

Agenda item: 11

Paper no: 8



Guildford and Waverley CCG
North West Surrey CCG
Surrey Downs CCG

Title of report:	Risk Management Report including: <ul style="list-style-type: none">• Governing Body Assurance Framework• Amendments to the Joint Risk Management Strategy and Policy	
Status:	TO REVIEW AND NOTE/ TO APPROVE	
Committee:	Governing Body	Date: 27/07/18
Venue:	Dorking Halls, Reigate Road, Dorking, RH4 1SG	

Presented by:	Elaine Newton, Executive Director of Comms and Corporate Affairs	
Executive Lead:	Elaine Newton, Executive Director of Comms and Corporate Affairs	
Author(s):	Natasha Moore, Governance Manager	Date of paper: 12/07/18

Governance:

Conflict of Interest:	None identified	✓
Governance and Reporting: (<i>committees/ forums paper previously presented to</i>)	Discussed at: <ul style="list-style-type: none">• Audit Committees in Common meeting on 20/07/18.• Joint Executive Team meeting on 03/07/18 and 19/06/18.	
Freedom of Information: The Author considers:	Open – no exemption applies	✓

Executive Summary:

<p>This is the first integrated risk report presented to the Audit Committee using the new risk system Datix.</p> <p>This report presents a Governing Body Assurance Framework (GBAF) (Appendix 1), following a collective mapping exercise by the Joint Executive Team against the corporate objectives.</p> <p>Also covered in this report are proposed amendments to the Joint Risk Management Strategy and Policy. These are summarised as below (see section 4 for more detail) (which Governing Bodies in July are asked to approve):</p> <ul style="list-style-type: none">• Risk Handlers and Owners defined for GBAF, CRR and Project risks;• Roles and Responsibility sections added for Executive Director of Strategic Commissioning and Risk System Champion ; and• Risk process strengthened and made clearer for audience, with additional areas of guidance on the following:<ul style="list-style-type: none">○ framing risks;○ scoring risks;○ classifying risks;○ allocating controls, assurances gaps and actions; and○ risk commentary. <p><i>All information in this report is correct as of 12/07/18.</i></p>
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Implications:

What is the health impact/ outcome and is this in line with the CCG's strategic objectives ?	The GBAF comprises risks which may threaten the delivery of the CCG's strategic objectives and each risk is linked to a strategic objective on the risk management system.
What is the financial/ resource required?	There may be additional costs relating to mitigation strategies in place for specific risks included within the GBAF and CRR.
What legislation, policy or other guidance is relevant?	Any organisation that is well governed must have a robust system of risk management. The preparation and publication of an annual governance statement represents a review of the effectiveness of its system of internal control and the framework for identifying and managing risks, as set out in the Joint Risk Management Strategy and Policy.
Is an Equality Analysis required?	There are no specific risks identified associated with the CCG's discharge of its public sector equality duty.
Any Patient and Public Engagement/ consultation required?	Lay Members for Patient and Public Engagement/ Involvement members of each Governing Body
Potential risk(s) ? (including reputational)	A failure to keep effective oversight of key risks could lead to a failure to achieve our organisational objectives.

Recommendations:

- **To approve** the amendments to the Joint Risk Management Strategy and Policy.
- **To review** the risk profile and the extent to which it reflects the key risks presenting across Surrey Heartlands CCGs.

Next Steps:

- The amended Joint Risk Management Strategy and Policy will be approved by Governing Body and updated on the CCGs' website and promoted through the usual staff communication channels.
- The Risk Team will continue to support staff and teams to align approaches to risk to the amended risk policy.
- Additional risk expertise has been sourced to embed the work undertake to date across the three CCGs as detailed in Section 2.
- This will incite the Governing Body to ascertain the level of assurance on each risk in terms of effective mitigation and control.

1. Introduction

This report provides Audit Committee with:

- A summary of GBAF risks following an exercise to align these with joint corporate objectives (Section 3);
- An general update on the risk management transition project to align risk 'cultures' and processes across the CCGs and with the risk policy (Sections 2); and
- Proposals for amendments to the Joint Risk Management Strategy and Policy (Section 4).

Currently logged on the CCGs' operational risk management system, there are 98 open risks across the GBAF and CRR, 34 on the GBAF and 64 on the CRR. 6 CRR risks have a current rating of >15. This is an indicative count given the risk registers are very much in transition.

Section 3 of this report focuses on GBAF risks which directly threaten one of the CCGs' corporate objectives, following discussion by JET and senior colleagues (23 of the 33 GBAF risks). The remaining 10 GBAF risks are legacy risks which need to be reviewed and assessed against the new Policy.

2. Update on the Risk Management Transition Project

The Risk Team have worked closely with Directors and Risk Leads in the three CCGs to support the review of risks and distinguish between legacy and those to be carried forward, ensuring alignment to the Joint Risk Management Strategy and Policy.

Work continues in relation to the following areas:

- **Providing training** to all staff but with a focus on senior managers, to ensure risk process and understanding aligns between the CCGs and aligns to the risk policy. This is important to ensure understanding of what is required and thereby reduce the reliance on the risk team to quality assure the output. Key areas for focus:
 - Categorisation of GBAF vs CRR risks;
 - Framing of risks, e.g. 'If...Then...', with clarity on the focus and impact of the risk;
 - Focus on Controls, Assurances, Gaps and Actions and differences between them;
 - Ratings – e.g. Target score to be within appetite; inherent and current ratings should be differentiated with the impact of controls; and
 - Risk commentary.
- Minor **amendments to the operational risk management system** based on ongoing feedback from staff.
- Making clear **roles and responsibilities** of staff with regards to risk, e.g. Risk Owner, Risk Handler.
- Implementing the role of '**Risk System Champions**' across the CCGs (already in place at Surrey Downs CCGs) within teams.

