

The Governing Body Assurance Framework

Priority Area: <i>Improved Access & Quality</i>	Priority Area: <i>Deliver financial sustainability</i>	Priority Area: <i>Improve integration of services</i>	Priority Area: <i>Improve governance and inform decisions.</i>	
<p>Objective:</p> <p><i>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.</i></p> <p>This will be achieved through:</p> <p>Ensuring effective commissioning arrangements are in place to drive up quality in services; and safety and performance issues are identified early</p> <p>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>We will assist providers to develop a culture where learning from patient safety incidents and from patient experience is embedded in everyday practice</p> <p>Promote safe, evidence based and cost-effective prescribing while supporting prescribers to optimise patients' medications.</p> <p>Ensuring our winter plans meet specific priorities as well as ensuring preparedness to meet the expected increase in demand on the health and social care system over the winter months</p> <p>Improving outcomes for children and adults with mental health needs</p>	<p>Objective:</p> <p><i>We will ensure that there is a financially sustainable and affordable healthcare system in Bedfordshire.</i></p> <p>This will be achieved through:</p> <p>Ensuring the CCG stays within the set revenue and capital resource limits set by NHS England.</p> <p>Supporting the delivery of the partial control total for the overall integrated care system.</p> <p>Securing the financial control total through improved productivity and strong financial control</p> <p>Adherence to strict financial discipline and sound financial governance.</p> <p>ensuring that the CCG has in place robust and reliable financial systems to support informed decision making by clinical commissioners</p>	<p>Objective:</p> <p><i>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.</i></p> <p>This will be achieved through:</p> <p>Ensuring we deliver on the system-wide transformation programmes to improve planned care, complex care, urgent & emergency services, and mental health</p> <p>Developing a strong robust system and clinical leadership structure for an integrated workforce approach to bring together partners and providers across all sectors to create an environment of collaboration, monitoring and continuous improvement.</p> <p>Continued implementation of our agreed primary care transformation strategy recognising primary care as the foundation of our Integrated Care System</p> <p>Implementation of the NHS' national priorities (including the NHS Five Year Forward View and GP Forward View)</p> <p>Further strengthening relationships with our main providers, acknowledging our respective pressures and the incentives in the system that can currently mitigate against a system rather than individual organisational approach</p> <p>Strengthening plans to transfer the responsibility for the core commissioning of GP services from NHS England to the CCG.</p>	<p>Objective:</p> <p><i>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.</i></p> <p>This will be achieved through:</p> <p>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</p> <p>Increasing awareness and understanding amongst patients and the public about local health and care services in Bedfordshire</p> <p>Promoting and embedding communications and engagement standards and best practice amongst CCG staff, supporting them to deliver key priorities including achieving QIPP targets and implementing new models of care.</p> <p>Maintaining continuous dialogue with the public to ensure that the local population is aware of service developments and how it can influence healthcare.</p>	<p>Objective:</p> <p><i>We will govern with transparency, comply with best practice and meet our statutory obligations.</i></p> <p>This will be achieved through:</p> <p>Working to the Joint Accountable Officer and leadership team, streamlining and strengthening commissioning leadership arrangements to deliver better outcomes for the people of Bedfordshire.</p> <p>Ensure the GB and its committees has the appropriate balance of skills, experience, independence and knowledge to discharge their duties effectively</p> <p>Ensure members of the GB and committee are appointed and remunerated appropriately</p> <p>Ensuring decisions are made transparently, honestly and with a duty of candour.</p> <p>Ensure that people are treated ethically, equitably and legally. This includes taking a zero-tolerance approach towards managing bullying and discrimination.</p> <p>Ensure the CCG strengthens the contribution of member practices to the CCG</p> <p>Agree clear accountabilities and reporting structures with other institutional stakeholders.</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.		Responsible Director: Anne Murray, Chief Nurse Lead: Maria Laffan, Director of Nursing & Quality		
Principal Goal 1. Ensuring effective commissioning arrangements are in place to drive up quality in services; and safety and performance issues are identified early.				
Risk 1.1: Risk to quality , patient care and experience		Date last reviewed: 23 January 2019		
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.	$3 \times 4 = 12$	$2 \times 2 = 4$	$1 \times 1 = 1$
		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.		
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 (Medium)
Regular quality contractual meetings held with providers to review data and intelligence		Contract meeting minutes held on secure drive by CCG contracting team		1 (Low)
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		2 (Medium)
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 (Medium)
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.		1 (Low)
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 (Medium)
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		2 (Medium)
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 (Medium)

