tr><td>April</td><td>8</td><td>4</td></tr> <tr><td>May</td><td>8</td><td>4</td></tr> <tr><td>June</td><td>8</td><td>4</td></tr> <tr><td>July</td><td>8</td><td>4</td></tr> <tr><td>Aug</td><td>8</td><td>4</td></tr> <tr><td>Sept</td><td>6</td><td>4</td></tr> <tr><td>Oct</td><td>6</td><td>4</td></tr> <tr><td>Nov</td><td>6</td><td>4</td></tr> <tr><td>Dec</td><td>6</td><td>4</td></tr> <tr><td>Jan</td><td>4</td><td>4</td></tr> <tr><td>Feb</td><td>4</td><td>4</td></tr> <tr><td>Mar</td><td>4</td><td>4</td></tr> </tbody> </table>	Month	Risk Score	Risk Appetite	April	8	4	April	8	4	May	8	4	June	8	4	July	8	4	Aug	8	4	Sept	6	4	Oct	6	4	Nov	6	4	Dec	6	4	Jan	4	4	Feb	4	4	Mar	4	4
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1. Failure to apply principles of good governance	1. The CCG failing to operate constitutionally																																											
2. Poor committee structures leading to lost accountability	2. Governing Body will not understand or support other's role in effective decision-making with a view to improving the experience s of patients and the quality of care commissioned.																																											
3. Weak risk management culture	3 The organisations ability to make informed decisions will be compromised																																											
4 Poor execution of joint commissioning with NHSE	4. CCG does not demonstrate affective accountability around co-commissioning.																																											
5. Failure to manage conflicts of interest robustly in line with NHSE 2016 guidance	5 Legal challenge if commissioning decisions are not considered fair, transparent, or offering value for money. The credibility of the CCG to act as system leader may be undermined																																											
<b>Controls</b>		<b>Assurances</b>																																										
1. New suite of Business Basics documents covering running effective GB/committees; preparing good quality papers; producing good quality minutes; conduct and expected behaviours; and values and standards of business conduct. (April 16)		1. Annual evaluation of Governing Body and sub-committee effectiveness against GGI Maturity Matrix																																										
2. New committee structures in place (May 16)		2. Internal and External Audit opinion in Annual Governance Statement																																										
3. Updated GB and committee terms of reference to clarify delegated roles, responsibilities and statutory duties (June 16)		3. NHSE and CCG joint commissioning committee assuring co-commissioning decisions.																																										
4. Board Assurance Framework reported to Exec, monthly; Audit Committee, bi-monthly; and Governing Body at least 3 times per year		4.1 Regular reports to Audit and Governance Committee (bi-monthly) 4.2 Internal Audit report (January 2017) on BAF gave reasonable assurance.																																										
5. Risk Management Strategy in operation		5. Assurance on implementation via Governance & Risk Group (monthly).																																										
6. Interim Head of Corporate Governance in place		6. Reports into Director or Communications & Corporate Affairs																																										

7. (November 2016) Risk Management training programme developed to embed risk culture		7. Creation of new Risk Committee will monitor culture plan
8. January 2017) Corporate Governance Implementation/action plan in place and operating		8. Internal Audit will be asked to carry out a series of audits on specific areas.