Additional risk expertise has been sourced to embed the work undertaken to date to integrate risk management and reporting, as follows:

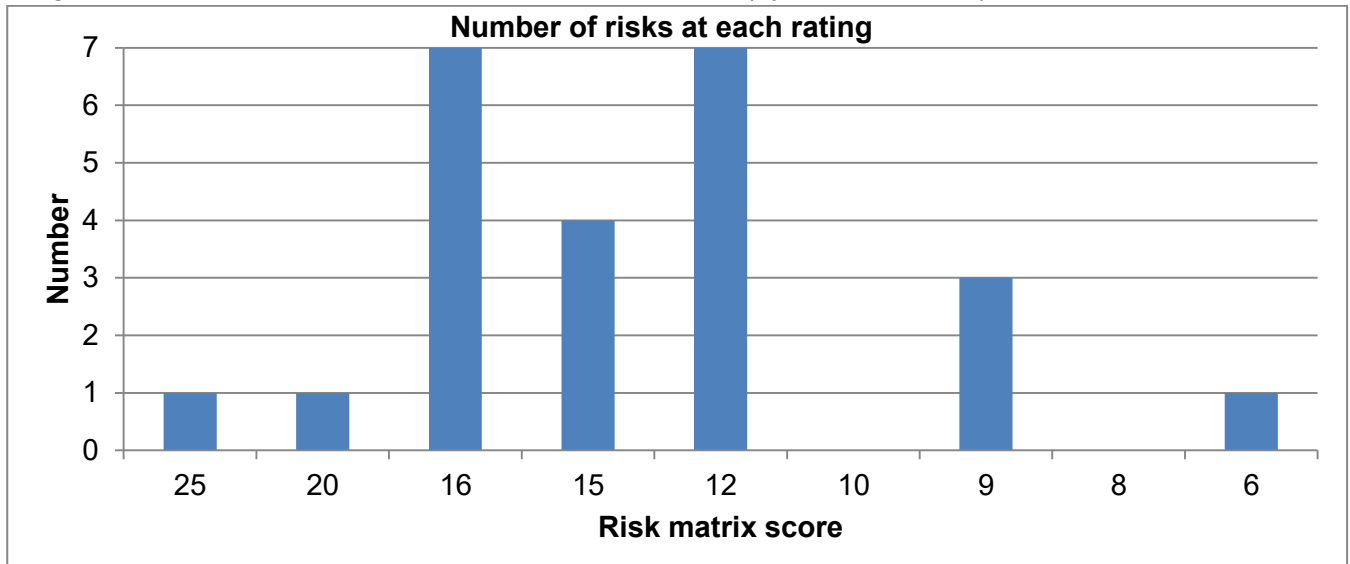
- a **deep dive review** of sample of key GBAF/CRR risks aligned with Corporate Objectives;
- support Risk Owners to ensure that these **risks are correctly allocated**, articulated, and consistently assessed;
- follow these risks through the relevant Joint Executive Team/ Senior Management Team/ Committees in Common meetings and **support appropriate update of these risks** following review/ discussion at these;
- establish **2018/19 risk review cycle** which is aligned with Joint Executive Team/ Senior Management Team/ Committees in Common dates; and
- provide recommendations as to changes that may be required **to improve risk management related business processes** (e.g. with respect to roles and responsibilities, system configuration, registers etc.).

3. Governing Body Assurance Framework (GBAF)

A draft GBAF has been formulated using the revised joint corporate objectives as a starting point and focuses on 24 that have been identified by JET as directly threatening the achievement of the CCGs' corporate objectives (see appendix 1).

Diagram 1 below shows the number of GBAF risks at current scores at each matrix score. The mean score for GBAF risks is 12.4.

Diagram 1- Number of risks at each matrix score- GBAF (by current scores)



Top Rated Risks

The top rated risks are as follows:

Risks rated 25-20:

- **236 (Surrey Heartlands CCGs) If Surrey Heartlands does not deliver plan 18/19 plan (example, growth is over and above that anticipated in the budget or QIPP is not delivered, then corrective action or sanctions taken by regulator and / or gateways to further devolution and ICS strategy are blocked (25)**
- **167 (Surrey Downs CCG) If the CCG cannot achieve the 2018/19 Identified QIPP target of £13.5m, then non - achievement of control total (20)**

Risks rated 16-15:

- **289 (Guildford & Waverley CCG) If Surrey Heartlands does not deliver plan 18/19 plan (example, growth is over and above that anticipated in the budget or QIPP is not delivered then Corrective action or sanctions taken by regulator and / or gateways to further devolution and ICS strategy are blocked (16)**
- **282 (Surrey Heartlands CCGs) If the flows from Guildford to ASPH for stroke patients are not achieved as modelled there is a risk that the clinical benefits and critical mass will not be realised and patient outcomes will not improve as desired then patient outcomes not improved; workforce challenges and recruitment deteriorates; financial sustainability and sustainability of the HASU/ASU at ASPH (16)**
- **281 (North West Surrey CCG) Risk that if NWSCCG does not deliver 12.5M QIPP and 2.6M surplus then NWS does not achieve the 2.6M control total which impacts on SH**

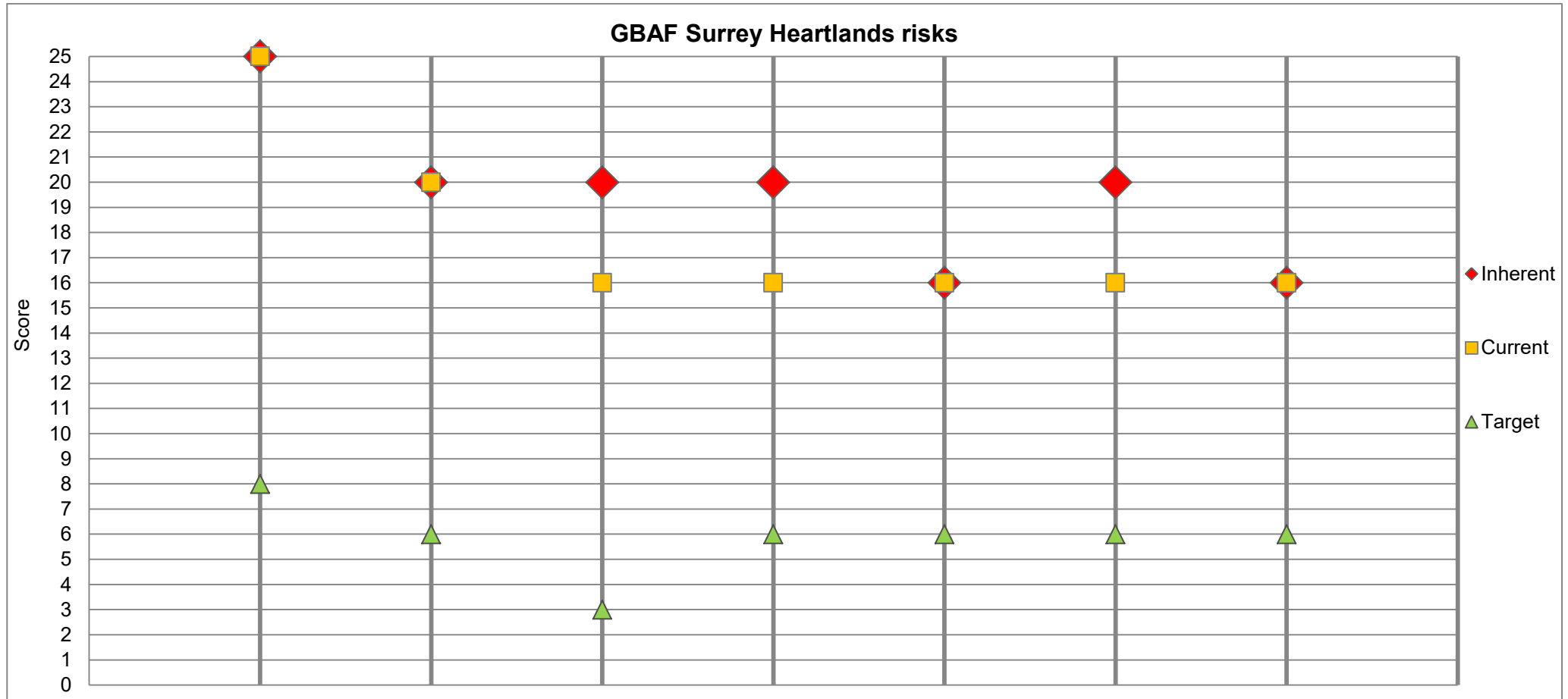
CCGs achievement of the combined control total (-12M). Potential to be placed into special measures and loss of autonomy at CCG and SHCCG level. (16)

