


Agenda Item: 12.0

<p style="font-size: 1.2em; font-weight: bold; margin: 0;"><i>Governing Body Meeting held in public</i></p>	<p style="font-size: 1.5em; font-weight: bold; margin: 0;"><i>Report</i></p> <p style="margin: 0;">Date of Meeting: 6 September 2018</p>
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Report Title	Governing Body Assurance Framework and Corporate Risk Register		
Report Author	Presented By	Responsible Director	
Janet Young Governance & Risk Manager	David McNeil Associate Director of Governance, Risk & Corporate Services	David McNeil Associate Director of Governance, Risk & Corporate Services	
		Signature: 	
Purpose for presenting report	This paper provides an overview on how a new Governing Body Assurance Framework has been developed following the identification of revised priority areas, the key objectives and the principal goals that are vital to their delivery. It also sets out the risks identified by each Executive Director which could threaten their achievement.		
Action Required:	To receive assurance.		
Approval Route:	Executive Committee 23 August 2018 Audit & Governance Committee 1 August 2018		
Further Assurance:	The GBAF will be monitored at each Audit & Governance Committee throughout 2018		
Which Strategic Objectives does this report provide evidence for?			Please Tick ✓
We will commission high quality, safe and sustainable models of care that deliver effective clinical outcomes and patient experience using evidence based decisions and best practice			
We will ensure that there is a financially sustainable and affordable healthcare system in Bedfordshire.			
We will lead, engage and operate as an effective place based and STP wide system partner to achieve greater integration of care delivery.			
We will support local people and stakeholders to have an influence on services we commission to ensure our decisions are informed and shaped by local views and insights.			
We will operate and manage our Governing Body to the highest standards of accountability and transparency.			✓
Implications/Assessments	Yes	No	N/A
Have any financial implications been signed off by the Chief Finance Officer?			✓
Have any quality implications been signed off by the Director of Nursing & Quality?			✓
Have any privacy implications been signed off by the Head of Information Governance?			✓

Have any conflicts of interest implications been signed off by the Corporate Office?			✓
Have any public engagement implications been signed off by the Head of Communications & Engagement?			✓
Has an Equality Impact Assessment been carried out?			✓
Key Risks	Without an assurance framework the CCG may not be aware of risks to the achievement of its strategic objectives and may fail to manage them.		
Executive Summary	<p>Bedfordshire CCG's Governing Body must be able to assure itself that the organisation is operating effectively and meeting its strategic objectives. BCCG does this through its governance structures and internal management controls and by providing assurance which demonstrates these controls are operating as they should and objectives are being met.</p> <p>The Governing Body Assurance Framework (GBAF) provides a structure that enables the CCG to focus on those risks that might compromise achieving its strategic objectives and to map out the key controls that should be in place to manage those objectives. The GBAF is reviewed at each Audit & Governance Committee.</p> <p>The GBAF and the Corporate Risk Register (CRR) together reflect the organisation's critical risk profile. The CRR is an articulation of the key operational risks threatening the CCG and the actions that are being taken to respond to these risks. The CRR is reviewed on a regular basis by the Risk Management Committee and Executive Committee following review and updating by the Directorates. The register was last scrutinised by the Executive Committee on the 23 August.</p>		

1.0 The 2018/19 Governing Body Assurance Framework (GBAF)

The Governing Body ratified the 2018/19 strategic objectives in July and the Executive Committee discussed and agreed what would be the key areas of work required to deliver these objectives.

Since that time, work has been on-going with the senior management team to strategically risk assess the key deliverables and to populate any identified risks on the new GBAF.

The first iteration of the GBAF was presented to the Audit & Governance Committee on 1 August.

At the same time, the Audit & Governance Committee received the findings of the PwC Capacity & Capability Review. Several improvements to the GBAF template were proposed within the report recommendations. These have now been incorporated in the version annexed to this report.

PwC stated that the content should be improved by:

- Providing a brief rationale of the current risk rating.
- Identification of specific, time-scaled actions, including a brief description of the intended outcome of the action.
- Adding an explanation for the status of the actions
- Addition of a dashboard to accompany the front sheet, giving the Governing Body a clear summary of the direction of travel for each risk.

PwC also recommended that the GB agree to remove risks from the GBAF. However our governance process delegates the authority to remove risks to the Executive Committee, so this recommendation has not been implemented.

2.0 Scrutiny of assurance

The dashboard at the front of the GBAF gives the Governing Body a clear summary of the direction of travel for each risk. It demonstrates the following:-

- Risk ST16 has already been successfully managed and closed.
- Seven risks remain evaluated as high.
- Five risks have been reduced, but remain over the required risk appetite.
- All risks have gaps in controls – i.e. still have outstanding actions that will reduce the likelihood or impact of the risk.
- Seven risks have gaps in assurance. This is where there are inadequate assurance measures or assurance measures that are limited and cannot provide full assurance that controls are effectively managing the risk. Focused management attention is required to action closure of the gap.

Member of the Governing Body should ask questions to assess the strength of the internal controls and assurances being presented. The GBAF is a document to help inform decision making and prioritisation of work relating to the delivery of strategic objectives. In turn, future governing body meeting agendas will be based on the work being prioritised.

3.0 The Corporate Risk Register (CRR)

The operational risks populating the CRR differ from those on the Assurance Framework in that they may be short term and readily addressed or mitigated without affecting the CCG's overall ability to achieve its strategic objectives.

3.1 Further assurance requested by Audit & Governance Committee

The CRR was presented to the Audit & Governance Committee on 1 August 2018. The Committee raised concerns around the following:

- Many of the listed controls were not considered to be controls. These were just giving re-assurance rather than assurance.
- Some risks had controls in place for some time but these have not led to a reduction in the likelihood of the risk occurring or the impact of the risk realising on the CCG. This would indicate they are not working and should be reviewed again.
- Many of the listed actions had no target date by them and this demonstrates a lack of urgency to complete actions to mitigate a major threat to the CCG.

The Committee asked for their concerns to be addressed as soon as possible to demonstrate a better grip on the CCG's major risks. It also requested that the Risk Management Committee continually monitors these concerns and challenges where appropriate.

3.1 Risks reduced

In this reporting cycle three risks have been reduced and it is proposed to de-escalate these risks from the CRR back to Directorate risk registers for on-going monitoring.

Risk 118 - As a result of the resignation of the CCG Clinical Chair and failure to recruit from the existing pool of Governing Body Locality Chairs, there is a risk that the CCG fails to establish a clinical replacement, which could result in the CCG being unable to effectively demonstrate both internally or externally, that it is clinically led. This risk has been reduced due to the current acting chair being invited to remain in post until December. The risk will be reviewed again later in the year.

Risk 119 - QR128 Potential Clinical Harm to ELFT patients in Older Persons MH service As a result of potential misdiagnosis and prescribing by a single clinician within an ELFT Older persons MH Team there is a risk that patients will have received unnecessary medication which may result in clinical harm to patients and reputation damage to ELFT and the CCG. The robust monitoring has reduced the likelihood of this risk.

Risk 122 - As a result of a clinical review on the stroke pathway, commissioners intend to make the move of the HASU from BHT to the L&D permanent and develop a new rehabilitation unit at the Archer Unit. This is substantial variation and could be subject to public consultation. Given the resignations of the stroke consultant back in 2016, which led to the move of the HASU to the L&D under emergency measures, there is little scope for consultation, as there is just one safe model of care. This has the potential to lead to a public consultation with just one outcome. The stroke paper was discussed at OSC in June and Members were happy that suitable steps had been taken to find alternative accommodation for Headway and that the model was good news for Bedford. It was passed on the agreement that engagement should be undertaken. This is scheduled for the autumn. On this basis the likelihood of the risk has been reduced.

