


Agenda Item: 17.0

<p>Governing Body <i>held in public</i></p>	<p>Report Date of Meeting: 25 January 2018</p>
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Report Title	Governing Body Assurance Framework		
Report Author	Presented By	Responsible Director	
Janet Young Governance & Risk Manager	Jane Meggitt Director of Governance, Risk & Corporate Services	Jane Meggitt 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:	For approval		
Approval Route:	Directors Meeting 20 and 27 November 2017 Executive Committee 23 November 2017 Audit & Governance Committee 13 December 2017		
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>This paper provides an overview on how a new Governing Body Assurance Framework (GBAF) 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.</p> <p>The paper explains how the GBAF will be continually reviewed and reported on a bi-monthly basis highlighting the current evaluation of each risk to identify those requiring priority, and highlighting any outstanding actions.</p> <p>The GBAF will also include a section underlining relevant high-level operational risks appearing on the Corporate Risk Register which are aligned to the strategic objectives.</p>		

1.0 Background

The strategic objectives for the CCG were formally agreed by the Executive Committee at their meeting on the 10 August 2017.

During August and September the strategic objectives were tested once again at a Governing Body development session held at the beginning of October 2017. This was due to the CCG being under the direction of a new Accountable Officer; changes in Executive Directors responsibilities; and change in focus to ensure the CCG could prioritise management of acute contracts, QIPP delivery, demand management and cost pressures. It was viewed there that the strategic objectives were still appropriate but the outcomes previously identified were no longer taking precedence.

Work then commenced on identifying some principal goals to achieve each strategic objective and at the same time Executives continued to identify risks (those that have the potential to impact the way in which the CCG exists or commissions services) to their achievement and to capture these within the Governing Body Assurance Framework template.

The current version of the Governing Body Assurance Framework can be found at Appendix A.

2.0 Purpose.

The Assurance Framework is a document that identifies the principal risks that may prevent Bedfordshire CCG from achieving its strategic objectives. It is a high level report that identifies which objectives are at risk because of inadequacies in controls or where the organisation has insufficient assurance about the controls in place. This allows the Governing Body to determine where to make best use of its resources and address the issues identified to improve the quality and safety of care.

The GBAF is the main tool that the Governing Body should use in discharging its responsibility for maintaining a sound system of internal control.

The GBAF has been scrutinised at Directors Meetings on the 20 and 27 November 2017 The Executive Committee 23 November 2017, and formally reported to the Audit & Governance Committee 13 December 2017.

The Audit Committee's work is informed by the CCG Board Assurance Framework which is in turn informed by the underlying risk management process. A key part of the Committee's role is to ensure that this process and the Assurance Framework itself is robust and then provide assurance on this to the CCG Board.

Given the focus of the Assurance Framework upon key objectives and the fact that it is updated and maintained to reflect current circumstances, it is being used as a key driver for the agenda of Governing Body meetings.

3.0 Reporting and ongoing review

The Audit & Governance Committee has the role of overseeing the GBAF at each meeting with a particular focus on the sources of assurance.

The on-going review of controls to mitigate risks and the actions planned to improve the controls have been carried out individually by the Executive Directors.

Wherever gaps in controls or assurances are identified, action plans have been defined and allocated to a lead director to ensure that the situation is remedied.

The Chair of the Audit Committee conveys assurance to the Governing Body that risks are being managed effectively and objectives are being delivered, and where they are not being managed, make this clear.

4.0 Top Four Strategic Risks

The top four risks threatening the achievement of our strategic objectives are currently

Risk	Monitoring arrangements
ST1 - As a result of under achievement against national targets, there is a risk that the CCG fails to meet the high standards of care patients expect and deserve, which could result in the CCG's inability to improve patient health outcomes, reduce inequalities, meet statutory requirements and stop reputational damage.	Being monitored at Finance & Performance Committee and Integrated Quality & Commissioning Committee by means of an Integrated Performance Report at each meeting.
ST5 – As a result of failing to identify and deliver savings at the required scale and pace, there is a risk of non-delivery of required savings, which could result in the CCG failing to meet the CCG's control total.	Being monitored at the Financial Recovery Board and Finance & Performance Committee and Financial Recovery Report to Governing Body

<p>ST6 – As a result of inadequate financial information, poor budget management, and lack of escalation of risks, there is a risk the CCG fails to identify sudden changes in its financial position which could result in failure to meet our statutory break-even position.</p>	<p>Being monitored at Finance & Performance Committee together with monthly reporting to the Governing Body.</p>
<p>ST9 - As a result of lack of awareness of variations in governance arrangements in each constituent organisation across the STP footprint, there is a risk that opportunities could be missed if governance arrangements are not sufficiently robust to prevent self-interest of individual partners from overriding STP objectives. This could result in governance processes not supporting delivery of system level plans or enactment of decisions.</p>	<p>Being monitored as part of the functional review.</p>

4.0 Recommendation

The Governing Body is asked to approve the content of the Governing Body Assurance Framework. Updates made to the document since the scrutiny by the Audit & Governance Committee are shown in red.