- 279 (Surrey Heartlands CCGs) If we don't fully implement the opportunities presented in the General Practice forward View (GPFV) we will not be providing the full range of available support to individual member practices. Then the forward view is the key national strategy with the intention of investing directly in Primary Care, in staff, technology and premises to support practices to deal with the significantly increasing GP workload pressures. This is a Surrey Heartlands wide risk. A number of the GPFV interventions will be delivered at CCG level however areas such as workforce development and estates will require a heartlands co-ordinating approach. Not having adequate implementation on workforce, estates and technology strategies this year will effect moral and operational delivery in member practices. (16)**
- 258 (Surrey Heartlands CCGs) If SECamb are unable to comply with Constitutional Standards-Consistent delivery of the ARP Standards and gaps have been identified in the service delivery model across region. The level of investment is linked to performance and further risk of whether associate CCG's can afford or allow to fund additional investment, then patients will continue to experience longer waits and potentially be exposed to avoidable risks of harm. (16)**
- 255 (Surrey Heartlands CCGs) If CAMHS waiting times for the provider do not improve children will be exposed to potential harm, then the CCG statutory duty for quality improvement is at risk (16)**
- 295 (Surrey Heartlands CCGs) If the initial health assessments of children and young people continue to experience significant delays :-risk that the health needs of young people are missed and therefore a risk to the health and wellbeing of children and young people that are looked after, then :-Health needs of CYP may be unidentified; Ofsted will impose sanctions as it has been raised in recent Ofsted inspection (16)**
- 293 (Surrey Downs CCG) If Epsom and St Helier Hospital does not recruit increased levels of consultants to urgent care and acute medicine and investment in the physical facilities our made the model of clinical care may be significantly effected, then this could effect services across the system, including provision and support to primary care if not managed in a proactive manner. (16)**
- 292 (Surrey Downs CCG) If the SD ICP does not develop sufficiently, then local ambitions for sustainable services are not achieved, effecting the ability of the system to integrate health and care across providers for improved patient outcomes. (16)**
- 290 (Guildford & Waverley CCG) If the ICP does not develop sufficiently, then the ambitions for ICP local arrangements will not be realised (16)**
- 284 (North West Surrey CCG) If the out of hospital strategy engagement and consultation process is not run effectively there will be significant challenge, then: impact on designing the new Weybridge health facility will be delayed; Public confidence in the CCG and system will be adversely affected; UTC designation may lead to Judicial review; and New Model of care will not be designed and deployed effectively (16)**

Of the 24 GBAF risks included in this analysis, the risk furthest away from target score is risk 297- (Surrey Heartlands CCGs) 'Inability to deliver finance balance' with a current score of 25 and a target score of 8 so being 17 points from target. A further 6 risks are 10+ points away from target score. The mean value of current scores is 13.92.

Diagram 2 outlines the inherent, current and target scores for all GBAF risks that are 10+ points away from their target score.

Diagram 2- Inherent, current and target scores for GBAF risks that are 10+ away from target score



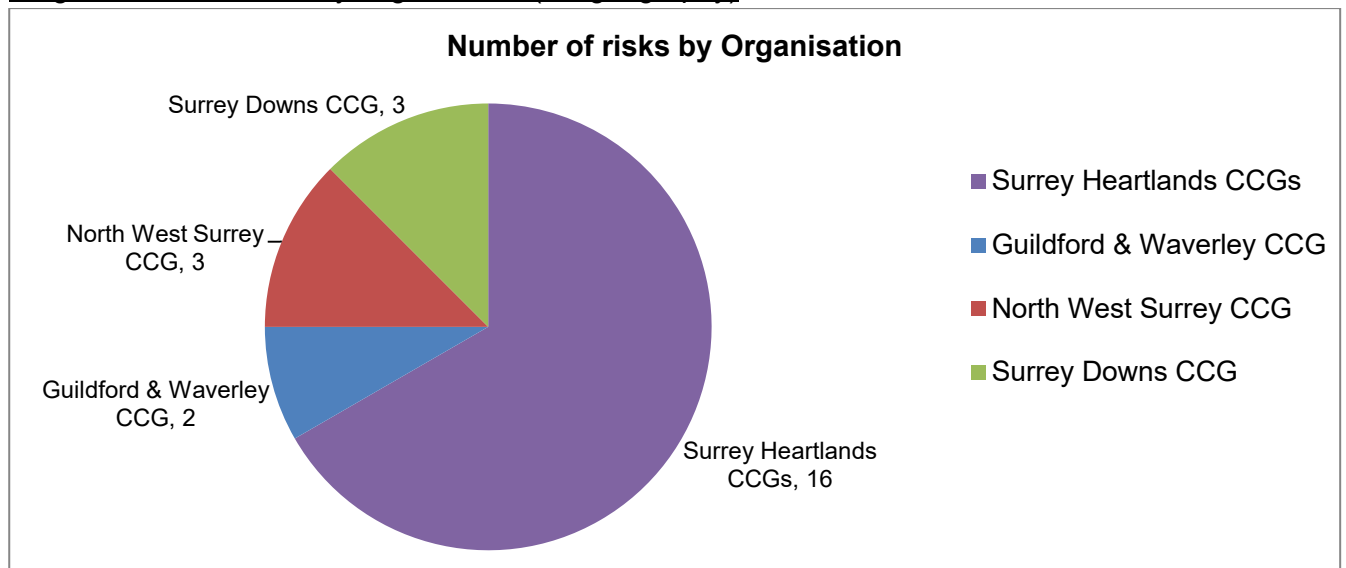
236	167	258	289	282	281	279
Surrey Heartlands CCGs	Surrey Downs CCG	Surrey Heartlands CCGs	Guildford & Waverley CCG	Surrey Heartlands CCGs	North West Surrey CCG	Surrey Heartlands CCGs
Inability to deliver financial balance	Failure to deliver QIPP programme 2018/19	An unknown additional investment is required to enable Emergency ambulance provider to deliver ARP standards.	Failure to deliver QIPP and control total for 2018/19	Stroke Pathway mobilisation	Failure to deliver QIPP and control total	Successful implementation GPFV including workforce & estates