3.2 High Risk to de-escalate

Risk 91b - As a result of unfilled clinical shifts for the new 111 and Out of Hours services there is a risk that patients will not be advised or seen in a timely way which may result in poor experience and outcomes for patients.

The Director of Nursing & Quality has requested that this risk is removed from the CRR and de-escalated back to the Directorate Risk Register. The risk will remain high whilst the concerns around HUC remain but at the current time the Directorate feel this is a high risk they are monitoring robustly.

3.3 New risks

One new risk has been reported in this cycle.

Risk 123 - As a result of only a small amount of local provision for individuals with more complex and challenging needs there is a risk that care provision will either breakdown or reduced quality of care which may result in harm to the individual and requirement for urgent new provision out of county.

A Meeting to escalate concerns is planned for 22/08/18. If assurance is gained regarding LD provision at that meeting the likelihood of the risk will be immediately reduced.

A copy of the full corporate risk register is attached as an appendix to this report.

4.0 Conclusion

In summary, the CCG's exposure to risk is centred mainly on:

- financial performance/QIPP;
- member practices disengaging with the CCG;
- inability to work effectively with partners and workforce issues preventing transforming the delivery of care across the ICS;
- inability to deliver transformation initiatives.

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.

The GBAF clearly identifies which of the CCG's strategic objectives are at risk of not being delivered. At the same time it provides positive assurance where risks are being managed effectively and objectives are being delivered. Where improvements are needed, the Governing Body should feel assured that action plans are in place and are being delivered based on the strength of controls and assurances in place.

5.0 Recommendation

The GB are asked to consider whether the controls and risk mitigations on the GBAF and CRR give them sufficient assurance that strategic risks are being managed.

BCCG Corporate Risk Register




Strategic Objectives	
1	We will commission high quality, safe and sustainable models of care that deliver effective clinical outcomes and patient experience using evidence based decisions and best practice.
2	We will ensure that there is a financially sustainable and affordable healthcare system in Bedfordshire.
3	We will engage with both local councils and also our partners across the wider health economy working on plans to strengthen primary care, improve outcomes and integrate services for the populations we serve.
4	We will support local people and stakeholders to have an influence on services we commission to ensure our decisions are informed and shaped by local views and insights.
5	We will operate and manage our Governing Body to the highest standards of accountability and transparency.

	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>	Proximity	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	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)	Target	Trend	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>	
91b	QR104	05.04.17	1	Escalated from the Quality Risk Register As a result of unfilled clinical shifts for the new 111 and Out of Hours services there is a risk that patients will not be advised or seen in a timely way which may result in poor experience and outcomes for patients.	May - Dec 2017	4 (Likely)	4 (Major)	16 (High)	Reduce	1.0 Initially daily then alternate daily conference calls to manage problems of shift fill over Easter weekend and May BH weekend and to monitor Quality of services. (01-05-17) 2.0 Actions taken from Outcome of review from 10-04-17 and from 18-04-17 (Easter weekend) 3.0 HUC recruited relationship manager (having local knowledge of GPs) to support shift fill (May 17) 4.0 Review of performance prior to end May Bank Holiday to identify potential areas requiring action (25-05-17) with HUC through Governance meeting (M Laffan attended) 5.0 Remedial action plan served to HUC (July 17) 6.0 Paper taken to F&P Committee 9/8/17 with financial proposal submitted by HUC - preferred option reached. Paper going to Governing Body (Part 2) 7/9/17 to seek approval on preferred option. 7.0 Update via planned Contract meeting (by end may 17) Recovery Action Plan (RAP) in place with HUC and BCCG and LCCG. 7.1 Weekly Friday meetings held to monitor performance against the RAP - to be managed contractually with effect from 11/8/17 8.0 RAP is now being managed by the BCCG Contracting Lead and will form part of the formal contractual management. 8.1 Monthly Contract meetings reconvened with immediate effect. (AUGUST 17) 9.0 Escalation meetings fortnightly with NHSE, LCCG, HUC and BCCG with focus on performance and clinical outcomes (end August 17) 10.0 BCCG/HUC Extraordinary meeting held 03/05/2018. Focus of meeting reviewed performance, workforce, GP shift fill and current overall service delivery concerns. 11.0 Enhanced surveillance of HUC and IUC across Herts Beds/Luton Cambridge and Peterborough continues 12.0 Cross CCG NHSE meetings commenced June 2017, with Cambridgeshire & Peterborough CCG, Bedfordshire CCG and Luton CCG. NHSE leading the meetings.	1.0 As part of Remedial Action Plan, HUC are requested to explicitly report by exceptions on breaches (Specifically NGRs 9 and 12) 2.0 BCCG final contract intentions to be finalised beyond current 18 month offer following NCPR (Is this completed?) 3.0 Agreement on call handling platform (Beds, Luton, Herts and Cambridge) to be reached Jan 18 (Is this completed) 4.0 Updated Action Plan Review end May 2018 5.0 Outcome to QSG discussion.	16-06-18 Whistle blowing concern raised by local GP mid-May. Meeting planned with HUC to discuss. Low/medium to low level concerns raised. Senior meeting with HUC awaiting updated action plan overdue 12th June. (Action 4) Some improvement in performance e.g. average time for call answered (Action 1) Updates to Herts and South Midlands Quality Surveillance Group (QSG) on discussion to take forward a service quality review with HUC (22-06-18) (Action 5)	16/06/2018	4 (Likely)	4 (Major)	16 (High)	1	➡	ICQC	Anne Murray	Maria Laffan	Active
115	Co Com 60	09.02.18	1	Escalated from the Co-Commissioning risk register. As a result of the multiple factors impacting on Bedford Borough general practices, there is a risk that practices will become increasingly more vulnerable and less resilient, which may result in access issues, referral variation, reduced morale, reduced workforce, an increase in acute care access with its resulting financial impact to the CCG, as well as an inability to transform in line with the ICS vision		4 (Likely)	4 (Major)	16 (High)	Reduce	1. Joint Primary Care Commissioning Committee in place with oversight of resilience issues and enabler / development workstreams 2. Primary Care Working Group in place with oversight of resilience issues and enabler / development workstreams	Hub programme, resilience programme ongoing. 2 GPN preceptorship placements completed, no further funding to support. Roll active signposting training. ACS CEPN established - Jan 18. Upskilling 34 PN CPD training. - Recruitment to Clinical Pharmacist programmes - Q2 2018/19 - Recruitment to Physicians Associates - Q2 2018/19 - Recruitment to GP Fellowships - Q3 2018/19 - Development post CCT GP development / 1st 5's network - Confident Practice Manager Programme in place - Q3 2018/19 - Workforce modelling project x 2 localities - Workflow Optimisation Implementation - ongoing (50% practices trained) GP Resilience Programme - STP application to NHS E - 12 Jan 18 - Partnership work with LMC - ongoing - GP Retention Plan submitted, allocated £134k. Estates and Technology Development Cluster Transformation Plans		01/08/2018	4 (Likely)	4 (Major)	16 (High)	4	➡	Joint Co-commissioning	Sally Adams	Nicky Wadely	Active
116a	Comms & Eng 60	29.12.17	4	Escalated from the Communications & Engagement Risk Register As a result of the Putnoe Walk in Centre closing and the UTC and Extended Access contract launching in October 2018, there is a risk of Judicial Review, if the CCG fails to deliver the two programmes and engage appropriately with residents in Bedford Borough. This is attracting significant political attention from the Mayor, MP and local pressure groups at a time when there are personnel changes in the CCG, which has the potential to affect delivery.		5 (Almost Certain)	4 (Major)	20 (High)	Reduce	(i) Engagement with key political stakeholders including the Mayor, MP and councillors. (ii) Open dialogue with the Members of the Overview and Scrutiny Committee (iii) Engagement with Commissioners and GPs to understand and fast track proposals for community co-production and involvement (iv) Engagement with residents who signed a petition to involve them in the co-design of an engagement plan.	(i) Robust three month engagement plan in place to engage with local communities on proposition. (ii) Regular communications being drafted to share with public membership to keep local communities informed. (iii) Communications drafted to describe the service and explain how this will enhance services in Bedford. (iv) We have agreed with the OSC that we will undertake full public consultation to give local people the opportunity to make their views heard. This will begin in July 2018.	(i) Engagement with OSC has been undertaken and a plan presented for them to scrutinise. (ii) Engagement plan has been debated at Patient and Public Engagement Committee. Feedback has been included in the revised plan. (iii) Governing Body has been presented with the plan and is assured work is underway to manage risk. (iv) We have produced a Case for Change consultation plan, which will be presented to the OSC on 19.06.18 for scrutiny.	07.08.18	4 (Likely)	4 (Major)	16 (High)	4	➡	PPEC	Jane Meggitt	Michelle Summers	Active
116b	COMMS & Eng 2	18.06.18		Escalated from the Communications & Engagement Risk Register As a result of ongoing negotiations with Putnoe Medical Centre to continue to deliver Walk in services until the end of the public consultation period, there is a risk of Judicial Review, if we are unable to agree terms. Failure to agree to new contractual terms by the end of June, will mean that the Public Consultation cannot be completed without prejudice.		5 (Almost Certain)	5 (Catastrophic)	25 (High)	Reduce	(i) Work is underway with Commissioners and Contract teams to negotiate favourable terms that deliver value for money for the public purse and also ensure that we can continue to provide services for the duration of the public consultation and the period following, to enable the Governing Body to make a decision on the final outcome and for Members of the OSC to scrutinise the decision.	(i) We are engaging with the Local Authority Executive and the Members of the OSC on a regular basis to provide an update of the current position. (ii) The public consultation plan has been developed, but the delay to negotiations means that a final proposition cannot be agreed. Without this, there is no consultation to be had - without prejudicing the outcome.	June update: (i) Legal advice has been provided to the Governing Body which outlines that the safest route is to deliver services while the consultation is underway. Every effort is being made to achieve this. (ii) A paper, which provides the terms for the walk in service will be shared with F&P at the end of June. (iii) The OSC will scrutinise the plans for the consultation on 19.06.18. August update: (i) Following engagement with the OSC in June and July, we have begun consultation. This is a reduced consultation of 6 weeks, as Putnoe Surgery is unable to deliver like for like services post 1 October. (ii) Councillors are unhappy about the length of the consultation and a solicitor letter has been sent to the CCG outlining the Council's position, which includes the grounds for referral to the SoS, should the CCG not meet its demands. (iii) A solicitor letter has been sent from the CCG to the Council, indicating that we do not have the powers to force providers to deliver a service. We have invited Councillors to meet with Partners at Putnoe to understand their position. (iv) The consultation is underway and to date, 1800 responses have been received. (v) We are waiting for a response from the Council on their preferred way ahead. In the meantime, the OSC has agreed to respond to the consultation, as a statutory consultee on 4 September 2018. Their response will be provided ahead of the Governing Body meeting on 6 September.	07.08.18	5 (Almost Certain)	5 (Catastrophic)	25 (High)	4	➡	PPEC	Jane Meggitt	Michelle Summers	Active
118	Gov 64	25.05.18	5	Escalated from the Governance Risk Register As a result of the resignation of the CCG Clinical Chair and failure to recruit from the existing pool of Governing Body Locality Chairs, there is a risk that the CCG fails to establish a clinical replacement, which could result in the CCG being unable to effectively demonstrate both internally or externally, that it is clinically led.		4 (Likely)	4 (Major)	16 (High)	Reduce	Acting Clinical Chair (existing Registered Nurse Governing Body member) in post until September 2018. 2 Clinical Vice Chairs in place Non clinical Vice Chair in place.	1) Due to no appointment being made after first round, arrangements to widen self-nomination to GPs on the Bedfordshire CCG performers list will now be undertaken. (Paused) 2) GP engagement in the work of the CCG was undertaken at Members Forum 24 May. Results still to be collated. 3) An external, independent and executive Medical Director to be appointed to give dedicated clinical leadership at Governing Body level. recruitment to commence as soon as possible assisted by NHS England	July Update: Existing Acting Chair to be invited to remain in post until December.	27.07.18	2 (Unlikely)	4 (Major)	8 (Moderate)	1	⬇	EMT	Jane Meggitt	David McNeil	Active