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	1 (Low)
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.	1 (Low)
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	1 (Low)
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	1 (Low)
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 (Low)
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	1 (Low)
Internal Audit of CHC processes	Reasonable Assurance awarded. 1 urgent, 2 important, 3 routine recommendations (implemented)	3 (substantial)
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	2 (Medium)
Learning from Serious Incidents monitored and work on-going with providers on resulting action plans	Reports to Integrated Commissioning & Quality Committee	2 (Medium)
Provider/Commissioner deep dives undertaken aligned to contract performance notice process.	Reports to Integrated Commissioning & Quality Committee	2 (Medium)
Ensure safer staffing measurements are in place across all provision	Reports to Integrated Commissioning & Quality Committee	2 (Medium)
Remedial action plans agreed & status	By when?	Brief description of intended outcome
Strong relationship with local Health watch being established	On-going	
Monthly team meetings in place to review combined analysis of service provision and quality delivery. escalation from this meeting as appropriate to ICQC and risk register	On Going	Internal flag on risk to constitutional safe and effective care and standards
Local Quality team monthly operational meeting to flag and concerns or increase focus on service delivery	On-going	
Linked operational risks appearing on Corporate Risk Register: March 2019 No high operational risks populating 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 Executive Director: Anne Murray, Chief Nurse 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 1.2: Risk of increased patient safety incidents		Date last reviewed: 23 January 2019		
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.	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 reviewing 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
Monthly SI panels in place for Acute. Mental health, Ambulance, community and other providers. Clinical engagement on all SI panels				Review process to gather themes and identify if learning is embedded in service delivery.
Linked operational risks appearing on Corporate Risk Register: March 2019 No high operational risks populating 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: 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 1.3: 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: 24 January 2019</p>		
Cause of risk	Effect of risk realising	Initial Score	Current Score	Target Score
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	Unstable and demotivated workforce; Lack of ability for succession planning; staff shortages and skill gaps; pressure on financial planning.	5 x 4 = 20	2 x 4 = 8	2 x 2 = 4
		<p>Brief rationale of current risk rating: It is not expected that this risk will materialise but it is possible it may do so. If the risk did materialise the impact on the CCG would be high.</p>		
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 new HR&ODL Strategy developed with four strands: Leadership Culture; Workforce Planning, Recruitment & Retention; Learning & Development; Policies, Procedures & Systems		Progress against the HR & ODL Strategy is to be reported quarterly (Q2 and Q4 dashboards reported to Executive and Governing Body) and bi-monthly to the Accountable Officers' Forum. Q2 Dashboard due to be presented to December Executive and subsequent Governing Body meeting		2 (medium)
A new Service Level Agreement has been signed by the AOs of HVCCG, BCCG, ENH, LCCG and West Essex, that sets out the HR&ODL services, which is implemented via the approved HR&ODL Strategy.		SLA signed by AOs for 5 CCGs and forward plan updated for current financial year with target dates reviewed on a bi-monthly basis with CCG.		2 (Medium)
Current new ways of working locally, regionally and nationally were identified.		Attendance at both local, regional and National workforce forums		1 (Low)
Workforce strategy reviewed		HR&ODL Strategy approved and KPIs defined at quarterly 5 CCG AOs meetings. Update on progress of KPIs reported monthly at the AOs forum.		2 (medium)
STP work streams have been identified with HR&OD leads. Apprenticeship levies - Workforce recruitment and attraction.		CCG Retention Plan		2 (Medium)