Of these 24 GBAF risks included in this analysis, the risk profile according to Organisation (i.e. geography) and Risk Area is as follows:

Organisation

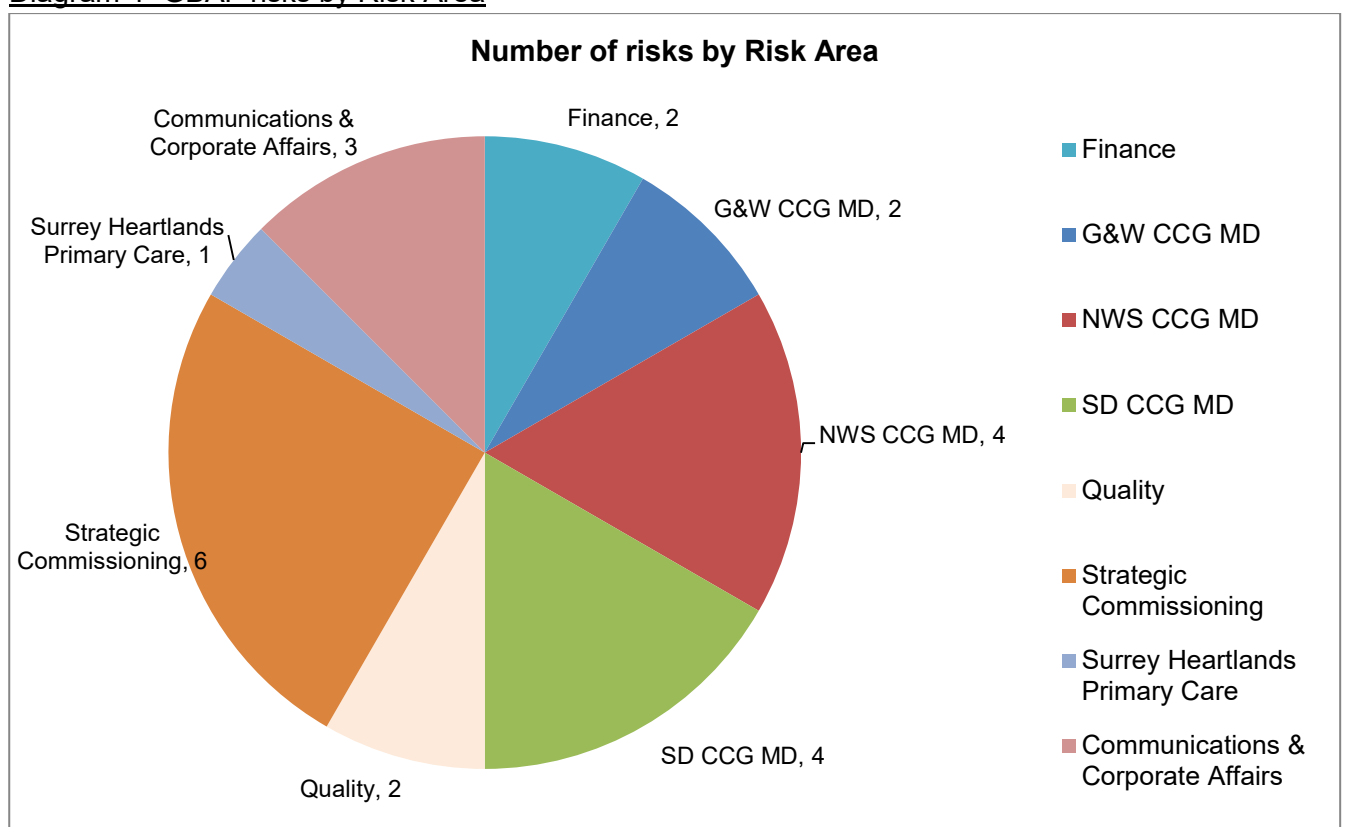
Out of these 24 risks, 16 have been identified as being pertinent to Surrey Heartlands CCGs, 3 as Surrey Downs, 3 as North West Surrey and 2 as Guildford and Waverley (see diagram 3).

Diagram 3- GBAF risks by Organisation (i.e. geography)



Risk Area

Diagram 4- GBAF risks by Risk Area



4. Joint Risk Management Strategy and Policy

The table below outlines a full list of proposed changes to the Joint Risk Management Strategy and Policy which Audit Committee is asked to recommend/ approve.

Section	Changes	RAG changes R= Major A= Moderate G= Minor
Throughout document	Minor changes for ease of reading/ clarity.	G
3- Principles of this strategy	Section added re 'What is a Risk' vs 'What is an issue'.	G
3- Principles of this strategy	Detail of some concepts and principals moved to section 6.	G
3- Principles of this strategy	Risk tolerance narrative rephrased to make clearer to staff how to align target scores to tolerance ranges and targets score ranges.	A
3- Principles of this strategy	Assurances. 3 lines of defence for assurances diagram inserted to make differences clearer. (Taken from RSM Risk Audit document- following G&W audit). Example risk applied to this concept.	G
5- Roles and Responsibilities	Additional responsibility for Governing Bodies included: 5.1.4 The Governing Bodies will also be able to indicate the 'scope' of risks that they wish to review alongside GBAF risks, for example, risks that have not changed in current score over a certain period of time, risks with a current score above a specified threshold, risks that have increased in current score value since the last reporting period etc.	A
5- Roles and Responsibilities	Responsibilities for Executive Director of Strategic Commissioning included: 5.8 Executive Director of Strategic Commissioning 5.8.1 Has delegated responsibility for risks relating to strategic commissioning and is responsible for: • There are arrangements in place to identify risks associated with finance and performance, the	R