119			1	Escalated from the Quality Risk Register QR128 Potential Clinical Harm to ELFT patients in Older Persons MH service As a result of potential misdiagnosis and prescribing by a single clinician within an ELFT Older persons MH Team there is a risk that patients will have received unnecessary medication which may result in clinical harm to patients and reputation damage to ELFT and the CCG	5 (Almost Certain)	4 (Major)	20 (High)	Reduce	1. GMC has been alerted to clinician concerns - no evidence at present of willful malpractice and police therefore not involved (19-06-18) 2. NHSI have also been alerted to this event. (19-06-2018) 3. Overview of case notes commenced by clinical director ELFT (23 cases) (04-06-2018) 4. Care plans for all 11 patients reviewed and care plans adjusted (19-06-2018) 5. ELFT have sent Duty of candour letters to 11 of 23 patients so far identified (19-06-2018) 6. Strategic review team has been established to manage event. ELFT and BCCG members with senior support from ELFT DON and Clinical director and BCCG lead for Associate DON. 7. ELFT alerted Local Authority of issue (11-06-18) 8. BCCG Comms and ELFT Comms have been alerted to current situation. (11-06-2018) 9. ELFT and BCCG Safeguarding leads were alerted to provide oversight on all 23 cases. 11-06-2018 10. Duty Of Candour undertaking by ELFT shared with BCCG confirmed as completed	1. ELFT have committed to mobilise a team (Nurse practitioners) to undertake all case reviews- timeframe to be agreed. 2. BCCG requested assurances from ELFT of harm, potential harm and no harm process on all 728 (revised down from 1100) patients and appropriate duty of candour m 4. Strategy team to establish if review of cases before 2015 is required. 6 All GPs of the 11 patients being identified by ELFT to be shared with BCCG. Once known BCCG will have discussion with patients GP to alert. 7 BCCG comms plan in development to address any media focus. 9. CCG to be contacted by ELFT 10. ELFT to speak to Central Bedfordshire Safeguarding Adults Board to make them aware.	Updated: 31/7/2018 Re Action 1 and 2: Consultant now in post and seeing patients for clinical review. Meeting on 01-08-2018 with Consultant confirmed reviews on going but no clinical harm identified at current time. Re Control 13: Strategy meetings discontinued on a fortnightly basis - next meeting will be at Quality meeting 21-08-2018 Re Control 11: Dementia nurse specialist has contacted 11 patients. Re Control 10 All duty of candour letters sent as appropriate Re Control 12 confirmation at meeting held with ELFT on site 30/07/2018 Action 7 - Comms unlikely to be required - no further action	31/07/2018	3 (Possible)	4 (Major)	12 (Moderate)	1	↓	ICQC	Anne Murray	Bernie Harrison	Active	
120	MM 30	15.01.18		Escalated from the Medicines Management Risk Register High Dose Prescription opiate use. Lack of commissioned services to support patients on high dose prescription opiates to manage withdrawal and psychological support. Immediate release fentanyl is currently costing BCCG 150K per annum on 5 patients. There is also risk of ongoing harm to patients due to lack of clinical support services, especially if the patient is unwilling to engage. Risk to individual clinicians who are prescribing excessive amounts with out	4 (Likely)	4 (Major)	16 (High)	Share	Patients have been identified and discussed with Bhav Pattani, CDAO at NHS England. Following MDT reviews it is clear that there is no service currently commissioned to support these highly complex patients.	Raised at are area team level with CDAO. To raise with heads of medicines management to try and push for a regional service to be developed as numbers are small but complex patients, prescribing committee meeting (05/06/18)	MDT set for first patient between patients GP, Patients Pain Consultant (St M	30/07/2018	4 (Likely)	4 (Major)	16 (High)	1	↑		Anne Murray	Fiona Garnett	Active	
121	PMO 041	21.06.18		Escalated from the PMO risk register As a result of the CCG requiring a £26m QIPP Programme for 2018/19, there is a risk that the CCG will not be able to identify and deliver £26m of savings in 2018/19, which may result in failure to achieve our 2018/19 financial control total	10 months	4 (Likely)	4 (Major)	16 (High)	Reduce	→ A month 3 QIPP Programme forecast of £22.5m. → A risk-adjusted month 2 QIPP Programme forecast of £16.4m. → A monthly Financial Recovery Board providing decision-making and oversight of delivery → Weekly QIPP Control Group providing check and challenge on delivery. → Monthly highlight reports to provide assurance of progress → The Delivery Framework V0.5 provides a framework for QIPP delivery → A dedicated PMO to QIPP, including a finance lead and turnaround consultant. → Acute facing QIPP built into our top 6 acute contracts by HRG / TFC through Civica SLAM. → 12 Pipeline schemes. All now articulated in to a brief or a PID to be presented to FRB on 22/08/2018. → Action tracker now up and running to monitor actions against milestones	→ As always the priority is to continue reducing the risk in the established schemes and identifying new schemes. Reducing the risk in the established schemes: → Completing and agreeing the 2 remaining PIDs. → Use the rich information from Civica SLAM to underpin QIPP delivery and guide change Identifying new schemes → The PMO will continue to use NHSE material to identify new QIPP opportunities.	Reducing the risk in the established schemes. → The 4 remaining PIDs are due to be presented to FRB on 22/08 → Acute QIPP impact will be available in the first week of August for M3 from Civica SLAM Identifying new schemes → 3 QIPP Briefs are already in. Briefs articulated to PIDs where required, continue to support commissioners on this exercise.	01/08/2018	4 (Likely)	4 (Major)	16 (High)	4	→	QIPP Board	Nick Varney	Matt Hollex	Active
122	COMMS & Eng 1	18.06.18		Escalated from the Communications & Engagement Risk Register As a result of a clinical review on the stroke pathway, commissioners intend to make the move of the HASU from BHT to the L&D permanent and develop a new rehabilitation unit at the Archer Unit. This is substantial variation and could be subject to public consultation. Given the resignations of the stroke consultant back in 2016, which led to the move of the HASU to the L&D under emergency measures, there is little scope for consultation, as there is just one safe model of care. This has the potential to lead to a public consultation with just one outcome.		4 (Likely)	4 (Major)	16 (High)	Reduce	(i) work is underway to engage with the Executive of the Council in Bedford Borough to explain the clinical rationale for the move. (ii) The OSC will hear the case for the move on 19.06.18 and make a decision on whether this should go to consultation.	(i) work has been undertaken to describe the reason for change with the OSC members and the Executive of the Council.	(i) The stroke paper was discussed at OSC in June and Members were happy that suitable steps had been taken to find alternative accommodation for Headway and that the model was good news for Bedford. It was passed on the agreement that engagement should be undertaken. This is scheduled for the autumn. (ii) Following the OSC meeting, there were further concerns from commissioning that they NHS Property Services would not meet the needs of Headway and this could delay the project. This means that further engagement with the OSC is required, so that we can keep members appraised and give them the opportunity to overturn their decision, if they consider future moves to be substantial variation. We are keeping a watching brief - but in it's current form, can be downgraded.	07.08.18	3 (Possible)	4 (Major)	12 (Moderate)	4	↓	PPEC	Jane Meggitt	Michelle Summers	Active
123	CHC70	20.07.18		Learning Disability Local Provision As a result of only a small amount of local provision for individuals with more complex and challenging needs there is a risk that care provision will either breakdown or reduced quality of care which may result in harm to the individual and requirement for urgent new provision out of county	Nov-18	4 (Likely)	4 (Major)	16 (High)	Reduce	1) All complex cases have a CHC assessor case managing, where risks escalate involvement from the local authority/CCG 2) Intensive Support Team intervention when required to support complex cases	1) LD service review for Central Bedfordshire over 2018/19 2) Close working with LAs to consider available options 3) Escalation to Director, meeting arranged for August with MHLD Commissioners to discuss CCG strategy and level of risk.	Meeting with Director 30/07/18 to escalate concerns, meeting planned 22/08/18. On discussion agreement that this risk sits within Quality however will be escalated to Corporate Risk Register if there is a lack of assurance regarding LD provision further to the meeting 22/08	31/07/2018	4 (Likely)	4 (Major)	16 (High)	4	↑	ICQC	Anne Murray/ Maria Lafan	Diana Butterworth	Active