		Apprenticeship levy in place and opportunities promoted	
Bidders for new pathways are being asked to describe workforce solutions in detail.		Review procurement specifications and tender question documentation to ensure inclusion prior to publication to seek potential bidders. Review throughout bidder process and evaluation to ensure questions the requirements of the contract.	1 (Low)
Remedial action plans agreed & status	By when?	Brief description of intended outcome	
Setting out requirements for workforce plan within submissions for new pathways and re-procurements of existing services working with partners to identify workforce capacity and capability requirements involved in multiple procurements and flag key risks to the Executive and Board	In line with timescales of new pathway and reprocurement processes	Workforce requirements and expectations from the service provider included in the tender documentation. All tender documentation reviewed to ensure workforce sections meet the requirements of the CCG to ensure that prospective bidders can demonstrate their workforce planning for any contracts and highlight any gaps and potential risks, as part of their submissions.	
Further discussions at the overarching STP workforce group as to how it will be implemented.	Continued attendance at the STP workforce group	Discussions have taken place and agreement across STP to proposed actions discussed and an implementation plan agreed.	
Linked operational risks appearing on Corporate Risk Register: March 2019 No high operational risks populating 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: Ensuring our winter plans meet specific priorities as well as ensuring preparedness to meet the expected increase in demand on the health and social care system over the winter months.</p>		<p>Director: Geraint Davies, Director of System Commissioning</p> <p>Lead: Emma Hunt-Smith, Assistant Director of Unplanned Care</p>		
<p>Risk 1.4: The CCG's winter resilience plan does not result in the achievement of expected targets</p>		<p>Date last reviewed: 7 March 2019</p>		
Cause of risk	Effect of risk realising	Initial Score	Current Score	Target Score
<p>Activity surges High Acuity of patients Out of hospital capacity Workforce shortages in groups critical to supporting the urgent care system. Funding pressures.</p>	<p>Increasing Length of Stay Deterioration of Medically Optimised (MO) and Delayed Transfers of Care (DToC) performance Deterioration of A&E performance Variation in best practice to improve patient flow and ambulance response times. Risk to patient safety and experience.</p>	<p>4 x 4 = 16</p>	<p>3 x 4 = 12</p>	<p>3 x 3 = 9</p>
		<p>Brief rationale of the current risk rating: It is possible that the winter plans may not influence the effect of the risk realising. However, this meets the likelihood appetite of the GB. Impact currently remains higher than appetite.</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>In August, Bedfordshire CCG and Bedford Hospital met with NHS England to discuss current progress and plans in relation to urgent care delivery challenges in winter with specific focus on A&E performance, bed occupancy planning, long stay ambitions and activity against plan. The resulting actions from the winter summit and the meeting with NHS England have formed part of a system wide programme of work.</p>		<p>A&E Delivery Board October 2018</p>		<p>2 (Medium)</p>
<p>Preparation and Planning for winter 2018-19 has included the system wide commitment to winter with enhanced service delivery being in place to support the anticipated winter surge. The plans have been signed off by the A&E Delivery Board and are as follows:</p> <ul style="list-style-type: none"> • 2018-19 Bedford System Wide Winter Plan – this includes the key priorities and commitment from all system partners • Bed Occupancy Plan – this includes the commitment to provision from health and social care partners up to and during the winter period • System Wide Assurance Template submitted to NHSE in October 2018 • Operational Performance Escalation Levels (OPEL) framework • Emergency Preparedness, Resilience and Response (EPRR) framework • Bedfordshire & Luton CCG EPRR Lead and subject matter expert 		<p>Delivery against the indicators as set out in the Winter Plan and the Bed Occupancy Plan are monitored at every System Resilience Group (SRG) with any unresolved issues being escalated the A&E Delivery Board. SRG meetings are held fortnightly throughout winter and A&E Delivery Boards are held monthly OPEL reporting is daily across all partners with agreed escalation actions where appropriate</p>		<p>2 (Medium)</p>