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:: Director of Quality & Nursing		
Principal Goal 1(a): Meet NHS constitutional targets.		Lead: Carol Davies, Head of Performance Reporting and Analysis		
Risk ST1: The CCG fails to meet the high standards of care patients expect and deserve		Date last reviewed: 8 January 2018		
Cause of risk	Effect of risk realising	Initial Score	Current Score	Target Score
Under achievement against national targets	CCG's inability to improve patient health outcomes, reduce inequalities, meet statutory requirements and stop reputational damage.	4 x 4 = 16	4 x 4 = 16	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
National standards form part of all national contracts		Quality schedule for provider contracts and provider monthly reporting		1
Providers report monthly against standards		CSU performance monitoring in place via Intelligence Point portal which tracks patients across England.		2
CCG report performance to Governing Body, ICQC, F&P and QOM		Minutes of Governing Body and Committees		1
Remedial action plans agreed for any under-performance		Correspondence to provider		2
Integrated performance reporting enhanced to cover all metrics within a standardised form for all committees				1
Remedial action plans agreed to address gaps in controls		Any gaps in assurance : <i>Where are we failing to gain evidence that our controls, on which we place reliance, are effective</i>		
Root cause analysis routinely undertaken to identify learning from breaches	Ongoing			
Clinical harm reviews undertaken for patients experiencing significant waits e.g. 104 day cancer breaches and 52+ week breaches in RTT	Ongoing			
Linked operational risks appearing on Corporate Risk Register:				

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, Director of Nursing & Quality Lead: Maria Laffan		
Principal Goal 1(b): Be focussed on quality outcomes – namely care that is safe, clinically cost effective and provides a positive experience for individuals accessing services.		Date last reviewed: 9 January 2018		
Risk ST2: Risk to patient care and experience		Date last reviewed: 9 January 2018		
Cause of risk	Effect of risk realising	Initial Score	Current Score	Target Score
Poor assurance from providers through contract monitoring and not listening to patients in relation to their experiences	Patients not receiving safe, effective care and there being an ineffective costly service delivery.	3 x 4 = 12	3 x 4 = 12	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
Quality contractual requirements specified with clear reporting lines and timescales in place.		Schedule 4 of NHS standard contract with Provider – Reported via Service Quality and Performance report (SQPR) monthly submission		2
Regular quality contractual meetings held with providers to review data and intelligence		Contract meeting minutes held on secure drive by CCG contracting team		1
Quarterly CQUIN panel in place to review data		Minutes of panel decision on achievement or non-achievement – held by quality team and also contractual letters to providers help by contracts team		1
Triangulation of contractual data and intelligence with information received via public and Patient forums including Health watch.		Updates and feedback triangulated to Quality Operational Group (QOG) and escalated accordingly to Integrated Commissioning Performance and Quality (ICQC)		2
Clear processes established and in place with partner organisations to report information (e.g. safeguarding boards, Transforming Care Learning Disabilities board)		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.		2
Quality Team are active participants in both Local Authorities Safeguarding boards for Children and Adults		Exec and designates Nurse attendances. Minutes of meetings for safeguarding boards and sub groups		2
Yellow Inform button (reporting system of safety and quality issues by GPs and providers) in place.		Monthly report provided to Quality Operational Group QOG		2
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		2

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	2
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.	2
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	2
Escalation to Regional Quality Surveillance Group 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	3
Increased clinical involvement and sharing of quality impact assessments in relation to service changes at the newly formed clinical reference group.	Minutes of CRG	1
Ensure robust Quality Impact Assessment of all QIPP programmes are in place before programmes go live by developing a programme of work for 17/18 18/19		
Remedial action plans agreed to address gaps in controls	By when?	Any gaps in assurance : Where are we failing to gain evidence that our controls, on which we place reliance, are effective
Linked operational risks appearing on Corporate 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.		