2018/19 Board Assurance Framework Dashboard - Updated August 2018

		 Inherent rating  Residual rating  Target																												
Risk ID	Risk Description	25	24	23	22	21	20	19	18	17	16	15	14	13	12	11	10	9	8	7	6	5	4	3	2	1	Gaps in control (actions outstanding)	Gaps in Assurance of controls in place	Owner	
ST16	Risk that financial rewards for Governing body members are not determined through a fair and justifiable process.																											Risk successfully managed.	David McNeil	
ST17	Risk of member practices disengaging with the CCG																											Yes	Yes	David McNeil
ST18	The CCG fails to comply with legal and best practice requirements regarding the information it holds.																											Yes	No	David McNeil
ST19	Inability to work effectively with partners to improve service delivery and reconfigure health and social care services within Bedfordshire																											Yes	Yes	David McNeil
ST20	Risk that workforce issues prevent us from transforming the delivery of care across the local health and social care system																											Yes	Yes	Hein Scheffer
ST21	Failure to fully deliver £26.062m of QIPP efficiencies																											Yes	Yes	Malcolm Miller
ST22	Insufficient capacity in the PMO to effectively manage a 50+ scheme QIPP Programme and assure the CCG on its delivery																											Yes	Yes	Malcolm Miller
ST23	Breach of statutory duty to consult and engage on CCG priorities and service developments.																											Yes	No	Michelle Summer
ST24	Risk to quality , patient care and experience																											Yes	No	Maria Laffan
ST25	Risk to quality , patient care and experience																											Yes	No	Maria Laffan
ST26	We are unable to deliver Bedfordshire Transformation initiatives and improved services and outcomes to plan.																											Yes	Yes	Jane Meggitt
ST27	As a result of multiple factors (i.e. workforce, increasing and aging population, premises constraints) practices do not have the capacity, capability or resilience for transformation which will result in reduced access to services and increase in secondary care activity																											Yes	Yes	Sally Adams