<ul style="list-style-type: none"> System Resilience experience and Expertise in Unplanned Care team – Assistant Director of Unplanned Care and BLMK STP System Resilience Lead 		
Remedial action plans agreed	By when?	Intended outcome of the action.
It is recognised that whilst there is a robust plan, there is still a risk of demand exceeding capacity during the winter period. Therefore, in addition to the aforementioned whole system commitment, whole system surge planning will be led by BCCG as appropriate in line with OPEL escalation triggers and actions/response required	Ongoing	To prioritise and robustly manage winter surge in order to provide a safe and effective urgent and emergency care system for patients. Through A&E Delivery Board, work in an integrated way with health and social care partners, bringing challenge to ensure commitment given to key priority actions as agreed and to ensure that there is prompt flexibility where required across the urgent and emergency care system.
Linked operational risks appearing on Corporate Risk Register: March 2019 No high operational risks populating 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 2: We will ensure that there is a financially sustainable and affordable healthcare system in Bedfordshire		Director lead: Chris Ford, 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		
Risk 2.1a: Failure to fully deliver £26.062m of QIPP efficiencies in 2018/19		Date last reviewed: 13 March 2019		
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 £26.1m of efficiencies.	Failure to achieve the £26.1m 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 recommendations and resolution to escalated risks and issues		PWC Report (July 2018)		3 (substantial)
Weekly QIPP Control Group providing ideas generation, support to leads and regular check and challenge on delivery		Financial Recovery Board Report (Month 10 February 2019)		3 (substantial)
At month 11 the QIPP Programme has a risk-adjusted forecast of £24.7m, plus £954k of riskier QIPP. Therefore if none of the risks materialise, QIPP will achieve £25.7m.		Planned Care QIPP (18 th August 2018) provided an additional £0.5m and assurance of scheme delivery		3 (substantial)
The PMO have taken a more leading role in the Working Day 5 (WD5) and Follow-Up 5 (FU5) meetings, ensuring there is a detailed and up-to-date action tracker, that responsibilities are clear and agreed, and that remedial actions are monitored weekly to ensure they are delivered to agreed timescales. This will in-turn generate new acute facing QIPP schemes.		Urgent & Emergency Care QIPP (September 2018) Week provided an additional £0.6m and assurance of scheme delivery		2 (Medium)
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).		Financial Recovery Board		1 (Low)
Monthly activity/savings reviews using the multiple-year combined SLAM model in Civica.		Financial Recovery Board monitoring		2 (Medium)
Remedial action plans agreed & status		By when?		Brief description of intended outcome
Continue to reduce the risk in the current QIPP Programme, however there are only 12 working days left in this financial year. If there are any emerging pressures in Acute performance, this will become visible in April/May 2019, and therefore cannot be influenced in-year, and will become a 2019/20 issue.		There is limited time to introduce in-year actions.		The intended outcome would be a reduction in the riskier QIPP and the unidentified QIPP gap, however there is limited time in 2018/19 to impact on the target.
Linked operational risks appearing on Corporate Risk Register: CRR121. 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 delivery £26m of savings in 2018/19, which may result in failure to achieve our 2018/19 financial control total		Any gaps in assurance : Based on the current controls, it is unlikely we will achieve the £26.1m QIPP target, however we will likely achieve between £24.7m and £25.7m		

CRR 130. As a result of Interim and Fixed Term Staff being advised that contracts are unlikely to extend in most cases past year 31-Mar, there is a risk that interims will secure other assignments leaving the CCG with a capacity and capability gap, which will impact the 19/20 QIPP planning and delivery.