Section	Changes	RAG changes R= Major A= Moderate G= Minor												
	mitigation measures necessary to control the risk and to monitor these measures.													
5- Roles and Responsibilities	Local Managing Directors changed to CCG Managing Directors.	G												
5- Roles and Responsibilities	Managers immediately below Executive level- changed to Deputy Directors and Associate Directors	G												
5- Roles and Responsibilities	<p>Risk Handlers and Owners defined for GBAF, CRR and Project risks as follows:</p> <table border="1" data-bbox="400 632 1807 906"> <thead> <tr> <th data-bbox="400 632 555 700">Risk</th> <th data-bbox="555 632 1319 700">Owner</th> <th data-bbox="1319 632 1807 700">Handler</th> </tr> </thead> <tbody> <tr> <td data-bbox="400 700 555 769">GBAF</td> <td data-bbox="555 700 1319 769">Executive Director or Deputy Director</td> <td data-bbox="1319 700 1807 769">At least at Associate Director level</td> </tr> <tr> <td data-bbox="400 769 555 837">CRR</td> <td data-bbox="555 769 1319 837">Executive Director, Deputy Director or Associate Director</td> <td data-bbox="1319 769 1807 837">Nominated person within the team</td> </tr> <tr> <td data-bbox="400 837 555 906">Project</td> <td data-bbox="555 837 1319 906">Project Sponsor</td> <td data-bbox="1319 837 1807 906">Project Lead</td> </tr> </tbody> </table>	Risk	Owner	Handler	GBAF	Executive Director or Deputy Director	At least at Associate Director level	CRR	Executive Director, Deputy Director or Associate Director	Nominated person within the team	Project	Project Sponsor	Project Lead	R
Risk	Owner	Handler												
GBAF	Executive Director or Deputy Director	At least at Associate Director level												
CRR	Executive Director, Deputy Director or Associate Director	Nominated person within the team												
Project	Project Sponsor	Project Lead												
5- Roles and Responsibilities	<p>Risk System Champion responsibilities included:</p> <p>5.12 Risk System Champion will be identified within each Team or Department by the appropriate senior manager. The Risk System Champion will:</p> <ul style="list-style-type: none"> • Receive additional specialist training on the operation risk management system; • Support the relevant Risk Handlers in reviewing and updating risks; • Be a point of contact where required between the Risk Team and their own department and/or team; and • Support their team/ directorate in reviewing their relevant risks at team meetings as required, including providing risk registers from the system for discussion. 	R												
6- Process	Previous appendix 1 (Risk process) moved to this section.	G												
6- Process	<p>Step 1: Identify risk</p> <ul style="list-style-type: none"> • Additional information regarding how to frame a risk, e.g. 'If...then...' • Additional detail regarding GBAF, CRR and Project risks and how to distinguish. 	A												

Section	Changes	RAG changes R= Major A= Moderate G= Minor
	<ul style="list-style-type: none"> Clarification regarding a non-relationship between risk score and GBAF or CRR, e.g. there can be 'high' risks on the CRR and 'low' risks on the GBAF. 	
6- Process	Step 2- Analyse/ Score Risk <ul style="list-style-type: none"> Additional detail regarding scoring of risks and inherent, current and target scores 	A
6- Process	Step 3- Assess Risk Extra sub-heading regarding controls and gaps in controls; assurances and gaps in assurances <u>Controls and gaps in controls</u> <ul style="list-style-type: none"> Controls are measures or systems that are currently in place to mitigate either the likelihood or consequence of risk. As an example, a well phrased control will not only state what is in place, but when it was approved and by whom. Gaps in controls, or in other words what more can be done to mitigate the risk, should also be recorded on the operational risk management system. The effectiveness of controls should reflect not just their ability to treat or manage a risk, but also their actual effectiveness in terms of their consistent, complete, reliable and timely operation. An effectiveness rating for controls will be recorded on the operational risk management system. The effectiveness of controls will be assessed by Risk Owners reviewing the input from handlers and periodically reviewing the effectiveness of controls over time. For the Surrey Heartlands CCGs, if a control is applied to a risk, handlers must review progress of the control and its design and adequacy, e.g. if a subject matter expert is appointed, the risk should be controlled and a mitigation plan reviewed and progress evidenced for the control to be shown effective. <u>Assurances and gaps in assurances</u> <ul style="list-style-type: none"> The 'three lines of defence' model will be adopted to assess the nature of assurances and to identify any gaps (see section 3.7). All assurances should be within the last financial year. Any gaps in assurances should also be identified, i.e. what more evidence do we need that systems and process in place are effective. For example, no 3rd line of defence assurances. Associated actions may aim to fill any gaps. 	R
6- Process	Step 4- Take Action <ul style="list-style-type: none"> Detail regarding 4 Ts moved to this section. 	G

Section	Changes	RAG changes R= Major A= Moderate G= Minor				
6- Process	<p>Step 4- Take Action</p> <ul style="list-style-type: none"> Sub-heading regarding Actions included: <p><u>Actions</u></p> <ul style="list-style-type: none"> Once the options have been considered and the most appropriate way forward identified, a risk action plan will be drawn up, actions assigned on the CCGs' operational risk management systems and implemented. All planned actions should have an action owner identified with a deadline for completion. Once actions have been completed, they may be assigned as controls and will be assessed for their effectiveness. 	R				
6- Process	<p>Step 5- Monitoring and Reviewing Risks</p> <ul style="list-style-type: none"> Additional detail included regarding risk commentary: <p><u>Risk Commentary</u></p> <ul style="list-style-type: none"> Alongside each risk review, commentary should be noted on the operational risk management system which should reflect the 'gap' between current and target scores. The commentary should include: <ul style="list-style-type: none"> A summary of the 'risk trend', e.g. if the risk score has increased, decreased or remained the same since last reporting cycle and reasons for this; How effective the current controls and assurances in place are; What more can be done to bring the current score down to target through future work planned, i.e. the 'journey' that the risk still has to go on to reach its target score; Future work/ actions planned; and If the risk target score is out of appetite (see section xxx), then rationale for this. 	R				
6- Process	<p>Step 5- Monitoring and Reviewing Risks</p> <ul style="list-style-type: none"> Additional detail included regarding Risk Statuses: <p><u>Risk statues</u></p> <ul style="list-style-type: none"> During review, the risk status should be reviewed and categorised as follows. A risk may not occupy all these statuses in sequence, nor may it occupy every status during a risk cycle. <table border="1" data-bbox="443 1422 1792 1481"> <thead> <tr> <th data-bbox="443 1422 779 1481">Risk Status</th> <th data-bbox="779 1422 1792 1481">Action/ definition</th> </tr> </thead> <tbody> <tr> <td style="background-color: #003366; color: white;"> </td> <td style="background-color: #003366; color: white;"> </td> </tr> </tbody> </table>	Risk Status	Action/ definition			R
Risk Status	Action/ definition					