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: Caroline Kurzeja, Director of Population Health		
Principal Goal 1(c): Demand Management (Planned and Unplanned). To deliver plans to contain referrals within agreed contracts in 2018/19 and embed shared decision making at all decision points in patient pathways.		Lead: Tara Dear, Head of Planned Care Emma Hunt-Smith, Head of Unplanned Commissioning		
Risk ST3: Risk the CCG fails to manage the flow of patients into hospital and also unnecessary referrals		Date last reviewed: 4 January 2018		
Cause of risk	Effect of risk realising	Initial Score	Current Score	Target Score
Lack of initiatives and schemes to manage demand on a sustainable basis	Variation in referrals between GPs; lack of patient choice; increased patient appointments; and no reduction in either demand or associated costs.	3 x 4 = 12	3 x 4 = 12	3 x 3 = 9
Controls What controls are in place now stopping the risk realising		Assurances Where we can gain evidence that our controls, on which we are placing reliance, are effective		Level
Commissioning Intentions 18/19 Document provides the context for constructive engagement with providers and partners to improve patient outcomes and service improvements within the fixed resources available.		Ratified by Governing Body August 2017. Linked to Financial Recovery Plan being monitored by NHSE		3
Localities addressing variation in referrals and A&E attendances				2
Task & Finish Group established to introduce single quality assurance process for analytic information				1
Localities have been asked to manage referrals so output is the same as outturn for 16/17		Practice reports. Locality Dashboards		2
Acute Transformation Board set up adding scrutiny and speed to demand management initiatives.		Terms of Reference. Minutes.		1
Remedial action plans agreed to address gaps in controls	By when?	Any gaps in assurance : Where are we failing to gain evidence that our controls, on which we place reliance, are effective		
Implement monitoring of non QIPP related schemes to address lack of prioritisation to formally manage these schemes	Completed			
Introduce new single process to identify demand spikes to focus on necessary action plans	March 2018			
Introduce single quality assurance process for analytic information	March 2018			
Increasing capacity within Team to deliver more demand management initiatives.	April 2018			
Linked operational risks appearing on Corporate Risk Register:				

Objective No 2 We will ensure that there is a financially sustainable and affordable healthcare system in Bedfordshire.		Responsible Director: Jim Hayburn, Chief Finance Officer		
Principal Goal 2(a): Acute Grip. Implement an in-year recovery plan to address over performance in the acute sector and put in place measures to achieve our financial control total		Lead: Malcolm Miller, Deputy CFO		
Risk ST4: Risk of over performance by acute sector leading to overheating of contract.		Date last reviewed: November 2018		
Cause of risk	Effect of risk realising	Initial Score	Current Score	Target Score
Lack of grip on contracts and capability gaps in core commissioning functions	Detrimental impact on the CCG's end of year position	4 x 4 = 16	3 x 4 = 12	2 x 2 = 4
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
Finance Team are monitoring activity as part of each month end and liaise with contracts to ensure the accuracy of reporting and forecasting.		Finance Reports to F&P Committee and Governing Body		2
Acute activity is being reviewed monthly. Early determination of areas of over performance are identified to enable interventions/remedial actions.		Finance Reports to F&P Committee and Governing Body		2
Ongoing monthly review of activity, cost trends and areas of concern by BI, Finance and Contracts teams.		Finance Reports to F&P Committee and Governing Body		2
Interim Director of Contracting/Turnaround in post				2
Additional Business Intelligence expertise brought in allowing CCG to raise the level of challenge at the acute trusts.				2
Remedial action plans agreed to address gaps in controls	By when?	Any gaps in assurance : <i>Where are we failing to gain evidence that our controls, on which we place reliance, are effective</i>		
Meetings to be established with BHT and L&D CEOs and BCCG AO to share the issues and pressures on control total – leading to a BCCG decision on the balance of driving strict compliance and a partnership approach				
More rigorous approach to be adopted to activity and finance performance triangulation with BHT				
Establish a more effective partnership with LCCG to rapidly improve grip at L&D				
Carry out review of all contracts – for opportunities to reduce spend				
Recruitment of an experienced Provider Management Advisor/ Director of Contracts				
Rapid analysis of contracted position				
External coding and counting review to be commissioned urgently				
Linked operational risks appearing on Corporate Risk Register:				