Objective No 2: We will ensure that there is a financially sustainable and affordable healthcare system in Bedfordshire		Director lead: Chris Ford, 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		
Risk 2.1b: Failure to fully deliver £24.171m of QIPP efficiencies in 2019/20		Date last reviewed: 13 March 2019		
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 £24.2m of efficiencies.	Failure to achieve the £24.2m QIPP target and potentially failure to achieve the £6.1m surplus control total.	4 x 4 = 16	4 x 4 = 16	3 x 4 = 12
	NEW RISK	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
A 2.6 WTE PMO dedicated to managing the QIPP Programme, which includes reporting and assurance on the programme to ensure risks are identified and controlled, but also strengthening the delivery of QIPP schemes and the identification of new QIPP opportunities.		NHSE QIPP Review Workbook and feedback		3 (substantial)
A weekly QIPP Control Group dedicated to monitoring the delivery of QIPP schemes.		Action Log from QCG		2 (Medium)
A monthly Financial Recovery Board providing Director level oversight and recommendations to Finance & Performance Committee		Minutes from FRB		3 (substantial)
A monthly Finance & Performance Committee providing decisions on behalf of the Governing Body on QIPP schemes.		Minutes from F&P		3 (substantial)
A monthly joint QIPP/CIP Board with BHT providing pace and accountability to joint schemes.		Minutes from Acute Transformation Board		3 (substantial)
A monthly joint QIPP/CIP Board with L&D providing pace and accountability to joint schemes.		Minutes from QIPP/CIP Board		3 (substantial)
PMO / Commissioning attending meetings with other providers such as ELFT, CCS, Circle and EEAST to ensure they deliver transformation at the pace required to meet our QIPP target.		Emails between providers and commissioners – new opportunities captured in the QIPP Pipeline		2 (Medium)
A current plan made up of 59 schemes that has the potential to achieve £24.2m, but does contain risk.		QIPP Tracker 2019/20		3 (substantial)
45 PIDs already complete and been shared with the top 6 trusts and NHSE.		QIPP folder on the network		3 (substantial)
All Acute facing schemes activity impacts broken down by POD, Trust, TFC and HRG to be built into Trust activity plans (contract negotiations currently underway)		Civica Loading Form in the PMO folder on the network		3 (substantial)
Regular meetings with LCCG and MKCCG to ensure all good opportunities are shared.		Emails to capture actions from meeting across BLMK		2 (Medium)
Remedial action plans agreed & status	By when?	Brief description of intended outcome		
All outstanding PIDs completed and approved by F&P	25/04/2019	Full Audit Trail of QIPP decision-making – BCCG assurance		
More opportunities identified and included in the programme	25/04/2019	Reduced risk in the programme		
'Big Ticket' QIPP schemes have key milestones/tasks agreed and then regularly tracked at QCG to ensure they do not slip.	25/04/2019	Better awareness of all the changes proposed in each scheme, the ability to see early warning indicators to schemes slipping, to focus the CCG on where support is needed the most.		

<p>A QIPP Risk Register is created, that captures the risks in the 'Big Ticket' schemes (based on the milestones/tasks) that regularly attends QCG and Risk Committee to ensure everyone is aware of the risks involved in the schemes and provides support in controlling them.</p>	<p>25/04/2019</p>	<p>Better awareness of all the risks in each scheme, the ability to see early warning indicators to schemes slipping, to focus the CCG on where support is needed the most.</p>
<p>Linked operational risks appearing on Corporate Risk Register:</p>		<p>Any gaps in assurance :</p>

