SURREY DOWNS CCG - GOVERNING BODY ASSURANCE FRAMEWORK 2016/17

Principal Objective	Risks to delivery of this objective	Source of risk (where does this come from)	Potential effect of the risk (what might happen)	Pre-mitigation likelihood Score	Pre-mitigation impact Score	Net initial Score	Date of latest scoring	Mitigations and Comments	Revised Likelihood Score	Revised Impact Score	Revised Net Score	Risk Appetite range for this category of risk	T Value (Treat, Tolerate, Terminate or Transfer)
P1) Deliver the Financial Recovery Plan, based largely on a successful transformational QIPP programme	P1(a): Failure to achieve QIPP target	Scale and complexity of QIPP programme	QIPP shortfall would add pressure to find non-recurrent savings in year and add to subsequent years QIPP targets	4	5	20	01/09/2016	Although the overall QIPP target will not be achieved the proportion of target realised will be so significant as to effectively mitigate the risk	5	2	10	Minimal 1-5	Treat
P1) Deliver the Financial Recovery Plan, based largely on a successful transformational QIPP programme	P1(b) Failure to control contracts with suppliers	Historical volatility of contracts, particularly acute and non-local contracts	Actual cost pressure generating requirements for additional Non Recurrent Savings and potentially further QIPP schemes	4	5	20	01/09/2016	Contracts for 2016-17 have been arranged to reduce risk. Continued management in final quarter.	3	4	12	Low 6-8	Treat
P1) Deliver the Financial Recovery Plan, based largely on a successful transformational QIPP programme	P1(c) Unplanned adjustments to central allocations or additional commitments	Historical examples of central changes that cannot be planned for	Actual cost pressure generating requirements for additional Non Recurrent Savings and potentially further QIPP schemes	3	4	12	01/09/2016	No scope to mitigate central actions - some impact from overseas visitors adjustments recently	3	4	12	Medium 9-12	Tolerate
P2) Take responsibility, with other partners in the footprint, for the Surrey Heartlands STP and ensure that this contributes significantly to the creation of a sustainable health economy with improved outcomes and quality	P2(a) Failure to agree collaborative arrangements with key partner organisations in the STP	Complexity of STP arrangements - large number of commissioner and provider organisations working together	STP effectiveness will be severely limited	4	5	20	01/09/2016	Collaborative arrangements under discussion - terms of reference for joint committee being drafted	3	4	12	Low 6-8	Treat
P2) Take responsibility, with other partners in the footprint, for the Surrey Heartlands STP and ensure that this contributes significantly to the creation of a sustainable health economy with improved outcomes and quality	P2(b) Failure to engage with / make the case for change to the public on required transformation	Known issues with making the clinical case for change where service delivery is complex and public perceptions associate change with service reduction	Change will be delayed or even abandoned	3	4	12	01/09/2016	For future consideration - no current plans for engagement. Reconsider when STP plans are clearer and actual service changes proposed.	3	4	12	Medium 9-12	Tolerate
P2) Take responsibility, with other partners in the footprint, for the Surrey Heartlands STP and ensure that this contributes significantly to the creation of a sustainable health economy with improved outcomes and quality	P2(c) Workforce supply issues across the STP cannot be resolved to enable delivery of transformed models of care.	Historical difficulties with recruitment and retention, particularly those sectors of the STP footprint that border London	STP plans will be delayed and here will be an impact on patient care and financial sustainability	3	4	12	01/09/2016	For future consideration when STP plans are clearer and actual service change impact on workforce understood.	3	4	12	Medium 9-12	Tolerate
P2) Take responsibility, with other partners in the footprint, for the Surrey Heartlands STP and ensure that this contributes significantly to the creation of a sustainable health economy with improved outcomes and quality	P2(d) The STP cannot identify or attract sufficient investment to pump prime transformational change, particularly in the areas of estates, digital infrastructure and skills.	Shortages of national and local investment funds	STP plans will be delayed and here will be an impact on patient care and financial sustainability	3	4	12	01/09/2016	For future consideration when STP plans are clearer and requirements for levels of investment understood	3	4	12	Medium 9-12	Tolerate
P3) Prepare the CCG to take on its responsibilities for the commissioning of primary care in 2017-18, ensuring that this is consistent with broader commissioning development	P3(a) Lack of investment to make primary care transformation a reality	Shortages of national and local investment funds	General practice cannot participate in the CCG primary care strategy and associated workstreams	3	4	12	01/09/2016	Propose suspending this objective in light of delegated commissioning vote outcome	3	4	12	Medium 9-12	Tolerate
P3) Prepare the CCG to take on its responsibilities for the commissioning of primary care in 2017-18, ensuring that this is consistent with broader commissioning development	P3(b) Overall NHSE assurance position (directions) means the CCG is not able to take on local primary care commissioning responsibilities	NHSE Directions in force since August 2015	CCG is prevented from fully leading primary care locally; CCG lacks capacity to deliver requires of delegated commissioning.	3	4	12	01/09/2016	Propose suspending this objective in light of delegated commissioning vote outcome	3	4	12	Medium 9-12	Tolerate
P3) Prepare the CCG to take on its responsibilities for the commissioning of primary care in 2017-18, ensuring that this is consistent with broader commissioning development	P3(c) Wider strategic context and general pressures in primary care mean that local practices cannot easily engage	Increasing demand on primary care and difficulties with maintaining supply of GPs to local practices	General practice cannot participate in the CCG primary care strategy and associated workstreams	3	4	12	01/09/2016	Propose suspending this objective in light of delegated commissioning vote outcome	3	4	12	Medium 9-12	Tolerate
P4) Ensure that the CCG's Organisational Development programmes for the Governing Body and Heads of Service create a radically different culture for the delivery of both objectives and Business As Usual.	P4(a) Turnover and continued use of interims in the senior management group reduces the effectiveness of the HOS development programme	Historical issues with recruitment and retention	Cohesiveness of heads of service as a group and effectiveness of senior management as a whole is reduced	3	4	12	01/09/2016	At the moment turnover is low and the Heads of service programme is proceeding well. Review again in early 2017.	2	4	8	Low 6-8	Tolerate
P4) Ensure that the CCG's Organisational Development programmes for the Governing Body and Heads of Service create a radically different culture for the delivery of both objectives and Business As Usual.	P4(b) Changes in the wider strategic context e.g. STP mean that the Governing Body development programme is overtaken by events	STP and other strategic change	Governing body is limited in scope and influence	3	4	12	01/09/2016	Significant board level development in place and significant influence over STP developments. Review again in early 2017.	2	4	8	Low 6-8	Tolerate