<p>CRR 100 As a result of acute activity increasing faster than planned, and that the rate of increase generally develops during the year there is a risk of over activity on contracts (£10m) which will result in the CCG failing to meet its financial target.</p>	
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Objective No 2 <i>We will ensure that there is a financially sustainable and affordable healthcare system in Bedfordshire.</i>		Responsible Director: Jim Hayburn, Chief Finance Officer		
Principal Goal 2(b) QIPP Delivery. Strengthen QIPP delivery and prioritise according to impact and deliverability to maximise outcomes and improve forecast outturn.		Lead: Matthew Hollex, Head of PMO		
Risk ST5: Failure to deliver required savings		Date last reviewed: 5 January 2017		
Cause of risk	Effect of risk realising	Initial Score	Current Score	Target Score
Failing to identify and deliver savings at the required scale and pace	Failure to meet the CCG's control total	5 x 5 = 25	4 x 4 = 16	2 x 2 = 4
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
Weekly QIPP and Savings Acceleration meeting established led by Accountable Officer				2
QIPP Board has been given devolved authority from Governing Body to approve Project Implementation Plans (PIDs) and Policies of Low Clinical Value.		QIPP Board Terms of Reference. Scheme of delegation in CCG Constitution		2
Fast Track governance process put in place		QIPP board Terms of Reference.		2
External Consultancy (Clarity) commissioned to drive QIPP delivery				
Deloitte review commissioned by NHS England to undertake risk assessment of QIPP Programme 2017/18		Report shared at Audit & Governance Committee together with Internal Auditors		3
Internal CCG resources refocussed onto QIPP				
External resource from NHS England to benchmark changes in 17/18 compared with 16/17				
Remedial action plans agreed to address gaps in controls		By when?		Any gaps in assurance : <i>Where are we failing to gain evidence that our controls, on which we place reliance, are effective</i> (i) Current effect of external consultancy on QIPP delivery (ii) Current effect of refocussed CCG resource on QIPP delivery
Pipeline schemes worked up by recovery team and opportunity assessed, resource gaps identified and filled		31.03.18		
Clarity to be gained on new QIPP target based on control total		Completed		
Potentially identify and deliver an additional £2m of QIPP schemes (dependent on control total)		31.03.18		
Utilisation of the NHSE Midlands & East SharePoint site to strengthen QIPP identification		31.03.18		
Linked operational risks appearing on Corporate Risk Register: CRR 90a and 90b: Risk that the CCG is unable to fully identify and deliver £22m + of savings, which may result in failure to achieve the new control total				

Objective No 2 We will ensure that there is a financially sustainable and affordable healthcare system in Bedfordshire. Principal Goal 2 (c): Cost Pressures. Ensure that the CCG's financial controls are met and manage cost pressures by ensuring that expenditure is in line with budgets.		Responsible Director: Jim Hayburn, Chief Finance Officer Lead: Malcolm Miller, Deputy CFO		
Risk ST6: Failure to identify sudden changes in financial position		Date last reviewed: November 2017		
Cause of risk	Effect of risk realising	Initial Score	Current Score	Target Score
Inadequate financial information, poor budget management, and lack of escalation of risks	Failure to meet out statutory break-even position	4 x 4 = 16	4 x 4 = 16	2 x 2 = 4
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
Finance & Performance Committee in place to monitor, review and support the finance and performance functions of the CCG		Minutes and Agendas of meetings		1
Audit & Governance Committee in place to critically review the CCG's financial reporting and internal control principles		Minutes and Agendas of meetings		1
Monthly meetings with NHS England				3
All expenditure over £10k subject to review and control by the Accountable Officer				3
Remedial action plans agreed to address gaps in controls		By when?		Any gaps in assurance : <i>Where are we failing to gain evidence that our controls, on which we place reliance, are effective</i>
Review quality of financial reporting to promote improvement in discussions and challenge				
Ensure all CCG staff understand their roles and responsibilities.				
Finance function effectiveness review				
Linked operational risks appearing on Corporate Risk Register: CRR107 As a result of the significant increase in price concessions for primary care prescriptions listed in the Drug Tariff, there is a risk that the prescribing budget will have a cost pressure of around £2m which may result in a financial risk to BCCG.				

Objective No 3; We will lead, engage and operate as an effective place based and STP wide system partner to achieve greater integration of care delivery.		Responsible Director: Caroline Kurzeja, Director of Population Health		
Principal Goal 3(a): Develop primary care to ensure we have fully integrated services to secure a seamless transition between providers, where patients need the support or intervention of community care, secondary care, social services or the voluntary sector.		Lead: Nicky Wadely, Assistant Director of Primary Care		
Risk ST7: Practices do not engage with working at scale to deliver place-based care within the wider accountable care model or do not have the capacity, capability or resilience for transformation		Date last reviewed: 5 January 2017		
Cause of risk	Effect of risk realising	Initial Score	Current Score	Target Score
Perception that they are not part of the CCG's vision and strategy Resilience, capability & capacity issues	Disaggregated approach to emerging strategies.	4 x 4 = 16	3 x 4 = 12	2 x 3 = 6
Controls What controls are in place now stopping the risk realising		Assurances Where we can gain evidence that our controls, on which we are placing reliance, are effective		Level
Practices have agreed to work defined cluster groups covering 30-50K population		Minutes of cluster and PCH steering groups		1
Clusters have been recognised as Primary Care home sites and linked into support		Workshops and action plans developed as part of PCH		1
Each Cluster has implemented an agreed transformational project to delivery CCG priorities (frail elderly, sustainability of PC) linked to the GP Forward View (GPFV)		Transformation project reports on delivery of KPIs		2
Locality Boards facilitate discussion on CCG priorities and implementation of plans		Locality Board minutes		1
Identification and management of practice resilience		Primary Care Medical Quality & Performance meeting		1
Primary Care STP-wide Workforce Development Strategy in place		Workforce Development Steering Group meeting		1
Locality Delivery Plans refreshed				
STP incentive scheme for cluster working agreed				
Remedial action plans agreed to address gaps in controls	By when?	Any gaps in assurance : Where are we failing to gain evidence that our controls, on which we place reliance, are effective		
Support to cluster practices with workforce, leadership & organisational development initiatives to increase capacity, capability & resilience	On-going			
Development of intelligent model to have early warning of practices with sustainability concerns	June 2018			
Engagement with localities as part of the Accountable Care System through Primary Care Home test sites	April 2018			
Cluster development plans to enable primary care at scale and be able to provide support to practices longer term sustainability	April 2018			
Locality clinical leadership and CCG locality team matrix-working across CCG/STP work streams to ensure implementation and engagement with practices is delivered	Ongoing			
Delivery of the GPFV milestones to deliver Extended Access at locality/cluster level	April 2019			