<p>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.</p> <p>Principal Goal: Continued implementation of our agreed primary care transformation strategy, recognising primary care as the foundation of our Integrated Care system (ICS)</p>		<p>Director:</p> <p>Lead: Nicky Wadely, Assistant Director of Primary Care</p>		
<p>Risk 3.1: 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</p>		<p>Date last reviewed: 28th March 2019</p>		
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			
		<p>Brief rationale of the current risk rating: Whilst capacity is stretched due to population increases and insufficient workforce the likelihood of risk materialising will not reduce. Potential impact on delivery will remain.</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>
Workforce development strategy in place and into delivery phase. Strategy to be revised for 2019/20		CEPN minutes		1 (Low)
Primary Care Home (PCH) programme and implementation of Primary Care Network contracts to develop integrated working and improve population health		PCH cluster meeting minutes and reports on transformation		1 (Low)
		Approved and signed PCN network contracts		
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		2 (Medium)
Support programme for Time for Care and High Impact Actions		Audit of GPFV engagement by practice and cluster		2 (Medium)
Extended access to primary care across CCG area		Provision/utilisation reports. Contract meeting minutes.		1 (Low)
Digital transformation work around Primary Care Home, patient access underway. This includes increasing the sharing of clinical information across a wider range of professionals.		Information Sharing Phase 1/BLMK Digitisation Board		1 (Low)
Remedial action plans agreed		By when?		Intended outcome of the action.
Outline Business Cases underway for Dunstable and Gilbert Hitchcock House (Bedford). Service Model and Schedule of Accommodation for both Hubs close to completion and to feed into high level designs to be created in April 2019.		August 2019		To develop the outline business cases and strategic outline cases for new Hubs. Plans for new premises in Shortstown, Biddenham & Kempston.

Final drafts of Strategic Outline Cases completed for West Mid Beds, Leighton Buzzard and Ivel Valley	April 2019	To develop the outline business cases and strategic outline cases for new Hubs.
Work being commissioned to produce BLMK wide Estates Strategy	April 2019	BLMK Estates Strategy Developed
Development of Cluster leadership roles, place-based leadership structure. PCN leadership to be appointment.	July 2019	Development of place based structures for future integration of services as part of Primary Care Home/incoming Primary Care Networks
Primary Care Network contracts to be signed with further developments in collaborative working throughout the year	Ongoing through 2019/20	Primary Care Networks established delivering integrated services
Practice resilience programme	March 2019	Practices have taken up LMC diagnostic and agreed clear actions
Development of caretaker step in provider framework. Provider procurement training to take place.	April 2019	Resilient and robust arrangements in place to continue delivery of primary care services should a practice "close" at short notice
Transformation funding to be used to help enable transformation at cluster level	Ongoing	Increased cluster level joint working/integration
Population health analytics capability development workshop to take place. Work ongoing at ICS level to develop population health management tools.	March 2019/ongoing	Population health management taking place at cluster level, a core component of ICS strategy
Linked operational risks appearing on Corporate Risk Register:		

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 Partnerships, Communications & Engagement		
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 4.1 : Breach of statutory duty to consult and engage on CCG priorities and service developments.		Date last reviewed: 28 March 2019		
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.		
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		PPEC Minutes		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)
Internal Audit of Patient Involvement completed and reasonable assurance given as rating.		Self-assessment completed and evidence returned to Internal Audit for assessment.		3 (Substantial)
IAF Assessment by NHSE completed at end of March to determine compliance. Results due in June				
Remedial action plans agreed & status		By when?		Brief description of intended outcome
Update Communications and Engagement Plan for BLMK to reflect new approaches to engagement.		June 2019		The NHS Plan, published in December 2018 and the Prevention Green Paper, published in November 2018 will be used as the