Objective No 5: We will govern with transparency, comply with best practice and meet our statutory obligations.		Director lead: Jane Meggitt, Director of Governance, Risk & Corporate Services		
Principal Goal: Ensure members of the Governing Body and Committees are appointed and remunerated appropriately		Lead: David McNeil, Associate Director of Governance, Risk & Corporate Services		
Risk ST16: Risk that financial rewards for Governing Body members are not determined through a fair and justifiable process		Date last reviewed: 4 July 2018		
Risk closed – successfully managed.				
Cause of risk	Effect of risk realising	Initial Score	Current Score	Target Score
No decision framework in place to allow for any consideration of additional skills and abilities bought by an individual to the organisation	Inappropriate payments and poor publicity Inability to fill posts	3 x 3 = 9	1 x 1 = 1	1 x 1 = 1
Controls <i>What controls are in place now stopping the risk realising</i>		Assurances <i>Where we can gain evidence that our controls, on which we are placing reliance, are effective</i>		Level
BCCG Recruitment and Selection Policy in place which describes process for Acting up Pay and Recruitment and Retention Premium (RRP)		Policy ratified by Executive Committee		2 (Medium)
Remuneration of all clinical leads agreed and being monitored.		Payroll and HR files		2 (Medium)
Remuneration Committee has given the authority to appoint to a level to reflect the “going rate” for the experience required. This is supported by a new framework “Acting up pay” which allows Remcom to move away from the usual hourly rate to consider an award that reflects the additional qualities bought to the job by the individual				
Remedial action plans agreed & status	By when?	Brief Description of intended outcome.		
	Paper to Remcom 5 July 2018			
Linked operational risks appearing on Corporate Risk Register:		Any gaps in assurance : <i>Where are we failing to gain evidence that our controls, on which we place reliance, are effective</i>		

Objective No 5: We will govern with transparency, comply with best practice and meet our statutory obligations.		Director lead: Jane Meggitt, Director of Governance, Risk & Corporate Services		
Principal Goal: Ensure the CCG strengthens the contribution of member practices to the CCG		Lead: David McNeil, Associate Director of Governance, Risk & Corporate Services		
Risk ST17: Risk of member practices disengaging with the CCG		Date last reviewed: 4 July 2018		
Cause of risk	Effect of risk realising	Initial Score	Current Score	Target Score
Insufficient interest from GPs in undertaking leadership roles	Governing Body function not supported and unable to demonstrate to our public that we are clinically led	4 x 4	4 x 4	1 x 1 = 1
		Brief rationale of current risk rating: The risk is currently still likely to occur during transition from current locality structure		
Controls <i>What controls are in place now stopping the risk realising</i>		Assurances <i>Where we can gain evidence that our controls, on which we are placing reliance, are effective</i>		Level
Regular locality board meetings and 1:1s arranged with the Chair		Minutes of Board Meetings.		1 (low)
Remedial action plans agreed & status	By when?/Status	Brief description of intended outcome		
Request from member practices to increase frequency of Members Forums.	September 2018	A direct request from the GP membership to improve communication and engagement with practices.		
Request by member practices to have key national speakers at Members Forums for development purposes	September 2018			
Development of Clinical Chair role and Deputy Chair roles	Ongoing	Allowing the CCG to demonstrate that it is effectively clinically led.		
Consider appointing an Executive Medical Director from outside the catchment area	September 2018	To provide further clinical guidance, leadership, oversight and continuous quality improvement		
Development of cluster leads/co-ordinators	September 2018	Encourage engagement with practices on the CCG's commissioning decisions.		
Move away from current locality structure towards a structure based on the 10 practice cluster arrangements providing 4 or 5 hubs and two or three place based localities.	September 2018			
Linked operational risks appearing on Corporate Risk Register:		Any gaps in assurance : <i>Where are we failing to gain evidence that our controls, on which we place reliance, are effective</i>		

Objective No 5: We will govern with transparency, comply with best practice and meet our statutory obligations.		Director lead: Jane Meggitt, Director of Governance, Risk & Corporate Services		
Principal Goal:		Lead: Lynda Harris, Head of Information Governance		
Risk ST18: The CCG fails to comply with legal and best practice requirements regarding the information it holds.		Date last reviewed: 17.07.18		
Cause of risk	Effect of risk realising	Initial Score	Current Score	Target Score
Weaknesses in the CCG's information governance controls and training, meaning staff are unaware of requirements	Sensitive information, including patient identifiable information, held by the CCG could be shared inappropriately Reputational and potentially legal implications for the CCG	4 x 5 = 20	3 x 4 = 12	1 x 1 = 1
		Brief rationale of current risk rating: When controlled we do not expect any breaches to occur, however, actions to address gaps are still outstanding.		
Controls <i>What controls are in place now stopping the risk realising</i>		Assurances <i>Where we can gain evidence that our controls, on which we are placing reliance, are effective</i>		Level
Annual Mandatory IG Training		Training Department monthly reports		2 (medium)
Data Security Protection Toolkit 2017/18 (v14.1) completed in March 2018				2 (medium)
Annual internal audit to provide assurance on the integrity of the self-assessment against the toolkit criteria, the overall effectiveness of information governance processes, and wider risk exposures.		Reasonable assurance rating in March 2018.		3 (substantive)
Internal audit review to provide assurance that the CCG the CCG is compliant with the requirements of EU GDPR which came into effect on 25th May 2018.		Reasonable assurance rating in July 2018		3 (substantive)
Remedial action plans agreed & status		By when?	Brief description of intended outcome	
Information Asset Owners to undertake annual IAO training (audit recommendation)		December 2018		
GDPR Induction to be given to all new Directors (audit recommendation)		On-going		
Address gap in Information Governance Management Framework (audit recommendation)				
Data Security Protection Toolkit 2018/19 work to commence September 2018		March 2019		
Addendum GP IT Operating Model – IG support to GPs across Bedfordshire and Luton		On-going		
Linked operational risks appearing on Corporate Risk Register:		Any gaps in assurance : <i>Where are we failing to gain evidence that our controls, on which we place reliance, are effective</i>		

Objective No 5: We will govern with transparency, comply with best practice and meet our statutory obligations.		Director lead: Jane Meggitt, Director of Governance, Risk & Corporate Services		
Principal Goal: Working to the joint Accountable Officer and leadership team, streamlining and strengthening commissioning leadership arrangements to deliver better outcomes for the people of Bedfordshire.		Lead: David McNeil, Associate Director of Governance, Risk & Corporate Services		
Risk ST19: Inability to work effectively with partners to improve service delivery and reconfigure health and social care services within Bedfordshire		Date last reviewed: 05.07.18		
Cause of risk	Effect of risk realising	Initial Score	Current Score	Target Score
BCCG having insufficient influence within the BLMK partnership Failure to establish a governance structure that provides clarity around each part of the system. Differential financial positions between the collaborative CCGs	Impact on any existing collaborative arrangements Failure to deliver single system operating plan and objectives of the Integrated Care System All partners not working together in the same way Different objectives and decision making criteria (elected members within Local Authorities; CCGs being membership organisations)	4 x 4 = 16	4 x 4 = 16	1 x 1 = 1
		Brief rationale of current risk rating: Integrated agenda still vulnerable		
Controls <i>What controls are in place now stopping the risk realising</i>		Assurances <i>Where we can gain evidence that our controls, on which we are placing reliance, are effective</i>		Level
Accountable Officer represents the CCG at STP level meetings.		Minutes of JCE Meetings		1 (low)
Memorandum of Understanding in place		Held with Governance Team		2 (Medium)
System Sustainability & Transformation Boards reporting to Health & Wellbeing Boards x 2		Minutes		1 (low)
Remedial action plans agreed & status	By when?	Brief description of intended outcome		
Joint Accountable Officer appointed	In post by end Sep 2018			
Offer made by the three BLMK CCG Chairs to meet with Local Councillors to develop solutions and to strengthen our developing relationships		Strengthen developing relationships with ICS partners		
Joint Accountable Officer will hold a responsibility for shaping an integration agenda with partners based on delivery of key commissioning objectives				
Work with two local authority place-based Transformation Board/Groups				
Receive acceptance from ICS of appointment of <u>single</u> Chief Operating Officer for Bedfordshire across two LA boundaries.		BCCG wish to retain single COO for Bedfordshire rather than appoint a COO for each LA boundary.		
Understand member organisations own priorities and cultures				