Section	Changes		RAG changes R= Major A= Moderate G= Minor						
	In holding area, awaiting review	Risk has been logged on the operational risk management system.							
Being reviewed	Additional information has been included by the Risk Handler and risk awaiting review by Risk Owner.								
Approved by owner	Risk has been reviewed and approved by the Risk Owner.								
Proposed for closure	Once risk has met its target score and all actions are closed, Risk Handler can put the risk forward for closure.								
Closed	When a risk is approved for closure.								
Rejected	Occasionally a risk may be added to the system erroneously, e.g. if it is a duplicate risk, is an issue etc.								
6- Process	<p>Step 5- Monitoring and Reviewing Risks</p> <ul style="list-style-type: none"> Additional section re closure of risks included: <p><u>Closure of risks</u></p> <ul style="list-style-type: none"> If after review a risk has met the target score and all associated actions have been closed, then the risk can be put forward for closure. The Risk Handler should indicate if a risk should be proposed for closure on the operational risk management system, which the Risk Owner should review. If the Risk Owner is in agreement, the risk commentary should reflect why the risk can be closed to provide assurance to the relevant committee(s) and Governing Bodies. They should then action as follows: <table border="1" data-bbox="450 1289 1789 1481"> <thead> <tr> <th data-bbox="450 1289 1037 1347">GBAF</th> <th data-bbox="1037 1289 1489 1347">CRR</th> <th data-bbox="1489 1289 1789 1347">Project</th> </tr> </thead> <tbody> <tr> <td data-bbox="450 1347 1037 1481"> <ul style="list-style-type: none"> GBAF risks can be proposed for closure by the Risk Owner and approved by the Audit Committee at the next meeting. </td> <td data-bbox="1037 1347 1489 1481"> <ul style="list-style-type: none"> Risks noted on the CRR can be closed subject to local control by the Risk Owner and should be marked as </td> <td data-bbox="1489 1347 1789 1481"> <ul style="list-style-type: none"> Project risks can be closed subject to local control by the Risk Owner </td> </tr> </tbody> </table>		GBAF	CRR	Project	<ul style="list-style-type: none"> GBAF risks can be proposed for closure by the Risk Owner and approved by the Audit Committee at the next meeting. 	<ul style="list-style-type: none"> Risks noted on the CRR can be closed subject to local control by the Risk Owner and should be marked as 	<ul style="list-style-type: none"> Project risks can be closed subject to local control by the Risk Owner 	R
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<ul style="list-style-type: none"> GBAF risks can be proposed for closure by the Risk Owner and approved by the Audit Committee at the next meeting. 	<ul style="list-style-type: none"> Risks noted on the CRR can be closed subject to local control by the Risk Owner and should be marked as 	<ul style="list-style-type: none"> Project risks can be closed subject to local control by the Risk Owner 							

Section	Changes			RAG changes R= Major A= Moderate G= Minor
	<ul style="list-style-type: none"> Once in agreement, the risk can then be noted as closed on the operational risk management system, noting Audit Committee approval. These risks will be noted at the next Governing Body meeting as having closed since the last meeting subject to Audit Committee agreement. 	<p>such on the operational risk management system.</p> <ul style="list-style-type: none"> However, the closure of these risks would be noted at the next Audit Committee meeting and Governing Body meeting as having closed since the last meeting. 	<p>and should be marked as such on the operational risk management system.</p>	R
	<ul style="list-style-type: none"> It may be that in exceptional circumstances a risk has met target score but is not yet being proposed for closure. In these cases, the risk commentary should reflect why the risk is not being put forward for closure and what controls or mitigations need to be in place for it then be closed. Alternatively, in exceptional circumstances a risk may be put forward for closure before it has met target score, for example, if a risk has been realised earlier than expected. In these situations, the risk commentary must reflect the circumstances by which this risk should be closed prior to it having reached target score. Following this risk having been realised, it may be that additional new risks should be raised to reflect the change in situation; if so, the risk commentary should reference these new risks. 			
Appendix 1	Individual CCG committee structures removed and Committees in Common structure included			A
Appendix 3	Glossary updated and reflect current policy			A
Appendices 4 and 5	Additional procedural document checklist and Compliance and Audit table included.			R

Appendix 1- Governing Body Assurance Framework

Principal Objectives	ID	Organisation	Directorate	Department	Risk Area	Title	Description	Potential effect of the risk	Owner	Handler	Rating (initial)	Rating (current)	Rating (Target)	Risk Appetite
Principal Objective 1: Achieving a sustainable system (i) Put in place the necessary system architecture, controls and innovation for achieving system wide financial balance	236	Surrey Heartlands CCGs	Finance	Finance	QIPP Programme	Inability to deliver financial balance	Surrey Heartlands does not deliver plan 18/19 plan (example, growth is over and above that anticipated in the budget or QIPP is not delivered)	Corrective action or sanctions taken by regulator and / or gateways to further devolution and ICS strategy are blocked	McDowell, Karen	Fuller, Claire	25	25	8	Moderate 5-8
Principal Objective 1: Achieving a sustainable system (ii) Ensuring services are sustainable across the system, working with the Clinical Academy to achieve service transformation - new pathways and clinical models of care	289	Guildford & Waverley CCG	G&W CCG Managing Director	Guildford & Waverley Managing Director	QIPP Programme	Failure to deliver QIPP and control total for 2018/19	Risk that the CCG cannot achieve the 2018/19 Identified QIPP target of £10.5m (VS to check)	the CCG fails to deliver its financial control total	Stobbart, Vicky	Chalmers, Jane	20	16	6	Moderate 5-8
Principal Objective 1: Achieving a sustainable system (ii) Ensuring services are sustainable across the system, working with the Clinical Academy to achieve service transformation - new pathways and clinical models of care	282	Surrey Heartlands CCGs	NWS CCG Managing Director	North West Surrey Managing Director	Service Redesign	Stroke Pathway mobilisation	If the flows from Guildford to ASPH for stroke patients are not achieved as modelled there is a risk that the clinical benefits and critical mass will not be realised and patient outcomes will not improve as desired.	Patient outcomes not improved workforce challenges and recruitment deteriorates financial sustainability of the HASU/ASU at ASPH	Thorburn, Karen	Thorburn, Karen	16	16	6	Moderate 5-8
Principal Objective 1: Achieving a sustainable system (ii) Ensuring services are sustainable across the system, working with the Clinical Academy to achieve service transformation - new pathways and clinical models of care	281	North West Surrey CCG	NWS CCG Managing Director	North West Surrey Managing Director	QIPP Programme	failure to deliver QIPP and control total	Risk that NWSCCG does not deliver 12.5M QIPP and 2.6M surplus	NWS does not achieve the 2.6M control total which impacts on SH CCGs achievement of the combined control total (-12M) Potential to be placed into special measures and loss of autonomy at CCG and SHCCG level.	Thorburn, Karen	Wagstaff, Jack	20	16	6	Moderate 5-8
Principal Objective 1: Achieving a sustainable system (ii) Ensuring services are sustainable across the system, working with the Clinical Academy to achieve service transformation - new pathways and clinical models of care	167	Surrey Downs CCG	SD CCG Managing Director	Finance	QIPP Programme	Failure to deliver QIPP programme 2018/19	Risk that the CCG cannot achieve the 2018/19 Identified QIPP target of £13.5m	Non - achievement of control total	Thompson, Colin	Hart, Lorna	20	20	6	Moderate 5-8
Principal Objective 1: Achieving a sustainable system (iii) Making substantial progress on the programme of work on acute sustainability, both in Surrey Heartlands and with neighbouring commissioners (e.g. in South West London where clinical standards and financial challenges impact on Epsom)	293	Surrey Downs CCG	SD CCG Managing Director	Surrey Downs Managing Director	Commissioning	Acute hospital sustainability of services	if Epsom and St Helier Hospital does not recruit increased levels of consultants to urgent care and acute medicine and investment in the physical facilities our made the model of clinical care may be significantly effected.	This could effect services across the system, including provision and support to primary care if not managed in a proactive manner.	Tait, Matthew	Thompson, Colin	20	15	12	(Moderate 5-8)
Principal Objective 2: Development of collaborative working (i) Making the Joint Commissioning Committee an effective mechanism for collaboration across health and social care and for improving population health by leveraging the benefits of a devolved health system	296	Surrey Heartlands CCGs	Strategic Commissioning	Strategic Commissioning	Commissioning	Risk not able to secure agreement from NHSE to transfer appropriate commissioning responsibility	There is a risk of not being able to secure transfer of appropriate commissioning responsibilities from NHSE to Surrey Heartlands.	Surrey Heartlands is unable to develop a strategic commissioning function that maximises our freedoms under devolution and operates at the Surrey Heartlands system level.	Tait, Matthew	Chatterjee, Sumona	16	12	8	(High 9-12)
Principal Objective 2: Development of collaborative working (i) Making the Joint Commissioning Committee an effective mechanism for collaboration across health and social care and for improving population health by leveraging the benefits of a devolved health system	264	Surrey Heartlands CCGs	Communications & Corporate Affairs	Corporate Affairs	Commissioning	Complexity of the JCC as a strategic commissioning vehicle	If the JCC as a strategic commissioning vehicle does not operate effectively and with the engagement of wider partners,	the benefits of a devolved system i.e.. collaboration across health and social care and improving population health, will not be leveraged to deliver system change.	Tait, Matthew	Newton, Elaine	16	12	8	Moderate 5-8