CEPN established to drive GPFV workforce development initiatives, develop & retain existing workforce, recruit and attract new workforce and support expansion of training capacity	Ongoing	
STP application for international recruitment submitted to NHS England	January 2018	
Multi-disciplinary team working with community health and social care teams + GP practices being rolled out across Bedfordshire		
Linked operational risks appearing on Corporate Risk Register: CRR 59. Workforce pressures in primary care, lack of premises, aging workforce		

<p>Objective No 3; We will lead, engage and operate as an effective place based and STP wide system partner to achieve greater integration of care delivery.</p> <p>Principal Goal 3(b): Work together with all partners to make sure the right services are available at the right place, at the right time for everyone using health and social care in Bedfordshire, Luton and Milton Keynes.</p>		<p>Responsible Director: Caroline Kurzeja</p> <p>Leads: Mary Palmer, Assistant Director of Out of Hospital Integration</p> <p>Lisa Bedding, Head of Corporate Services</p>		
<p>Risk ST8: The planning process between commissioners and providers does not move closer to ensure plans are aligned, delivery of targets shared, and transformation initiatives fully considered across the wider system</p>		<p>Date last reviewed: 8 January 2018</p>		
Cause of risk	Effect of risk realising	Initial Score	Current Score	Target Score
Potential tension between organisational accountabilities and objectives-	Inability to make joint and aligned decision on strategy`	4 x 4 = 16	3 x 4 = 12	2 x 3 = 6
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 Transformation Boards in place attended by all system leaders leading on how the system intends to transform services		ToR. Minutes. Attended by Executive Director of CCG		2
Better Care Fund and Out of Hospital Joint Strategies in place undergoing robust monitoring.		Joint BCF Programme Boards with each Borough		2
Successful and robust procurement programme with our two local authority partners for adult and children's community health and care services, and other specialist services including nutrition and dietetics, podiatry services, wheelchair services, community dental services and drug and alcohol services.		Procurement led by Attain. Procurement programme presented at F&P, ICQC and Governing Body.		3
Remedial action plans agreed to address gaps in controls		By when?		<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> <p>Cannot yet demonstrate that implementation of joint strategies and plans are effective and delivering benefits.</p>
Series of workshops being held as part of the ACS design programme. These sessions will map current functions into the new model which looks at how we might plan and buy services at locality and Borough level or across the whole BLMK footprint.		Completed		
Internal Audit of Better Care Fund		Completed		
Linked operational risks appearing on Corporate Risk Register:				

Objective No 3; We will lead, engage and operate as an effective place based and STP wide system partner to achieve greater integration of care delivery.		Responsible Director: Jane Meggitt, Director of Governance, Risk & Corporate Affairs		
Principal Goal 3 (c): Develop a robust governance process to support the move to an accountable care system.		Lead: David McNeil, Head of Governance		
Risk ST9: Opportunities could be missed if governance arrangements are not sufficiently robust to prevent self-interest of individual partners from overriding STP objectives.		Date last reviewed: 4 January 2018		
Cause of risk	Effect of risk realising	Initial Score	Current Score	Target Score
Lack of awareness of variations in governance arrangements in each constituent organisation across the footprint.	governance processes do not support delivery of system level plans or enactment of decisions	4 x 4 = 16	4 x 4 = 16	2 x 3 = 6
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
Memorandum of understanding in place setting out how all organisations within the STP are going to work together		Agreed by Governing Body July 2017		2
NHSE and NHS Improvement's guidance "Local Governance for Sustainability and Transformation Partnerships" Lessons from on the ground June 2017		national guidance from NHSE and NHSI		1
Charged with governance responsibilities under STP P5 Programme				
Remedial action plans agreed to address gaps in controls		By when?		
Functional review of STP including governance arrangements being undertaken		Completed December 2017		
Agree with partner organisations how decisions will be taken by agreeing which forums have decision making powers and putting committees in common in place		October 2018		
Define how decisions will be taken by agreeing who has decision making powers		October 2018		
Establish footprint wide reporting system and communications channels.		October 2018		
Create system wide risk management processes to agree which risks can be shared		October 2018		
Ensure individual statutory responsibilities are still delivered		On-going		
Proposed governance changes to be reflected in annual governance statements		April 2018		
Ensure there is a clear process for identifying emerging risks during the STP implementation phase.		On-going		
		Any gaps in assurance : Where are we failing to gain evidence that our controls, on which we place reliance, are effective		