<b>Mitigation to address risk</b>	<b>By when?</b>	<b>Gaps in assurance :</b>
1. Governing Body risk management training (part of development sessions)	<b>February 2017</b>	
2. Annual review of sub-committee terms of reference	<b>April 2016</b>	
3. BAF recommendation action plan in place to address recommendations	<b>March 2017</b>	
<b>Outcome Measures:</b> How will we measure success?		<b>Linked operational risks appearing on Corporate Risk Register</b> <b>(None)</b>

<b>Objective No:7</b> Embedding member, public, patient, carer, staff and other stakeholders' views through meaningful engagement, into decision-making processes and commissioning intentions.		<b>Director lead:</b> Jane Meggitt, Director of Communications & Corporate Affairs																												
<b>Risk 7.1: Failure to demonstrate effective meaningful and genuine patient and public engagement throughout all of its commissioning activities</b>		<b>Date last reviewed:</b> 13.01.17																												
<b>Cause of risk</b>	<b>Effect of risk realising</b>	<b>Risk Rating: 2 x 2 = 4</b>																												
Lack of membership and staff involvement in the statutory requirements	(i) Legal challenge/judicial review. (ii) Inability to demonstrate a patient centred commissioning approach. (iii) Little or no evidence base to support commissioning decisions in the case of any challenge. (iv) disengagement with commissioning decisions	<table border="1"> <caption>Risk Rating Data</caption> <thead> <tr> <th>Month</th> <th>Rating</th> </tr> </thead> <tbody> <tr><td>April</td><td>6</td></tr> <tr><td>April</td><td>6</td></tr> <tr><td>May</td><td>6</td></tr> <tr><td>June</td><td>4</td></tr> <tr><td>July</td><td>4</td></tr> <tr><td>Aug</td><td>4</td></tr> <tr><td>Sept</td><td>4</td></tr> <tr><td>Oct</td><td>4</td></tr> <tr><td>Nov</td><td>4</td></tr> <tr><td>Dec</td><td>4</td></tr> <tr><td>Jan</td><td>4</td></tr> <tr><td>Feb</td><td>4</td></tr> <tr><td>Mar</td><td>4</td></tr> </tbody> </table>	Month	Rating	April	6	April	6	May	6	June	4	July	4	Aug	4	Sept	4	Oct	4	Nov	4	Dec	4	Jan	4	Feb	4	Mar	4
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<b>Controls</b>		<b>Assurances</b>																												
(a) Quarterly Reports to the Integrated Commissioning & Quality Committee		Reports signed off by Director of Communication & Corporate Affairs																												
(b) Communication & Engagement integrated into the governance framework; the HR, OD and Learning Strategy and the STP		Alignment and feedback from the HR, OD and Learning Strategy																												
(c) Quarterly Reports to the Governing Body		Papers on public website. Minutes available																												
(d) Statement in Annual Report & Accounts		Sign-off by Governing Body. Minutes available																												

(e) Annual Ipsos MORI 360 Stakeholder survey undertaken		(commissioned by NHSE; key aspect of assurance process; annual; building strong relationships for effective commissioning)
(f) HOSC feedback (gives details of quality of stakeholder relationship management – soft intelligence)		
(g) CCG Equality Action Plan – specific milestones include EDS2, workforce data publication,		Reports to Governing Body annually
(h) Staff Involvement Group reporting to Executive Management Group		EMT minutes available
(i) 3 year Communications & Engagement Strategy in place		Assurance via action plan associated with new Strategy
<b>Mitigation to address risk</b>	<b>By when?</b>	<b>Gaps in assurance :</b>
On-going engagement with Bedford Borough and Central Bedfordshire Overview and Scrutiny Committees, in relation to the development and public engagement of the Healthcare Review	Ongoing	
Audit of staff involvement and engagement in strategy delivery	March 2017	
Annual Staff Survey results	March 2017	
Annual Patient and Public Survey to ascertain quality of engagement to be measured annually via Inovem platform	New for 2017	
<b>Outcome Measures:</b> How will we measure success? Year-on-year incremental improvement in stakeholder, staff and public survey responses benchmarked against data captured in the CCG Improvement and Assessment Framework – upper quartile		<b>Linked operational risks appearing on Corporate Risk Register</b>  (None)

# BCCG Corporate Risk Register

Strategic Objectives	
1	We will increase healthy life expectancy and reduce inequalities by systematically implementing prevention, early diagnosis and early intervention
2	Commissioning services that deliver evidence based care, in the right place and at the right time, including promoting self-care and empowering patients to manage their own conditions.
3	Making sure that care is high quality, safe and sustainable, that it improves health outcomes and wellbeing and provides a good patient experience
4	Using the statutory framework with best practice governance and transparency principles to be fully accountable to our population in commissioning and operating as a part of the wider health system.