Appendix 1- Governing Body Assurance Framework

Principal Objectives	ID	Organisation	Directorate	Department	Risk Area	Title	Description	Potential effect of the risk	Owner	Handler	Rating (initial)	Rating (current)	Rating (Target)	Risk Appetite
Principal Objective 2: Development of collaborative working (ii) Establishing the new Governing Bodies in Common and associated committee arrangements, and ensuring that Governing Body members are developed and supported to make these effective	287	Surrey Heartlands CCGs	Communications & Corporate Affairs	Engagement, Diversity & Inclusion	Corporate	Public engagement for transition to 'in common' arrangements	there is not robust patient/public/stakeholder engagement to explain these changes	this could undermine public (and stakeholder) confidence in the transparency and accountability of decision making	Newton, Elaine	Patroe, Liz	9	6	3	Low 1-4
Principal Objective 2: Development of collaborative working (ii) Establishing the new Governing Bodies in Common and associated committee arrangements, and ensuring that Governing Body members are developed and supported to make these effective	254	Surrey Heartlands CCGs	Communications & Corporate Affairs	Corporate Affairs	Corporate	Transition to joint governance arrangements	If the transition to joint governance and 'in common' arrangements is not effectively managed,	the Governing Body and its principal committees may fail to deliver their assurance role or comply with the requirements of the annual governance statement.	Newton, Elaine	Moore, Natasha	16	12	4	Low 1-4
Principal Objective 2: Development of collaborative working (iii) Ensuring that the Surrey Heartlands partnership produces effective working across commissioner and provider and that it is capable of positive measurement against the criteria for an effective Integrated Care System	297	Surrey Heartlands CCGs	Strategic Commissioning	Strategic Commissioning	Commissioning	Risk that the SHP is not able to establish an effective ICS	There is a risk that Surrey Heartlands is unable to effectively establish an ICS to improve health and care of its population by 2022	Health and Social care services remain fragmented and unable to leverage synergies through integration and provision of the best possible health for its population.	Tait, Matthew	Chatterjee, Sumona	16	12	9	Moderate 5-8
Principal Objective 3: Developing Integrated care at local level (i) Supporting Integrated Care Partnerships at locality level within the CCGs in Surrey Heartlands	292	Surrey Downs CCG	SD CCG Managing Director	Surrey Downs Managing Director	ICP Development	The Surrey Downs Integrated Care Partnership (ICP)	The SD ICP does not develop sufficiently	Local ambitions for sustainable services are not achieved, effecting the ability of the system to integrate health and care across providers for improved patient outcomes.	Thompson, Colin	Hart, Lorna	15	15	6	Moderate 5-8
Principal Objective 3: Developing Integrated care at local level (i) Supporting Integrated Care Partnerships at locality level within the CCGs in Surrey Heartlands	290	Guildford & Waverley CCG	G&W CCG Managing Director	Guildford & Waverley Managing Director	ICP Development	G&W Health and Care Integrated Care Partnership	If the ICP does not develop sufficiently,	that the ambitions for ICP local arrangements will not be realised	Stobbart, Vicky	Stobbart, Vicky	15	15	6	Moderate 5-8
Principal Objective 3: Developing Integrated care at local level (i) Supporting Integrated Care Partnerships at locality level within the CCGs in Surrey Heartlands	283	North West Surrey CCG	NWS CCG Managing Director	North West Surrey Managing Director	ICP Development	NWS Health and Care Partnership Development	If the ICP does not develop sufficiently that the ambitions for ICP local arrangements will not be realised	Failure to determine effective infrastructure to take on NWS focussed system leadership and delivery from April 2019. Delays in commissioning cycle and business as usual delivery including QIPP and transformation. Relationships across the partnership weaken	Thorburn, Karen	Thorburn, Karen	12	12	6	Moderate 5-8
Principal Objective 3: Developing Integrated care at local level (ii) Ensuring that governance models support integration of care and are capable of sound clinical and financial evaluation														
Principal Objective 3: Developing Integrated care at local level (iii) Undertaking development of the Surrey Heartlands physical infrastructure e.g. community hospitals	284	North West Surrey CCG	NWS CCG Managing Director	North West Surrey Managing Director	ICP Development	Out of Hospital and Urgent Care Strategy	the out of hospital strategy engagement and consultation process is not run effectively there will be significant challenge	Impact on designing the new Weybridge health facility will be delayed Public confidence in the CCG and system will be adversely affected. UTC designation may lead to Judicial review New Model of care will not be designed and deployed effectively	Thorburn, Karen	Wagstaff, Jack	20	15	8	Moderate 5-8