Linked operational risks appearing on Corporate Risk Register:		Any gaps in assurance : <i>Where are we failing to gain evidence that our controls, on which we place reliance, are effective</i> <ul style="list-style-type: none">• Assurance that ICS decision making will not impact statutory CCG duties

<p>Objective No 1: We will commission high quality, safe and sustainable models of care that deliver effective clinical outcomes and patient experience using evidence based decisions and best practice.</p> <p>Principal Goal: Improving the quality of care by ensuring our workforce has the right numbers, skills, values and behaviours to meet the needs of patients. Agree where additional capacity is needed in the light of organisational priorities and resource constraints</p>		<p>Director lead: Hein Scheffer, Director of Workforce</p> <p>Lead: Helen Haynes, Senior HR Business Partner</p>		
<p>Risk ST20: Risk that workforce issues prevent us from transforming the delivery of care across the local health and social care system.</p>		<p>Date last reviewed: 19/07/18</p>		
<p>Cause of risk</p> <p>Unclear approach and absence of strategy; Limited system workforce capacity and capability; Workforce culture not congruent with required changes; Poor communication with health and social care partners; Limited BCCG workforce capacity and capability to manage multiple procurements alongside business as usual</p>	<p>Effect of risk realising</p> <p>Unstable and demotivated workforce; Lack of ability for succession planning; staff shortages and skill gaps; pressure on financial planning.</p>	<p>Initial Score</p> <p>5 x 4 = 20</p>	<p>Current Score</p> <p>4 x 4 = 16</p>	<p>Target Score</p> <p>2 x 2 = 4</p>
		<p>Brief rationale of current risk rating:</p>		
<p>Controls <i>What controls are in place now stopping the risk realising</i></p>		<p>Assurances <i>Where we can gain evidence that our controls, on which we are placing reliance, are effective</i></p>		<p>Level</p>
<p>A new HR&ODL Strategy developed with four strands: Leadership Culture; Workforce Planning, Recruitment & Retention; Learning & Development; Policies, Procedures & Systems</p>		<p>Progress against the HR & ODL Strategy is to be reported quarterly and bi-monthly to the Accountable Officers' Forum.</p>		<p>2 (medium)</p>
<p>A new Service Level Agreement has been signed by the AOs of HVCCG, BCCG, ENH and LCCG, that sets out the HR&ODL services, which is implemented via the approved HR&ODL Strategy.</p>				
<p>Current new ways of working locally, regionally and nationally were identified.</p>				
<p>Workforce strategy reviewed</p>		<p>HR&ODL Strategy approved and KPIs defined at quarterly 4 CCG AOs meetings.</p>		<p>2 (medium)</p>
<p>STP work streams have been identified with HR&OD leads. Apprenticeship levies- Workforce recruitment and attraction.</p>				
<p>Bidders for new pathways are being asked to describe workforce solutions in detail.</p>				
<p>Remedial action plans agreed & status</p>	<p>By when?</p>	<p>Brief description of intended outcome</p>		
<p>Setting out requirements for workforce plan within submissions for new pathways and re-procurements of existing services</p>				
<p>working with partners to identify workforce capacity and capability requirements involved in multiple procurements and flag key risks to the Executive and Board</p>				
<p>Further discussions at the overarching STP workforce group as to how it will be implemented.</p>				
<p>Linked operational risks appearing on Corporate Risk Register:</p>		<p>Any gaps in assurance : <i>Where are we failing to gain evidence that our controls, on which we place reliance, are effective</i></p>		

Objective No 2: We will ensure that there is a financially sustainable and affordable healthcare system in Bedfordshire		Director lead: Malcolm Miller, Chief Finance Officer		
Principal Goal: Ensuring the CCG stays within the set revenue and capital resource limits set by NHS England		Lead: Matt Hollex, Head of PMO		
RiskST21: Failure to fully deliver £26.062m of QIPP efficiencies		Date last reviewed: 19/07/2018		
Cause of risk	Effect of risk realising	Initial Score	Current Score	Target Score
Inability to identify and deliver sufficient change in the system to achieve £26.062m of efficiencies.	Failure to achieve the £26.062m QIPP target and potentially failure to achieve the £10m surplus control total.	4 x 4 = 16	4 x 4 = 16	3 x 4 = 12
		Brief rationale of current risk rating: Currently it is likely that this risk will materialise with a major impact on the CCG's financial balance.		
Controls <i>What controls are in place now stopping the risk realising</i>		Assurances <i>Where we can gain evidence that our controls, on which we are placing reliance, are effective</i>		Level
Monthly Financial Recovery Board providing decision-making and resolution to escalated risks and issues		PWC Report (July 2018)		3 (substantive)
Weekly QIPP Control Group providing ideas generation, support to leads and regular check and challenge on delivery		QIPP Presentation for FRB / F&P (July 2018)		3 (substantive)
A 2.6 WTE PMO and 1 WTE turnaround consultant dedicated to managing the QIPP Programme				
At month 3 a QIPP Programme forecasted to achieve £22.5m				
At month 3 a QIPP Pipeline estimated to add an additional £1.8m once initiated				
A PMO using all available sources of QIPP identification to support leads, including the MOO, Financial Resilience Site, RightCare Packs and neighbouring CCG QIPP Programmes to prompt new ideas (including Luton, Milton Keynes, Herts Valleys and Nene).				
Remedial action plans agreed & status	By when?	Brief description of intended outcome		
Continue to reduce the risk in the current £22.5m QIPP Programme	On-going until end of financial year	Identification of further sources of QIPP saving.		
Initiate the £1.8m Pipeline opportunities into the existing £25.5m QIPP Programme	August 2018			
Identify an additional £1.7m for the Pipeline	Quarter 2	To address gap in current pipeline.		
Linked operational risks appearing on Corporate Risk Register: CRR121		Any gaps in assurance : Based on the current controls, it is unlikely we will achieve the £26m QIPP target		

Objective No 2: We will ensure that there is a financially sustainable and affordable healthcare system in Bedfordshire Principal Goal: Ensuring the CCG stays within the set revenue and capital resource limits set by NHS England		Director lead: Malcolm Miller, Chief Finance Officer Lead: Matthew Hollex, Head of PMO		
Risk ST22: Insufficient capacity in the PMO to effectively manage a 50+ scheme QIPP Programme and assure the CCG on its delivery.		Date last reviewed: 19/07/2018		
Cause of risk Insufficient capacity in the PMO. The PMO is 2.6 WTE, which is smaller than MKCCG's PMO and the smallest it has been in BCCG since it was established in 2008.	Effect of risk realising Less support being offered to scheme leads, resulting in poorer quality schemes and less efficiencies. Less QA, check and challenge, resulting in poorer quality schemes and less efficiencies.	Initial Score 4 x 4 = 16	Current Score 4 x 4 = 16	Target Score 3 x 4 = 12
		Brief rationale of current risk rating: Whilst resource remains insufficient the likelihood of risk materialising will not reduce. Major impact on delivery will always remain.		
Controls <i>What controls are in place now stopping the risk realising</i>		Assurances <i>Where we can gain evidence that our controls, on which we are placing reliance, are effective</i>		Level
A refreshed PMO structure is being drafted.		Report to Directors meeting		2 (Medium)
Remedial action plans agreed & status		By when?	Brief description of intended outcome	
Nick to review a refreshed PMO structure week commencing 23/07/2018.		27/07/2018		
Linked operational risks appearing on Corporate Risk Register: No		Any gaps in assurance: Currently we do not have the capacity to take QIPP to the size and pace required to achieve the target.		