5	Ensure that the CCG commissions and operates in a financial manner consistent with the regulatory framework, long term sustainability and best use of public money.
6	We will work in close partnership with all the organisations who commission or provide care for our population, to integrate services where it makes sense and to achieve seamless transitions of care for patients where services remain separate.
7	Embedding member, public, patient, carer, staff and other stakeholders views through meaningful engagement into decision-making processes and commissioning intentions.

	Rare	Unlikely	Possible	Likely	Almost Certain
Catastrophic	5	10	15	20	25
Major	4	8	12	16	20
Moderate	3	6	9	12	15
Minor	2	4	6	8	10
Negligible	1	2	3	4	5

Risk ID	Date Raised	Strategic objective	Description of Risk <i>As a result of x, there is a risk of y, which may result in z</i>	Inherent Likelihood <i>Click in box and choose from drop-down list</i>	Inherent Impact <i>Click in box and choose from drop-down list</i>	Overall Risk Rating <i>Automatic scoring</i>	Response Option <i>Click in box and choose from drop-down list</i>	Controls <i>What are the key controls in place to prevent the risk from occurring?</i>	Actions <i>What further actions to control the risk are planned. When should they be completed?</i>	Progress on Actions <i>What is the progress since the last report?</i>	Date Actions Updated <i>Click in box and choose from drop-down list</i>	Residual Likelihood <i>Click in box and choose from drop-down list</i>	Residual Impact <i>Click in box and choose from drop-down list</i>	Residual Risk (Automatic Scoring)	Responsible Governance Group	Risk Owner <i>Individual responsible for the management and control</i>	Risk Actionee <i>Person who the risk owner delegates specific actions to</i>	Risk Status <i>Click in box and choose from drop-down list</i>	
59	PC Com 12	06.08.15	6	Escalated from Co-Commissioning Risk Register As a result of the current workforce pressures in general practice and the inability to recruit to vacancies, there is a risk that practices will continue to rely on locums or struggle to cope with workload which may result in a detrimental effect on access, referral variation, workforce moral and the sustainability of current primary care provision	5 (Almost Certain)	3 (Moderate)	15 (High)	Reduce	1. Sustaining the general practice workforce in Bedfordshire is a high priority for the CCG 2. Implementation of Bedfordshire Community Education Provider Network with focus on system-wide workforce recruitment, retention and training and development 3. NHS England Vulnerable Practices scheme 4. Roll out of General Practice Resilience Programme and General Practice Development Programme 5. Promotion of Time to Care programme, Productive General Practice and 10 high impact actions to reduce workload	1. 2nd GP Future Leader to commence April 17 - Bedford 2. 2 GP Fellows to commence April & September 17 - Loughton Buzzard 3. Collaboration with Luton CCG as third wave CEPN 4. Showcase Physician Associate role - IV Board March 17 5. Input into BHT Nursing Associate course 6. GPN training needs analysis to inform CPD planning - March 17 7. Annual PLZ / HEAT GPN & HCA development 8. Member of steering group for development of trail blazer Apprenticeship pathways pan Beds & Herts 9. Facilitation of PM learning sets 10. Active promotion of GP Retainer, Induction and Refresher schemes 11. Active promotion and support for Time for Care programme and 10 HIAs 12. Roll out of two further Clinical Administration cohorts	1. Fifth GP Fellowships interview - 8 March 2. LMC support to advertise GP Fellowship via practice adverts where agreed 3. Bedford Locality practices Time for Care Programme - first workshop 14 March 4. PM coaching / resilience sessions - PLZ & HEAT - Feb and April 5. Workforce baseline assessment undertaken Feb 17 - 68% return rate chasing o/s returns 6. GPN / HCA training needs analysis complete - March 17 - to inform CPD requirements 7. Funding secured to train GP Supervisors of Clinical Pharmacists	08/03/2017	5 (Almost Certain)	3 (Moderate)	15 (High)	Co-commissioning Cttee	Clare Steward	Susi Clarke	Active