Build relationships with STP governance lead from Milton Keynes	January 2018	
Support Governing Body to understand emerging STP governance processes.	October 2018	
Committees in Common being introduced	February 2018	
Linked operational risks appearing on Corporate Risk Register:		

<p>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.</p> <p>Principal Goal 4(a): Embed new governance arrangements for a Patient and Public Engagement Committee which will involve patients and public in commissioning decisions and report directly to the Governing Body.</p>		<p>Responsible Director: Jane Meggitt, Director of Governance, Risk & Corporate Affairs</p> <p>Lead: Michelle Summers, Head of Communications & Engagement</p>		
<p>Risk ST10: Governing Body is not sighted on views of local communities to enable appropriate changes to services.</p>		<p>Date last reviewed: January 2018</p>		
Cause of risk	Effect of risk realising	Initial Score	Current Score	Target Score
Weak governance processes	Patients voice not being heard and strategic direction not being reflected in patients views	4 x 4 = 16	3 x 4 = 12	3 x 3 = 9
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
The CCG uses the 'Gunning Principles' (fairness process for public consultation) in its approach to involvement with patients and public.		Communications and Engagement plans.		2
The Communications and Engagement team understand their statutory duties (Health and Social Care Act, 2012: Section 14Z2) and are accountable for delivery.		Engagement leads have undertaken training with the Consultation Institute – certification available.		2
The Communications and Engagement team works closely with Healthwatch in the localities to ensure local views are cascaded upwards.		Email trail of all engagement plans being shared with Healthwatch.		2
Regular meetings are held with the Overview and Scrutiny teams at both local authorities to share intelligence from the Members and the CCG.		Minutes of the Overview and Scrutiny Committee.		1
The latest Community and Patient Engagement Indicator from NHS England, which was reported in December 2017, awards Bedfordshire an outstanding rating for governance and engagement.		NHSE Community and Patient Engagement Indicator report, 2017		1
A new Committee, which includes representatives from public, private and voluntary sector has been established to scrutinise plans and provide advice and guidance to ensure public and patient voice is at the heart of all decision making.		Minutes from the first meeting on 14 December 2017		1
Remedial action plans agreed to address gaps in controls		By when?		
The first meeting of the new Patient and Public Engagement Committee was undertaken and well attended by representatives / Committee Members.		14 December 2017		
Recruitment campaign to bring in new members to the PPEC is underway.		January 2018		
Linked operational risks appearing on Corporate Risk Register:				

<p>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.</p> <p>Principal Goal 4(b): The Communication and Engagement team at BCCG will work with communities across Bedfordshire to ensure that local voices are heard and considered in decision making for local healthcare provision, particularly for primary care.</p>		<p>Responsible Director: Jane Meggitt, Director of Governance, Risk & Corporate Affairs</p> <p>Lead: Michelle Summers, Head of Communications & Engagement</p>		
<p>Risk ST11: PPGs are not developed or able to be maintained in the most appropriate way to ensure regular engagement and involvement with a representative sample of the practice population.</p>		<p>Date last reviewed: January 2018</p>		
Cause of risk	Effect of risk realising	Initial Score	Current Score	Target Score
Lack of practice engagement with the PPGs and lack of regular review of feedback from them	Patient's disadvantaged to take greater responsibility for their own and their family's health; to improve practice and implement changes.	4 x 4 = 16	2 x 4 = 8	3 x 3 = 9
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
Locality wide PRGs are run by the locality staff to offer support, feedback and networking opportunities for PPGs.		Minutes from the locality PRG meetings		1
Locality representatives have been included on the new Patient and Public Engagement Committee to ensure that information is shared in a timely fashion to PPGs, to encourage further engagement and participation.		Internal mechanisms; emails, engagement reports		1
The National Association of Public Participation has been brought in to provide seminars on public participation to Practice Managers and Patients – to sell the benefits of participation for both practices and patients.		Meetings appointments in the diaries of practice managers and a video from one of the sessions – for use on social media and our website.		1
The Communications and Engagement team has developed a PPG toolkit to GP members to use to help them establish a PPG		Toolkit available on website		1
In line with best practice, set out by NHSE Engaging with local people, 2016, BCCG's Communications and Engagement Strategy outlines that a series of engagement events with patients should be undertaken to inform patients about changes to services including APMS contracts, Mental Health, Maternity Services etc.		Evidenced by news releases on website, letters to patients inviting them to attend events and photography from events, which has been captured on social media.		1
Diversity and disability is considered when engaging with local communities. Where appropriate, communications have been translated into different languages and video and easy read content is provided for those with disabilities including learning disabilities. In addition, events are held in accessible venues and places of faith to encourage wider participation.		Evidenced on social media and the website		1
All members of the Engagement team are experienced communications and engagement practitioners – with training from the Consultation Institute.		Certificates from training courses.		1