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Principal Objectives	ID	Organisation	Directorate	Department	Risk Area	Title	Description	Potential effect of the risk	Owner	Handler	Rating (initial)	Rating (current)	Rating (Target)	Risk Appetite
Principal Objective 4: Primary care development (i) Implementing GP Forward View including workforce and estates across Surrey Heartlands so that primary care is enabled to participate fully in integrated care	279	Surrey Heartlands CCGs	SD CCG Managing Director	Primary Care Commissioning	SD Primary Care	Successful implementation GPFV including workforce & estates	if we don't fully implement the opportunities presented in the General Practice forward View (GPFV) we will not be providing the full range of available support to individual member practices. This risk is very much about the sustainability of individual member practices and there operational needs today.	The forward view is the key national strategy with the intention of investing directly in Primary Care, in staff, technology and premises to support practices to deal with the significantly increasing GP workload pressures. This is a Surrey Heartlands wide risk. A number of the GPFV interventions will be delivered at CCG level however areas such as workforce development and estates will require a heartlands co-ordinating approach. Not having adequate implementation on workforce, estates and technology strategies this year will effect moral and operational delivery in member practices.	Thompson, Colin	Mallinder, Nikki	16	16	6	Moderate 5-8
Principal Objective 4: Primary care development (ii) Making a success of the new primary care opportunities to create a sustainable primary care system.	280	Surrey Heartlands CCGs	Surrey Heartlands Primary Care		Surrey Heartlands Primary Care	Achieving an on-going sustainable primary care system	This risk builds on the operational implementation of the General Practice Forward View but looks to changes to the system operating model which will support primary care into the future. If primary care at scale is not supported and implemented we will not be able to move at pace to an increased level of integrated care at population levels of approximately 30K - 50K and have the significant impact of improved patient outcomes that we expect.	If we don't implement Networks of general practice across Surrey Heartlands we have the risk of individual member practices becoming unsustainable. We also have the risk of not creating the right scale of provision to meet patient increasing demands on access to services and the ability to create more complex community based provision as an alternative to hospital based care.	Thompson, Colin	Mallinder, Nikki	12	9	4	(Moderate 5-8)
Principal Objective 5: Safe, effective care providing the best possible health and care outcomes and patient experience (i) Ensure health and care and best outcomes for all the people in Surrey Heartlands.	286	Surrey Heartlands CCGs	Quality	Quality & Nursing	Quality	Quality Risk Profile re: SABPFT	the organisation does not respond effectively to identified quality risks it could lead to adverse outcomes for patients and a reputational risk for SABPFT and commissioning organisations	potential adverse impact on patient care and experience	Stone, Clare	Clark, Eileen	12	12	6	Moderate 5-8
Principal Objective 5: Safe, effective care providing the best possible health and care outcomes and patient experience (i) Ensure health and care and best outcomes for all the people in Surrey Heartlands.	285	Surrey Heartlands CCGs	Quality	Quality & Nursing	Quality	Quality Risk Profile re: CSH Surrey	the organisation does not respond effectively to identified quality risks this could lead to adverse outcomes for patients and a reputational risk for CSH Surrey and the Commissioning organisations	Risk to outcomes for patients. Potential risk to the development of integrated care at local levels	Stone, Clare	Clark, Eileen	12	12	6	Moderate 5-8

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Principal Objectives	ID	Organisation	Directorate	Department	Risk Area	Title	Description	Potential effect of the risk	Owner	Handler	Rating (initial)	Rating (current)	Rating (Target)	Risk Appetite
Principal Objective 5: Safe, effective care providing the best possible health and care outcomes and patient experience (i) Ensure health and care and best outcomes for all the people in Surrey Heartlands.	258	Surrey Heartlands CCGs	Finance	Finance	Commissioning	An unknown additional investment is required to enable Emergency ambulance provider to deliver ARP standards.	SECAmb are unable to comply with Constitutional Standards-Consistent delivery of the ARP Standards and gaps have been identified in the service delivery model across region. The level of investment is linked to performance and further risk of whether associate CCG's can afford or allow to fund additional investment.	Patients will continue to experience longer waits and potentially be exposed to avoidable risks of harm.	McDowell, Karen	Fuller, Claire	20	16	3	Low 1-4
Principal Objective 5: Safe, effective care providing the best possible health and care outcomes and patient experience (i) Ensure health and care and best outcomes for all the people in Surrey Heartlands.	257	Surrey Heartlands CCGs	Strategic Commissioning	Ambulance Commissioning	Commissioning	Fulfil the responsibilities as Lead Commissioner for the regional Emergency ambulance provider	Resources, capacity and capability challenges present that are unable to be fulfilled as per agreed MOU details.	The CCG may suffer reputational damage and the contract does not receive the management level required.	Chatterjee, Sumona	Agostinelli, Jay	12	9	4	Low 1-4
Principal Objective 5: Safe, effective care providing the best possible health and care outcomes and patient experience (ii) Eliminate avoidable harm and reduce unwarranted variation in healthcare														
Principal Objective 5: Safe, effective care providing the best possible health and care outcomes and patient experience (iii) Consistently commission evidence based practice.														
Principal Objective 6: Commissioning a safe and sustainable Children's service (i) Deliver the five key commissioner-led work streams within the CAMHS Interim Plan as the immediate priority to ensure the CAMHS service is safe whilst the medium term priorities are developed following the Independent Review	255	Surrey Heartlands CCGs	Strategic Commissioning	Children's Commissioning & Learning Disabilities	Commissioning	CAMHS waiting times	If CAMHS waiting times for the provider do not improve children will be exposed to potential harm	the CCG statutory duty for quality improvement is at risk	Chatterjee, Sumona	McCormack, Diane	20	16	9	(Low 1-4)
Principal Objective 6: Commissioning a safe and sustainable Children's service (ii) Work collaboratively with partner organisations to design and commission Children's services that are sustainable in the future and focuses on the child's physical and emotional wellbeing as the key outcome	291	Surrey Heartlands CCGs	Strategic Commissioning	Strategic Commissioning	Commissioning	Collaborative redesign and recommissioning of Children's services	If children's services are not designed collaboratively, there will be gaps in commissioning and service delivery.	Poorer outcomes for children and families, with sub-optimal pathways and less effective service delivery.	Chatterjee, Sumona	Robertson, Sue	12	9	6	Moderate 5-8
Principal Objective 6: Commissioning a safe and sustainable Children's service (iii) Make the health and care of the most vulnerable children an immediate priority	295	Surrey Heartlands CCGs	Strategic Commissioning	Children's Commissioning and LD	Commissioning	Make the health and care of the most vulnerable children an immediate priority	The initial health assessments of children and young people continue to experience significant delays :-risk that the health needs of young people are missed and therefore a risk to the health and wellbeing of children and young people that are looked after.	:-Health needs of CYP may be unidentified :-Ofsted will impose sanctions as it has been raised in recent Ofsted inspection	Chatterjee, Sumona	McCormack, Diane	20	16	9	(Low 1-4)