68	PMO31 & FIN50	10.05.16	5	Escalated from PMO and Finance Directorate risk registers As a result of the levels of ambition documented for the projects that reside in the current QIPP Programme and an increased QIPP target, there is a risk that BCCG will not fully achieve the £17.6m target set by NHSE, which may result in financial and reputational damage.	5 (Almost Certain)	5 (Catastrophic)	25 (High)	Reduce	Updated on 09/03/2017. → A QIPP Programme with a current FOT of £15.723m at M10. → Fortnightly QIPP Boards that review all Issues and Risks that reside in the QIPP Programme with the Accountable Officer and the SROs. All mitigations following the review are captured in an Action Log. → Fortnightly QIPP Operational Groups that monitor the delivery of QIPP and appraises new schemes before they are initiated. All recommendations are captured in the Decision / Action Log. → A PMO team that provides reporting and assurance on the delivery of QIPP to the CCG to ensure the CCG is aware of risks and issues and maximises and focuses resources. → A number of commissioners and project / programme managers that are focused on identifying, scoping, initiating and implementing QIPP schemes. → A Financial Recovery Plan (FRP) that will work alongside QIPP to improve the CCGs financial position.	(09/03/2017) The focus of the PMO and all scheme leads should be to maintain the current plan and not allow any further slippage. Any new opportunities will be allocated to the FRP, therefore the only mitigations to address the gap is over-performance in existing schemes. The PMO will continue to seek assurance of delivery for the remaining month and will ensure the CCG is aware should additional risk arise.	(09/03/2017) The PMO continue to seek and gather assurance in preparation for M12 or the existing 40 schemes. Any risks, issues or opportunities will be discussed with SROs at QIPP Board on the 15th March 2017. The amount of risk in the 2016/17 QIPP programme is small as there is only 1 month remaining and a majority of risks have either been mitigated or realised.  Further mitigation in M12 could potentially come from the projects "Street Triage", "Medicines Optimisation" and "Contract Challenges" however some of the impact maybe offset by under-performance in other projects.  Finance Update 16.03.17 M11 recognised a 90% achievement forecast.	16.03.17	5 (Almost Certain)	4 (Major)	20 (High)	Executive Management Group	Donna Derby	Matt Hollex	Active
74	FIN51	15.06.16	5	Escalated from Finance Risk Register As a result of potential Acute over performance and limited investment to provide savings there is a risk of increased spend that would result in the CCG being unable to meet its financial targets.	4 (Likely)	4 (Major)	16 (High)	Reduce	16/17 Contracts have been signed. Activity and finance plans have been agreed. Contract challenges are taking place with providers in line with the national timetable. Finance attending contract meetings with the biggest providers. Activity & cost is reviewed monthly by contracts and finance.	Improved forecasting using contracts and local knowledge. Triangulate FOT position with provider. Agree and sign off contract position with providers to cement YTD performance & reduce forecast margins for error. Ongoing monthly review by BI, Finance and Contracts. Implementing a robust challenge regime to mitigate the financial impact. 02/02/2017 Year end settlements to be agreed with acute providers where possible. Initial discussions to be completed by the end of February.	Acute activity to be reviewed monthly. Early determination of areas of overperformance to be identified to enable interventions/remedial actions. Acute activity increased at M11 but challenges have been raised to reduce activity and bring it in line with M10. Year end positions are being determined with our STP partners.	16/03/2017	4 (Likely)	4 (Major)	16 (High)	Finance & Performance Cttee	Ben Jay	Malcolm Miller	Active