		basis for the plan and developed as the new structure for BLMK is agreed.
Review Terms of Reference for Patient & Public Engagement Committee	June 2019	ToR revisited and reviewed with new PPEC membership. Final version going to April meeting for final sign off. This will ensure the communications and engagement work undertaken by the CCG is critically viewed and the governing body assured of process.
Annual 360 degree stakeholder survey	Undertaken in Jan/Feb – results due in April	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
Engage with ICS and LA to agree approaches to engagement for BLMK	June 2019	Likely to have wider reach into communities, help ensure a joined up approach across the STP footprint, and save time and money.
Media training to be provided for Chair of Governing Body and Chief Operating Officer around reputational issues.	October 2019	<i>Waiting for transition period to media train new intake of senior staff.</i>
Linked operational risks appearing on Corporate Risk Register: March 2019 No high operational risks populating 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: Mike Thompson, Chief Operating Officer		
Principal Goal: Ensure the CCG strengthens the contribution of member practices to the CCG		Lead: Janet Young, Governance & Risk Manager		
Risk 5.1: Risk of member practices disengaging with the CCG		Date last reviewed: 28 March 2019		
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, unable to demonstrate to our public that we are clinically led, and do not deliver the transformational changes in clinical pathways we aim for	4 x 4 = 16	3 x 4 = 12	1 x 1 = 1
		Brief rationale of current risk rating: The risk is still possible during transition from current locality structure to revised cluster arrangements.		
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. Leadership priority job for CCG Chair		Minutes of Board Meetings.		1 (low)
Frequency of Members' Forums increased on request by membership		Agenda and Minutes of meetings		1 (low)
Development of cluster leads/co-ordinators agreed and ratified by Members' Forum September 2018 which will encourage engagement with practices on the CCG's commissioning decisions.		Minutes of September Members' Forum		1 (Low)
Members' Forum agreed to move away from current locality structure towards a structure based on the 10 practice cluster arrangements. This will better reflect the structure of the CCG and the ICS which recognises the Local Authority "place" as the footprint of integrated care.		Minutes of September Members' Forum		1 (Low)
New clinical leadership model of cluster board chairs and place based chairs agreed and to commence January 2019.		Minutes of Governing Body meeting		1 (Low)
Medical Director appointed to JET working closely with allied medical professionals across BLMK, focusing on primary care at scale, clinical leadership, workforce and delivery across the three CCGs		Medical Director		2 (Medium)
Local primary care leaders undertaking national primary care leadership programme and local programme of coaching and mentoring via NAPC has been put in place.		-		2 (Medium)
Place Base Chairs and Cluster Board Chairs have role descriptions to outline their main duties and responsibilities.		Led by CCG Chair		1 (Low)
Remedial action plans agreed & status	By when?/Status	Brief description of intended outcome		
Request by member practices to have key national speakers at Members Forums	This will continue at future meetings.	For development purposes.		
Development of Clinical Chair role – recruitment to commence January 2019. Appointment of "Clinical Leader" on the GB	Commencing January 2019	Allowing the CCG to demonstrate that it is effectively clinically led.		

10 Cluster Leads to be in place by January with role descriptions defined. This has been put back to July whilst practices have opportunity to join Primary Care Networks.	July 2019	Development of local system clinical leadership
Clinical Governing Body members asked by CCG chair to complete 360 evaluation as part of development programme. Evaluation and feedback to be completed by January.	January 2019	To identify any training needs.
Primary Care Strategy to be developed which will include leadership development objectives	October 2019	
NHS Plan objective to appoint a clinical lead to each primary care network	July 2019	
Survey carried out with all member practices to gain their views on the CCG's approach to clinical leadership; clinical leadership skills; effective communication and engagement; relationships between clinical leaders and membership. Action plan being developed following presentation of results at Members' Forum	May 2019	CCG processes designed to ensure that strategy and priority setting are shaped and influenced by clinical expertise and experience; Review current involvement and engagement arrangements; Constitution and Standing Orders to change to reflect the priorities of the membership for targeted use of clinical leadership resources.
Linked operational risks appearing on Corporate Risk Register: March 2019 No high operational risks populating 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: Chris Ford, Chief Finance Officer		
Principal Goal:		Lead: Lynda Harris, Head of Information Governance		
Risk 5.2: The CCG fails to comply with legal and best practice requirements regarding the information it holds.		Date last reviewed: 6 March 2019		
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	2 x 4 = 8	1 x 1 = 1
		Brief rationale of current risk rating: It remains unlikely to happen. 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 2019				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)
GDPR Data Protection Officer in place		DPO acts in an advisory capacity to the CCG and is a critical friend advising on high IG risks which may impact adversely on the CCG.		2 (medium)
Addendum GP IT Operating Model – IG support to GPs across Bedfordshire and Luton		NHS England Central Midlands IG team provide IG support to GP practices, advising them in specific aspects of GDPR compliance.		2 (Medium)
Remedial action plans agreed & status		By when?		Brief description of intended outcome
Information Asset Owners to undertake annual IAO training (audit recommendation)		March 2019		IAOs will understand how to manage and protect their assets in accordance with data protection legislation
GDPR Induction to be given to all new Directors (audit recommendation)		On-going		GDPR will be more fully understood at Director level and the implications for the CCG if a serious breach occurred
Address gap in Information Governance Management Framework (audit recommendation)				IGMF updated reflecting the DPO role within the CCG
Data Security Protection Toolkit 2018/19 work to commence September 2018		March 2019		Toolkit demonstrates how the CCG meets its obligations under data protection legislation

