

Title of report:	Risk Management Report including: <ul style="list-style-type: none"> • Governing Body Assurance Framework • Update on the Risk Management Transition Project 	
Status:	TO REVIEW	
Committee:	Governing Bodies in Common	Date: 26/09/18
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Governance:

Conflict of Interest:	None identified	✓
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Freedom of Information: The Author considers:	Open – no exemption applies	✓

Executive Summary:

<p>This report presents a Governing Body Assurance Framework (GBAF) (Appendix 1), with risks mapped against the corporate objectives.</p> <p><i>All information in this report is correct as of 13/09/18.</i></p>

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?	<i>Not Applicable</i>
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 review and note the Governing Body Assurance Framework.

Next Steps:

- The Risk Team will continue to support staff and teams to align approaches to risk to the new integrated risk management policy.

1. Introduction

This report provides the Governing Bodies Committees in Common with:

- a summary of Governing Body Assurance Framework (GBAF) risks aligned to joint corporate objectives (Section 3); and
- a summary of work completed by a Risk Consultant brought into SH to help review our risk processes.

Currently there are a total of 100 open risks logged across the GBAF and CRR; 32 on the GBAF and 68 on the CRR. 8 CRR and 11 GBAF risks have a current rating of >15, (see Diagram 1).

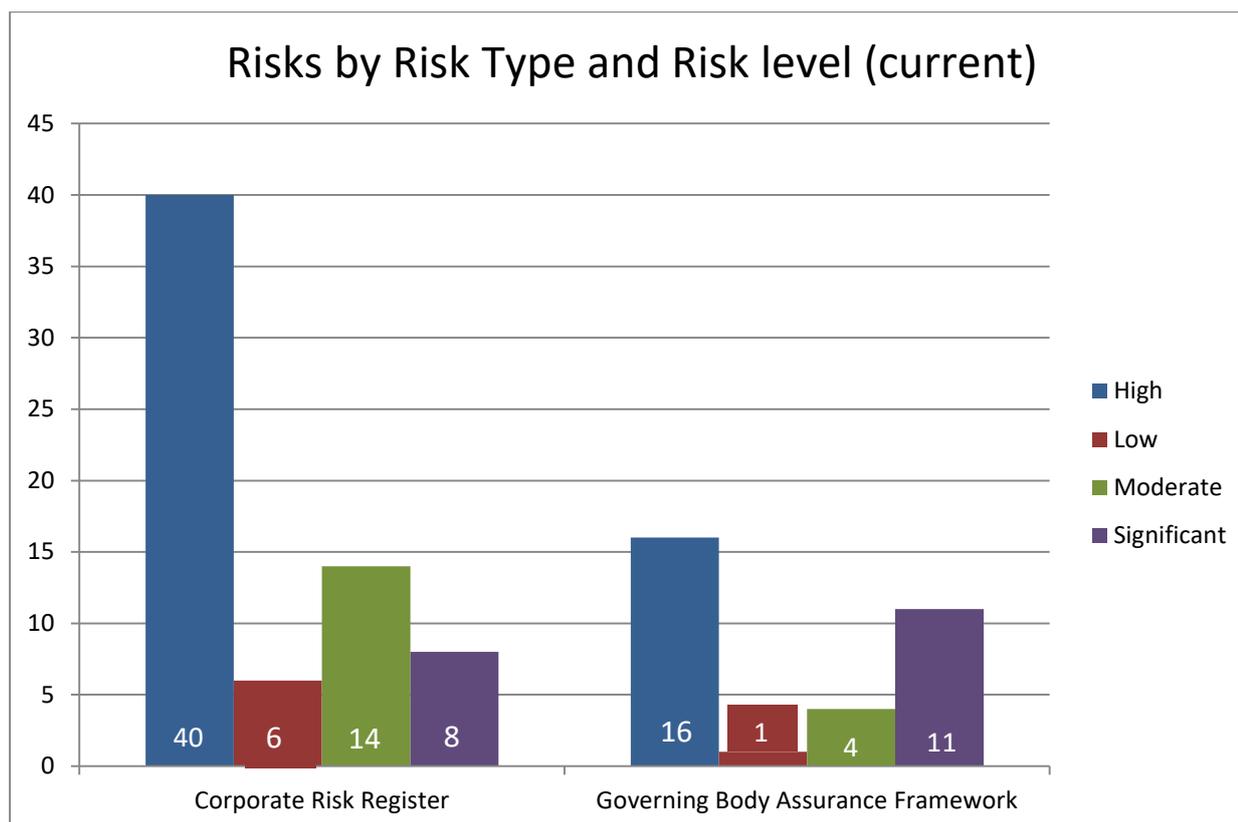


Diagram 1 – All GBAF & CRR Risks by Risk Level; Low = Risk Rating 1-4, Moderate = 5-8; High = 9-12, Significant = 15-25