81	QR05	01.07.16	3	Escalated from Quality & Patient Safety Risk Register As a result of a number of concerns raised by commissioners from a number of areas about patient care at an independent provider, there is a risk that the service may be put in serious concerns process which may result in possible embargo of service, poor outcomes for residents, movement of residents to unsuitable placement, closure of the beds. Reputational damage to CCG due to the complexities and number of commissioners involved.	3 (Possible)	3 (Moderate)	9 (Moderate)	Reduce	1.0 Action plan in place to report to PSQC - Safeguarding Investigation Process 2.0 Unannounced visit to service (June 16) gained assurances on current service but still requires ongoing monitoring. (June 16) 3.0 Announced CQC inspection undertaken w/c 12/09/2016 and Visits continue with support from BCCG (September 16) 4.0 Meeting with local authority post CQC inspection completed 5. Review of CQC Inspection findings - report recently published and whilst some areas have improved to 'requires improvement', the service remains 'inadequate' overall 6. Escalation to Risk Summit initiated based on collated feedback at QSG in early February 2017. 7. Risk Summit convened by NHSE 20-02-2017	1. BCCG to liaise with Local Authority and CQC (ongoing) 2. Regular meeting including all stakeholders (ongoing) 3.0 Close liaison to continue with local authority and Milton Park re ongoing S42 investigations.	05/01/17 - position remains Two S42 enquiries recently upheld and the others remain in progress. The provider has challenged the safeguarding investigation reports and a meeting arranged for 20.12.16 with MP, BBC and BCCG. Currently assurance not received regarding transparency of the provider or learning from events. A recent S42 also raised regarding the management of safeguarding process from MP in relation to one safeguarding concern - in progress. Safeguarding alerts continue to be received although only a small number raised to investigation. Coroner's inquests for the two deaths pending. Safeguarding alerts continue to be received although only a small number raised to investigation. Coroner's inquests for the two deaths pending (February 17 and March 17). 13/02/17 - following discussion at QSG, risk summit being arranged for 20.02.17 27/02/17 - Risk Summit convened by NHSE	27/02/2017	4 (Likely)	4 (Major)	16 (High)	Integrated Commissioning & Quality Cttee	Anne Murray	Mel Gunstone	Active
82	CHC42	05.07.16	3	Escalated from the Continuing Healthcare Risk Register As a result of BCCG's decision not to give any uplift to high cost and domiciliary care providers there is a risk that the providers will serve notice which may result in care ceasing placing the person at risk	4 (Likely)	4 (Major)	16 (High)	Reduce	April/May scoping exercise to assess viability of uplift. Agreement with Charlie Wood, John Hooper, Diana Butterworth not viable to uplift for 16/17 2. Letter sent to care homes within Bedfordshire who accept standard rates that they will receive a small increase of £10 from 01/06/16, they have not received an increase since 2012. Expectation that they will sign up to the NHS contract and funding back date 01/04/16 3) Confirm that commissioned beds E850, increases risk that there is a significant difference between commissioned beds and CHC beds 4) Once scoping for 17/18 and agreement by BCCG around uplift this risk will reduce	1) June 2016 letters sent to high cost dom care providers advising that due to the CCG position there would be no up lift for 16/17 2) Agreement with finance that any high cost requests will be dealt with on an individual basis taking into account clinical need 3) Any letters/emails received requesting up lift, response sent advising on the CCG position, there remains the potential for dispute and risk to BCCG reputation 4) 14/11/16 Meeting held with Malcolm Miller, Debbie Gillard, Tracy Ridsdale regarding scoping for uplift 17/18	Scoping work being completed re cost of price inflation for 17/18, likely increase of 1.3% however budget for 17/18 will be exceptionally tight	27/02/2017	4 (Likely)	4 (Major)	16 (High)	Integrated Commissioning & Quality Cttee	Anne Murray	Diana Butterworth	Active