Objective No 4: We will support local people and stakeholders to have an influence on services we commission to ensure our decisions are informed and shaped by local views and insights.		Director lead: Jane Meggitt, Director of Governance, Risk & Corporate Services		
Principal Goal: Improving communications and engagement with staff, GP members, patients, carers and the public in order that commissioning meets the needs of local people and local health services are tailored to those who most need them.		Lead: Michelle Summers, Head of Communications & Engagement		
Risk ST23 : Breach of statutory duty to consult and engage on CCG priorities and service developments.		Date last reviewed: 02/08/18		
Cause of risk	Effect of risk realising	Initial Score	Current Score	Target Score
Failure to establish and maintain effective relationships with internal and external stakeholders	Adverse impact on CCG's reputation, and ability to influence the local and national agenda. Inappropriate use of services due to lack of information and understanding.	2 x 4 = 8	2 x 3 = 6	1 x 1 = 1
		Brief rationale of current risk rating: The CCG does not expect this risk to materialise but it is possible it may do so. Existing controls reduce impact.		
Controls <i>What controls are in place now stopping the risk realising</i>		Assurances <i>Where we can gain evidence that our controls, on which we are placing reliance, are effective</i>		Level
Regular attendance at Overview & Scrutiny Committees and Health and Wellbeing Boards which provide established channels to consult the public and involve local politicians to seek scrutiny of service development decisions		Minutes of meetings		2 (Medium)
Statement of principles for implementing arrangements to meet statutory duty on patient involvement reflected in CCG Constitution.		Constitution on CCG public website		2 (Medium)
Healthwatch in attendance at Governing Body meetings		Minutes of GB meetings.		1 (Low)
The Communications and Engagement team has refreshed its Induction presentation to reinforce the importance of engagement and collaboration with our communities. This will be delivered to all new starters.		Positive feedback from Induction attendees		1 (Low)
An internal engagement plan to change culture in the organisation has been developed		Approved by SIG. All staff meetings		2 (Medium)
A new Leadership and cultural values training course has been developed embedding collaboration and engagement.		Feedback from each course		1 (Low)
Recruitment campaign to strengthen public member involvement took place in 17/18		??		1 (Low)
The Communications and Engagement team engages with the wider CCG to set standards of conduct to ensure all engagement and consultation is best practice.		Team process Handbook, developed 2017		2 (Medium)
Robust governance arrangement in place for Patient & Public Engagement Committee		Regular review of ToR. Ratified by Executive Committee.		2 (Medium)
Remedial action plans agreed & status		By when?		Brief description of intended outcome
Patient Involvement Internal audit (site work commenced)		End August 2018		The review will consider the patient and public engagements to provide effective engagement with the CCG's stakeholders.

Annual 360 degree stakeholder survey	?	The key aim of the survey is to enable NHS England to assess whether CCGs are operating effectively in partnership with key organisations in the local health system to commission safe, high-quality and sustainable services within their resources, delivering on their statutory duties and driving continuous improvement in the quality of services and outcomes achieved for patients
Members' Forums being increased from 2 to 4 per annum	September 2018 but subject to ICS review	A direct request from the GP membership to improve communication and engagement with practices.
Executive Media Training being organised	September 2018	For Executives to learn how to define key messages and develop confidence in speaking with the media.
Publish plans for engagement approach across ICS??	??	likely to have wider reach into communities, help ensure a joined up approach across the STP footprint, and save time and money
Seek clarity about roles and responsibilities between the different organisations in ICS		Review and support move to new governance structuring within BLMK
Linked operational risks appearing on Corporate Risk Register:		Any gaps in assurance : <i>Where are we failing to gain evidence that our controls, on which we place reliance, are effective</i>

<p>Objective No 1: We will commission high quality, safe and sustainable models of care that deliver effective clinical outcomes and patient experience using evidence based decisions and best practice.</p> <p>Principal Goal 1. Ensuring effective commissioning arrangements are in place to drive up quality in services; and safety and performance issues are identified early. Improving the quality of care by ensuring our workforce has the right numbers, skills, values and behaviours to meet the needs of patients.</p>		<p>Responsible Director: Anne Murray/ Maria Laffan Director of Nursing & Quality</p> <p>Lead: Maria Laffan</p>		
<p>Risk ST24: Risk to quality , patient care and experience</p>		<p>Date last reviewed: 10.08.18</p>		
<p>Cause of risk</p>	<p>Effect of risk realising</p>	<p>Initial Score</p>	<p>Current Score</p>	<p>Target Score</p>
<p>Poor assurance from providers through contract monitoring and not listening to patients in relation to their experiences</p>	<p>Patients not receiving safe, effective care and there being an ineffective costly service delivery.</p>	<p>3 x 4 = 12</p>	<p>2 x 2 = 4</p>	<p>1 x 1 = 1</p>
		<p>Brief rationale of current risk rating: It is unlikely that this risk may materialise but it remains possible it may do so. Controls have reduced impact.`</p>		
<p>Controls <i>What controls are in place now stopping the risk realising</i></p>		<p>Assurances <i>Where we can gain evidence that our controls, on which we are placing reliance, are effective</i></p>		<p>Level</p>
<p>Quality contractual requirements specified with clear reporting lines and timescales in place.</p>		<p>Schedule 4 of NHS standard contract with Provider – Reported via Service Quality and Performance report (SQPR) monthly submission</p>		
<p>Regular quality contractual meetings held with providers to review data and intelligence</p>		<p>Contract meeting minutes held on secure drive by CCG contracting team</p>		
<p>Quarterly CQUIN panel in place to review data</p>		<p>Minutes of panel decision on achievement or non-achievement – held by quality team and also contractual letters to providers help by contracts team</p>		
<p>Triangulation of contractual data and intelligence with information received via public and Patient forums including Health watch.</p>		<p>Updates and feedback triangulated to Quality Operational Group (QOG) and escalated accordingly to Integrated Commissioning Performance and Quality (ICQC)</p>		
<p>Clear processes established and in place with partner organisations to report information (e.g. safeguarding boards, Transforming Care Learning Disabilities board)</p>		<p>Minutes of meetings from safeguarding boards, Transforming care Operational group, Transforming Care partnership Board. Safeguarding reporting Secure email addresses and in box function to enable information sharing. Serious untoward incident reporting email reporting.</p>		
<p>Quality Team are active participants in both Local Authorities Safeguarding boards for Children and Adults</p>		<p>Exec and designates Nurse attendances. Minutes of meetings for safeguarding boards and sub groups</p>		

Yellow Inform button (reporting system of safety and quality issues by GPs and providers) in place. Feedback being monitored.	Monthly report provided to Quality Operational Group QOG	
Reporting on themes identified from Route Cause Analysis undertaken on constitutional breaches at pathway and patient level is on place.	Reports(Integrated performance and Quality report) on Performance to ICQC	
Assurance visits undertaken by all members of the quality team, both announced and unannounced as determined by risk level.	Quality visit templates used for all quality visits – held on quality secure drive	
Escalation to face to face senior level meetings in relation to risks identified from Serious Incidents and Safeguarding alerts.	Minutes of meetings held with providers to escalate concerns held by quality team. Copies of minutes of provider quality meetings.	
Reports to Integrated Commissioning and Quality Committee to provide assurance and enable Independent challenge from Lay members.	Minutes of Meetings held by Governance directorate and quality directorate	
Escalation to Regional Quality Surveillance Group together with details of quality visits to enable system wide sharing and intervention as required from NHS England.	Minutes of quality Surveillance groups held with NHSE. Email of all escalation of concern	
Increased clinical involvement and sharing of quality impact assessments in relation to service changes at the newly formed clinical reference group.	Minutes of CRG	
Ensure robust Quality Impact Assessment of all QIPP programmes are in place before programmes go live by developing a programme of work for 18/19 19/20	PIDs; PMO reporting/dashboard	
Internal Audit of CHC processes	Reasonable Assurance awarded. 1 urgent, 2 important, 3 routine recommendations (implemented)	
Monitoring of learning from complaints to identify key themes and learning points to improve quality of care, treatment and patient experience	Reports to Integrated Commissioning & Quality Committee	
Learning from Serious Incidents monitored and work on-going with providers on resulting action plans	Reports to Integrated Commissioning & Quality Committee	
Provider/Commissioner deep dives undertaken aligned to contract performance notice process.	Reports to Integrated Commissioning & Quality Committee	
Ensure safer staffing measurements are in place across all provision	Reports to Integrated Commissioning & Quality Committee	
Remedial action plans agreed & status	By when?	Brief description of intended outcome
Strong relationship with local Healthwatch being established	On-going	
Linked operational risks appearing on Corporate Risk Register:	Any gaps in assurance : <i>Where are we failing to gain evidence that our controls, on which we place reliance, are effective</i>	