Section 3 of this report focuses on GBAF risks which may threaten one of the corporate objectives, following discussion by JET and senior colleagues (24 of the 32 GBAF risks). The remaining 8 GBAF risks are legacy risks which need to be reviewed and assessed against the new Policy.

2. Update on the Risk Management Transition Project

A Risk Consultant was commissioned for a period of six weeks to carry out a deep dive review of the open risks on the risk management system (Datix), with a particular focus on GBAF risks.

A full report on this work is being considered which has highlighted issues and provided recommendations to take forward. In addition, the Risk Manager has benefited from this expertise and mentorship to enable ongoing support and advice to Risk Handlers and Owners to evaluate and articulate their risks appropriately.

The Risk Team have worked closely with Risk Owners and Risk Handlers across the three CCGs to support the review of risks and distinguish between those that are 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 to the Risk Management Strategy and Policy.

This is important to ensure an understanding of risk management requirements and thereby reducing the reliance on the risk team to quality assure outputs. Key areas for focus:

- categorisation of GBAF vs Corporate Risk Register (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.
- 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.

3. Governing Body Assurance Framework (GBAF)

A GBAF has been framed around the corporate objectives, comprising 24 risks that have been identified by JET as having the potential to threaten the achievement of the corporate objectives (see appendix 1).

Diagram 2 below, shows the number of GBAF risks at current scores at each matrix score.

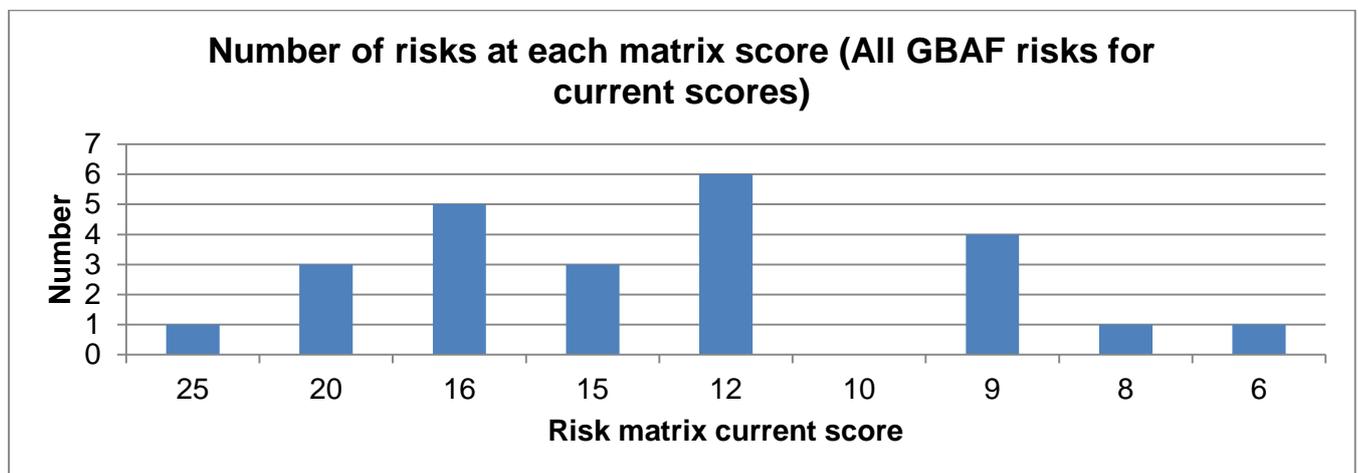


Diagram 2- Number of risks at each matrix score- GBAF (by current scores)