		Any gaps in assurance : <i>Where are we failing to gain evidence that our controls, on which we place reliance, are effective</i>
Remedial action plans agreed to address gaps in controls	By when?	
Set up meetings with Practice Managers and Patients to refresh Patient Groups	December / January	
Update toolkit as appropriate to reflect the refresh	January 2018	
Training for new BCCG staff on co-production, consultation and engagement to be developed and delivered with the Consultation Institute.	March 2018	
Linked operational risks appearing on Corporate Risk Register:		

<p>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.</p> <p>Principal Goal 4 (c): Work within the CCG to ensure that patients and public involvement is considered at the start of all projects and included in the process</p>		<p>Responsible Director: Jane Meggitt, Director of Governance, Risk & Corporate Affairs</p> <p>Lead: Michelle Summers, Head of Communications & Engagement</p>		
<p>Risk ST12: Risk the CCG continues to work in silos</p>		<p>Date last reviewed: January 2018</p>		
Cause of risk	Effect of risk realising	Initial Score	Current Score	Target Score
Lack of internal integration and lack of knowledge of process	CCG fails to make arrangements to secure that individuals to whom the services are being provided or may be provided are involved.	4 x 4 = 16	2 x 4 = 8	3 x 3 = 9
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
The Communications and Engagement team engages with the wider business to set standards of conduct to ensure all engagement and consultation is best practice.		Team process Handbook, developed 2017		2
An internal engagement plan to change culture in the organisation has been developed and is seeking approval from Executive.		Paper to the Executive		2
A new Leadership and cultural values training course has been developed with Human Resources to establish new cultures in the organisation. Embedding collaboration and engagement is central to new cultural behaviours being cascaded through the organisation.		Paper to the Executive		1
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.		Current induction presentation		1
Mandatory training is being reviewed to ensure cultural behaviours are refreshed and encourage collaboration and engagement.		Paper to the Executive		1
The Communications and Engagement team works in collaboration with the wider business and through peer review, support is provided to ensure patient views are incorporated into our work.		Report to Governing Body demonstrating communities reached.		1
Remedial action plans agreed to address gaps in controls		By when?		Any gaps in assurance : <i>Where are we failing to gain evidence that our controls, on which we place reliance, are effective</i>
Approval of the Internal Engagement Plan by Directors/ Exec		November		
Set up meetings with Practice Managers and Patients to refresh Patient Groups		October / November		
Recruitment campaign to strengthen public member involvement		January 2018		
Linked operational risks appearing on Corporate Risk Register:				

Objective No 5: We will operate and manage our Governing Body to the highest standards of accountability and transparency.		Responsible Director: Jane Meggitt, Director of Governance, Risk & Corporate Affairs		
Principal Goal 5 (a): Ensure Governing Body members understand and are committed to the practice of good governance and to the legal and regulatory framework in which they operate.		Lead: David McNeil, Head of Governance		
Risk ST13: The Governing Body and Members fail to understand their collective responsibility and do not perform their duties effectively and efficiently.		Date last reviewed: 8 January 2018		
Cause of risk	Effect of risk realising	Initial Score	Current Score	Target Score
The CCG not having proper constitutional and governance arrangements in place	Non-delivery of our legal duties, loss of public trust and loss of support for the CCG and the NHS as a whole	3 x 3 = 9	2 x 3 = 6	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
The CCG behaves in accordance with the Nolan principles (The Seven principles of public life)		Training around Nolan principles, roles and responsibilities delivered at Development Day October 2017		2
All GB members understand their role and responsibilities collectively and individually and are open in their communications and dealings with the GP member practices.		Appraisals carried out by Clinical Chair and Accountable Officer		3
The Corporate Office ensures the CCG adopts and adheres to agreed standards of business conduct that reflect regulatory requirements and good practice.		Standards of Business Conduct Policy ratified in October 2016		2
The CCG ensure Governing Body meetings are open to the public with clear criteria as to when matters of confidentiality or business sensitivity require private discussion		GB agendas and papers are displayed on the public website.		3
The CCG understands the roles of those bodies outlined in the legal and regulatory framework governing CCGs – NHS England, Health & Wellbeing Boards, Healthwatch England, CQC, Monitor, Local Authorities and their scrutiny arrangements		Membership of CCG's constituted committees demonstrate involvement with relevant bodies.		2
GP member practices regularly contribute to and develop the CCG's vision and work with the Governing Body		Members Forum agendas and minutes. Locality Boards engaging in strategic business functions		2
Ensuring compliance with all relevant legislation and regulations applicable to the CCG		NHSE's CCG Bulletins. CCG Improvement & Assessment assurance meetings.		3
The CCG has a robust process to identify any potential and real conflicts of interest of GP member practices involved in commissioning decisions and all employees of the CCG		Conflicts of Interest Policy ratified in October 2016. Minutes of all committee meetings record any conflicts of interest. Register of interests updated annually and held on CCG website. Substantial assurance from internal audit		3
The CCG has clear and transparent policies and procedures		Policy on Policies. Policy Tracker. Policy Approval Group.		2
Remedial action plans agreed to address gaps in controls		By when?		
Review of the Constitution and Scheme of Delegation		March 2018		