Objective No 1: We will commission high quality, safe and sustainable models of care that deliver effective clinical outcomes and patient experience using evidence based decisions and best practice.		Responsible Director: Anne Murray/ Maria Laffan Director of Nursing & Quality Lead: Maria Laffan		
Principal goal 2. We will assist providers to develop a culture where learning from patient safety incidents and from patient experience is embedded in everyday practice				
Risk: Risk to safety, quality, patient care and experience.		Date last reviewed: 10.08.18		
Cause of risk	Effect of risk realising	Initial Score	Current Score	Target Score
Culture in providers where learning from SIs and patient safety challenge is not embedded.	Risk of increased patient safety incidents with similar causes and lack of learning	3 x 4 = 12	3 x 3 = 9	1 x 1 = 1
		Brief rationale of current risk rating: It remains possible that learning from SIs is not embedded in the culture of some providers.		
Controls <i>What controls are in place now stopping the risk realising</i>		Assurances <i>Where we can gain evidence that our controls, on which we are placing reliance, are effective</i>		Level
Monthly Serious Incident panel at CCG to include quality and Commissioner leads.		Updates on feedback on STEIS for Provider		2 (Medium)
Review of all provider 60 day reports on SIs and associated action plans		Updates on feedback on STEIS for Provider and quality meeting reviews		2 (Medium)
Extraordinary meetings with providers and clinical leaders of organisations who report higher numbers of SI		Minute meetings to walk through action plans		1 (Low)
Attendance at National patient safety events to share learning		Team meeting minutes		1 (Low)
Quality review meetings with all providers		Minutes of meetings of all quality meetings		1 (Low)
Quality visit to review if learning is embedded		Visit templates completed and shared with Providers		2 (Medium)
Deep dives requested into any themed areas of concern		Deep dive analysis shared with quality directorate		2 (Medium)
Shared discussion at Herts & South Midlands Quality surveillance		Minutes of meeting and influence back to providers and shared emails regarding concerns		1 (Low)
Escalation to face to face senior level meetings in relation to risks identified from Serious Incidents and Safeguarding alerts.		Minutes of meetings and evidence of email discussions		1 (Low)
Escalation to Regional Quality Surveillance Group together with details of quality visits to enable system wide sharing and intervention such as risk summit as required from NHS England		Minutes of meeting and influence back to providers and shared emails regarding concerns		1 (Low)
Remedial action plans agreed & status		By when?		Brief description of intended outcome
Linked operational risks appearing on Corporate Risk Register:		Any gaps in assurance : <i>Where are we failing to gain evidence that our controls, on which we place reliance, are effective</i>		

Objective No 3: We will engage with both local councils and also our partners across the wider health economy working on plans to strengthen primary care, improve outcomes and integrate services for the populations we serve.		Director: Jane Meggitt, Director of Planned and Unplanned Commissioning Lead: Tara Dear		
Principal Goal: Ensuring we deliver on the system-wide transformation programmes to improve planned care, complex care, urgent & emergency services, and mental health		Date last reviewed: 14.08.18		
Risk: We are unable to deliver Bedfordshire Transformation initiatives and improved services and outcomes to plan.		Initial Score		
Cause of risk Provider engagement and motivation to change.		Effect of risk realising Slippage to transformation plans resulting in QIPP underperformance, ineffective services and impact to patient outcomes and experience.		Current Score 4x5 = 20
				Target Score 4x2 = 8
		Brief rationale of current risk rating: `		
Controls <i>What controls are in place now stopping the risk realising</i>		Assurances <i>Where we can gain evidence that our controls, on which we are placing reliance, are effective</i>		Level
Acute Transformation Board established with Bedford Hospital, meeting monthly at Director-level.		Acute Transformation Board Minutes and Actions		1 (Low)
Project Working Groups established for each scheme		Project Highlight Reports and Minutes/Actions from Project Meetings		1 (Low)
Remedial action plans agreed & status		By when?		Brief description of intended outcome
Escalation of key issues and slippage to AO/CEO		September		
Re-establish basis for transformation scope, exploring shared benefit between commissioner and provider		September		
Establish shared commissioner and provider milestone plans for shared initiatives and where possible, shared financial cases		October		
Increase Clinical Lead representation at key project meetings.		October		
Linked operational risks appearing on Corporate Risk Register:		Any gaps in assurance : <i>Where are we failing to gain evidence that our controls, on which we place reliance, are effective</i>		

Objective No 3: We will engage with both local councils and also our partners across the wider health economy working on plans to strengthen primary care, improve outcomes and integrate services for the populations we serve.		Director: Sally Adams, Director of Out of Hospital & Primary Care Lead: Nicky Wadely, Assistant Director of Primary Care		
Principal Goal: Continued implementation of our agreed primary care transformation strategy, recognising primary care as the foundation of our Integrated Care system (ICS)		Date last reviewed: 7 th August 2018		
Risk: As a result of multiple factors (i.e. workforce, increasing and aging population, premises constraints) practices do not have the capacity, capability or resilience for transformation which will result in reduced access to services and increase in secondary care activity				
Cause of risk	Effect of risk realising	Initial Score	Current Score	Target Score
Difficulties in recruiting to practices vacancies	Increased locum cost to providers which is not a sustainable model and practices hand back contract	4 x 4 = 16	4 x 4 = 16	3 x 3 = 9
Lack of capacity to expand within current premises	Practices will close their list to new patients causing pressure and possible domino effect pm other practices			
Lack of resource to enable transformation	Practices will not have the internal capacity to support introduction of new ways of working			
		Brief rationale of the current risk rating:		
Controls <i>What controls are in place now stopping the risk realising</i>		Assurances <i>Where we can gain evidence that our controls, on which we are placing reliance, are effective</i>		Level
Workforce development strategy in place		CEPN minutes		
Primary Care Home (PCH) programme to develop integrated working		PCH cluster meeting minutes and reports on transformation		
Multidisciplinary Team approach developed and implemented at cluster level with community, mental health and social care teams in both places		MDT reports for PMS scheme		
Support programme for Time for Care and High Impact Actions		Audit of GPFV engagement by practice and cluster		
Remedial action plans agreed		By when?	Intended outcome of the action.	
OBCs underway for Dunstable and Biggleswade Hubs Workshops in September to plan the detail of the service model First drafts for SOC to be complete by end of August.		Nov 2018	Development of the OBC and SOC Hubs	
Completion of Hub Feasibility study for BBC		Sept 2018	assess number of Hubs needed long-term across the Borough, location options, phasing, and range of potential services	
Development of Cluster leadership roles		Sept 2018	Development of place based structures for future integration of services as part of PCH	
Practice resilience programme		March 2019	Practices have taken up LMC diagnostic and agreed clear actions	

Development of caretaker step in provider framework	Dec 2018	Resilient and robust arrangements in place to continue delivery of primary care services should a practice "close" at short notice
Linked operational risks appearing on Corporate Risk Register:		