Regular adhoc IG spot checks undertaken within CCG Directorates	Ongoing	To ensure staff are handling patient confidential and sensitive data safely and not leaving data lying around unclaimed on printers, tables and windowsills.
New DSP toolkit being completed in readiness for submission to NHS Digital	March 2019	To agree CCG data flows pertaining to Circle MSK
Linked operational risks appearing on Corporate Risk Register: March 2019 No high operational risks populating 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. 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.		Director lead: Mike Thompson, Chief Operating Officer Lead: Janet Young, Governance & Risk Manager		
Risk 5.3 : Inability to work effectively with partners to improve service delivery and reconfigure health and social care services within Bedfordshire		Date last reviewed: 28 March 2019		
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	3 x 4 = 12	1 x 1 = 1
		Brief rationale of current risk rating: Likelihood reduced now that 90% of JET in place and shared initiatives and collaborative working evident. No established governance structure to underpin system in place as yet.		
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 Accountable Officer represents the CCG at STP level meetings.		Minutes of JCE Meetings		1 (low)
STP 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)
Acceptance received from Local Authorities for appointment of single Chief Operating Officer for Bedfordshire across the two local authority boundaries by offering two placed based chairs as senior points of contact		Within CCG constitution		2 (Medium)
Joint Accountable Officer now in post holding a responsibility for shaping an integration agenda with partners based on delivery of key commissioning objectives. 'pan-CCG' staff briefings taking place.		Accountable Officer		2 (Medium)
Substantive COO now in place at BCCG and has worked across Bedfordshire organisations		Chief Operating Officer		2 (Medium)
Single dashboard for finance, quality and performance developed helping the system to understand the pressure points across the CCGs		Chief Finance Officer. Finance & Performance Committee reports and minutes.		2 (Medium)
One single executive team in place working as part of the Governing Bodies across all three CCGs, helping to strengthen the commissioning voice as it continues to lead on developing plans for BLMK with its system partners.		Joint Executive Team		2 (Medium)
Director of Integration in place - a joint post between Milton Keynes CCG and the Local Authority.		Milton Keynes CCG		2 (Medium)

The executive team held a workshop in February facilitated by the Good Governance Institute which helped the CCG focus on how to work better together across our teams and with our partners to strengthen the way we commission services and deliver the value of working together as BLMK.		Joint Executive Team	2 (Medium)
Remedial action plans agreed & status	By when?	Brief description of intended outcome	
Work with two local authority place-based Transformation Board/Groups	On-going		
Understand member organisations own priorities and cultures	March 2019	To begin joint working to understand priorities and system pressures.	
Cross system working with LCCG and MKCCG being established around governance and risk management	On-going	To begin sharing information, develop plans for integration, sharing of best practice, and to develop more joined up working and resources.	
Good Governance Institute commissioned to look at an OD programme with JAO and the three Chairs thinking about how they work together: within individual organisations; with our partners and stakeholders across the system.	December 2019	To help achieve our collective goals.	
19/20 MOU to be presented to March Governing Body meeting.	March 2019		
Agreed move towards a single control total for CCGs and Acute Trusts.	April 2019		
Linked operational risks appearing on Corporate Risk Register: March 2019 No high operational risks populating 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 	