Review of Committee Terms of Reference and business cycles	Feb 2018	Any gaps in assurance : <i>Where are we failing to gain evidence that our controls, on which we place reliance, are effective</i> None identified
Ensuring that GB members, lay members, clinical leads are properly appointed and are qualified to serve, supported by role descriptions and an agreed appointment process. Review of letters and contracts for clinical leads being undertaken,	January 2018	
Linked operational risks appearing on Corporate Risk Register:		

Objective No 5: We will operate and manage our Governing Body to the highest standards of accountability and transparency.		Responsible Director Jane Meggitt, Director of Governance, Risk & Corporate Affairs		
Principal Goal 5(b): Ensure Governing Body members are ready to be held publicly to account for the CCG's decisions and for its use of public money		Lead: David McNeil, Head of Governance		
Risk ST14: The Governing Body fails to embrace effective governance, accountability and stewardship of public money		Date last reviewed: 7 November 2017		
Cause of risk	Effect of risk realising	Initial Score	Current Score	Target Score
Lack of a robust governing body development programme; governing body effectiveness evaluations; and identification of personal development needs.	Governing Body fails to build patient, public and stakeholder confidence that the best decisions are taken for the right reasons; that the quality of healthcare services is protected; and that public money is being spent wisely.	3 x 3 = 9	3 x 3 = 9	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
Governing Body Development Programme ratified by Governing Body		Minutes of Governing Body October 2017		2
Head of Governance in post driving Governing Body development agenda				
Remedial action plans agreed to address gaps in controls		Any gaps in assurance : <i>Where are we failing to gain evidence that our controls, on which we place reliance, are effective</i>		
Governing Body Development Programme developed but yet to be rolled out.	By when? October 2018	None identified		
Perform Governing Body review	March 2018			
Development to include formal externally-provided training,	March 2018			
Governing body members who take on particular roles, for example membership of a committee, or chair of a committee, are encouraged to develop and keep updated the knowledge, skills and understanding required for that responsibility.	On-going			
Governing Body member appraisals to identify any PDP	June 2018			
Linked operational risks appearing on Corporate Risk Register:				

Objective No 5: We will operate and manage our Governing Body to the highest standards of accountability and transparency.		Responsible Director: Jane Meggitt, Director of Governance, Risk & Corporate Affairs		
Principal Goal 5 (c): Ensure the relationship between GP member practices and the Governing Body is based on trust and a clear understanding of the position and responsibilities of each		Lead: David McNeil, Head of Governance		
Risk ST15: Governing Body fails to hold the confidence of member practices and fails to understand the issues they face and what is important.		Date last reviewed: 9 January 2018		
Cause of risk	Effect of risk realising	Initial Score	Current Score	Target Score
The Governing Body not being in tune with its member practices.	Members not regularly contributing to and developing, the CCG's strategy and vision or being confident and willing to give an unbiased strategic clinical view on all aspects of CCG business	3 x 3 = 9	3 x 3 = 9	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
Accountable Officer visits to member practices		On-going face to face visits		2
GP clinical leaders have received training to understand their statutory responsibilities, the need to focus strategically on population needs rather than individual patients or practices.		Completed in October 2017		2
Clinical leadership roles have been refined to ensure they reflect the priorities of the CCG				
Remedial action plans agreed to address gaps in controls		By when?		Any gaps in assurance : <i>Where are we failing to gain evidence that our controls, on which we place reliance, are effective</i> None identified
Review of each committee focusing on GP input on clinical discussions where they can bring the most benefit.		March 2018		
Ensure member practices feel well informed about what the CCG is trying to achieve, that the CCG's decisions reflected their views and that they could influence the CCG's work if they chose to.		March 2018		
Undertake committee effectiveness review		March 2018		
Linked operational risks appearing on Corporate Risk Register:				