88	MHT 1-	01.02.17	2	<p><b>Escalated from the Mental Health Risk Register</b>  <b>Judicial Review</b>  This is for an individual LD case. They are claiming that the CCG and LA have a joint responsibility to commission travel costs of patients mother. We are one of two defendants. The second being CBC.</p>	5 (Almost Certain)	4 (Major)	20 (High)	Reduce	<p>1.Appointed solicitors are progressing our case for the JR.  2. Witness statement completed.  3. Strong position for the CCG to be dropped from the case due to the nature of social care funding.  4. Can consider non legal outcome</p>	<p>1. The courts will then decide, on the papers, in the week commencing 5 December, whether or not to permit the claim to proceed. The permission stage is an opportunity to prevent the claim going any further.  2. Dependant on outcome of the above the CCG can decide what steps to take next.</p>	<p>permission was granted. A final hearing has been listed for 1.5 days commencing 27 June 2017 at 10:00 in the Administrative Court, Royal Courts of Justice, London. Current costs stand at £13,820.00 plus VAT. Current costs reserve are £30,000.</p>	07.02.17	5 (Almost Certain)	4 (Major)	20 (High)	Integrated Commissioning & Quality Cttee	Donna Derby	Rachel Volpe	Active
89	QR96	06.02.17	3	<p><b>Escalated from the Quality Clinical Effectiveness Risk Register</b>  QR 96: Dermatology Service Provision for Bedfordshire patients  As a result of OPTUM giving notice on the Optum Dermatology Contract there is a risk that there may be a reduction in quality of service provision which may result in delays to treatment and poor patient experience</p>	4 (Likely)	4 (Major)	16 (High)	Reduce	<p>1.0 Contracting discussions between CCG, OPTUM to negotiate any possibilities for cover arrangements after contract end August 17.  2.0 Scoping work for for new service provision</p>	<p>03/02/2017  Discussions are ongoing with OPTUM and CCG Contracting team.  Recent contracting meeting, OPTUM served notice on contract but work in hand to negotiate cover after contract end in Aug 17  Ongoing concerns with quality of provision regarding complaints for service, with numbers to be identified.  Optum have also raised 4 SIs as a precautionary measure which will be investigated and down graded if appropriate. There are currently 5 formal complaints open awaiting provider response  Current Service remains very fragile  <b>28-02-2017 No further update</b></p>	28/02/2017	4 (Likely)	4 (Major)	16 (High)	Integrated Commissioning & Quality Cttee	Anne Murray	Maria Laffan	Active	
90	PMO 36	09.03.17	5	<p><b>Escalated from PMO Risk Register</b>  As a result of a CCG agreed £25.531m QIPP target for 2017/18, there is a risk that the sum of the savings opportunity in the 45+ projects is less than the £25.531m ambition, which may result in failure to achieve the QIPP target and subsequent financial and reputational damage.</p>	5 (Almost Certain)	5 (Catastrophic)	25 (High)	Transfer	<p>Updated on 09/03/2017.  → A QIPP Programme with a current FOT of £21m and £4.5m of pipeline opportunities at M0.  → Fortnightly QIPP Boards that review all Issues and Risks that reside in the QIPP Programme with the Accountable Officer and the SROs. All mitigations following the review are captured in an Action Log.  → Fortnightly QIPP Operational Groups that monitor the delivery of QIPP and appraises new schemes before they are initiated. All recommendations are captured in the Decision / Action Log.  → A PMO team that provides reporting and assurance on the delivery of QIPP to the CCG to ensure the CCG is aware of risks and issues and maximises and focuses resources.  → A number of commissioners and project / programme managers that are focused on identifying, scoping, initiating and implementing QIPP schemes.  → All 47 projects have been articulated in a PID. The CCG should take assurance from this as it means all projects can be described and are owned.</p>	<p>(09/03/2017) The focus of the PMO and all scheme leads should be to focus on delivering the plan. The PMO are compiling a Dashboard that shows all the 47 projects and their key milestones. The PMO will then use this Dashboard to monitor progress and highlight slippage. The PMO continue to enhance and strengthen PIDs in preparation for appraisal at QOG and QB to ensure the proposals are desirable and achievable.  The PMO are awaiting the outcomes of the Collaborative Investment Savings Programme (CISP) as these outcomes could strengthen QIPP.</p>	<p>(09/03/2017) The latest forecast in the QIPP programme 2017/18 is being discussed at QIPP Board on the 15th March 2017.</p>	09/03/2017	5 (Almost Certain)	5 (Catastrophic)	25 (High)	Executive Management Group	Donna Derby	Matt Hollex	Active