Top Rated Risks

The top rated risks are listed in Table 1 and 2 below:

Risks rated 20:

ID	Organisation	Description	Potential effect of the risk	Rating (current)
236	Surrey Heartlands CCGs	Surrey Heartlands does not deliver 2018/19 plan (example, growth is over and above that anticipated in the budget or QIPP is not delivered)	The CCG could be subject to legal direction if it is assessed by NHSE to be failing or at risk of failing to discharge its functions. Corrective action or sanctions taken by regulator and / or gateways to further devolution and ICS strategy are denied or delayed.	20
289	Guildford & Waverley CCG	G&WCCG cannot achieve the 2018/19 identified QIPP target of £10.5m	The CCG will fail to deliver its financial control total, which creates a risk that it will be placed in special measures with a loss of autonomy to G&WCCG	20
167	Surrey Downs CCG	SD CCG cannot achieve the 2018/19 Identified QIPP target of £13.5m A key part of the risk is not having enough capability and capacity to achieve effective interventions to deliver the QIPP	Non - achievement of control total	20

Table 1 - Risks rated 20.

Risks rated 16-15:

ID	Organisation	Description	Potential effect of the risk	Rating (current)
281	North West Surrey CCG	Risk that NWSCCG cannot 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.	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.	Patient outcomes not improved workforce challenges and recruitment deteriorates financial sustainability sustainability of the HASU/ASU at ASPH	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. This risk is about the sustainability of individual member practices and their 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. 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 morale and operational delivery in member practices.	16
255	Surrey Heartlands CCGs	If CAMHS waiting times for the provider do not improve children may be exposed to potential harm	The CCG statutory duty for quality improvement is at risk	16

295	Surrey Heartlands CCGs	The initial health assessments of children and young people continue to experience significant delays, with 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	16
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Risks rated 16-15 (Cont'd):

ID	Organisation	Description	Potential effect of the risk	Rating (current)
293	Surrey Downs CCG	<p>The main acute provider ESTH is facing a number of barriers to delivery its vision of high quality integrated care for patients.</p> <p>(i) Delivering clinical quality: ESTH is the only acute trust in SWL that is not clinically sustainable in the emergency department and acute medicine due to a 25 consultant shortage across its two sites as a critical issue. Additionally there are shortages in middle grade doctors and nursing staff.</p> <p>(ii) Providing healthcare from modern buildings: The building at ESTH are aging and are not designed for modern healthcare. Over 90% of St Helier Hospital is older than the NHS and it has the 16th highest backlog maintenance in the country; its condition has been highlighted by the Care Quality Commission as requiring improvement.</p> <p>(iii) Achieving financial sustainability: The cost of maintaining acute services across two hospital sites is a major driver of the deficit at ESTH. In particular, by 2025/26, ESTH may need c. £33m of additional annual funding above that which is likely to be available, based on current services. This is a</p>	This could affect services across the system, including provision and support to primary care if not managed in a proactive manner.	15

		major challenge to the sustainability of the local health economy.		
292	Surrey Downs CCG	The SD ICP does not develop sufficiently	Local ambitions for sustainable services are not achieved, affecting the ability of the system to integrate health and care across providers for improved patient outcomes.	15

Risks rated 16-15 (Cont'd):

ID	Organisation	Description	Potential effect of the risk	Rating (current)
284	North West Surrey CCG	If 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	15

Table 2 - Risks rated 16-15.

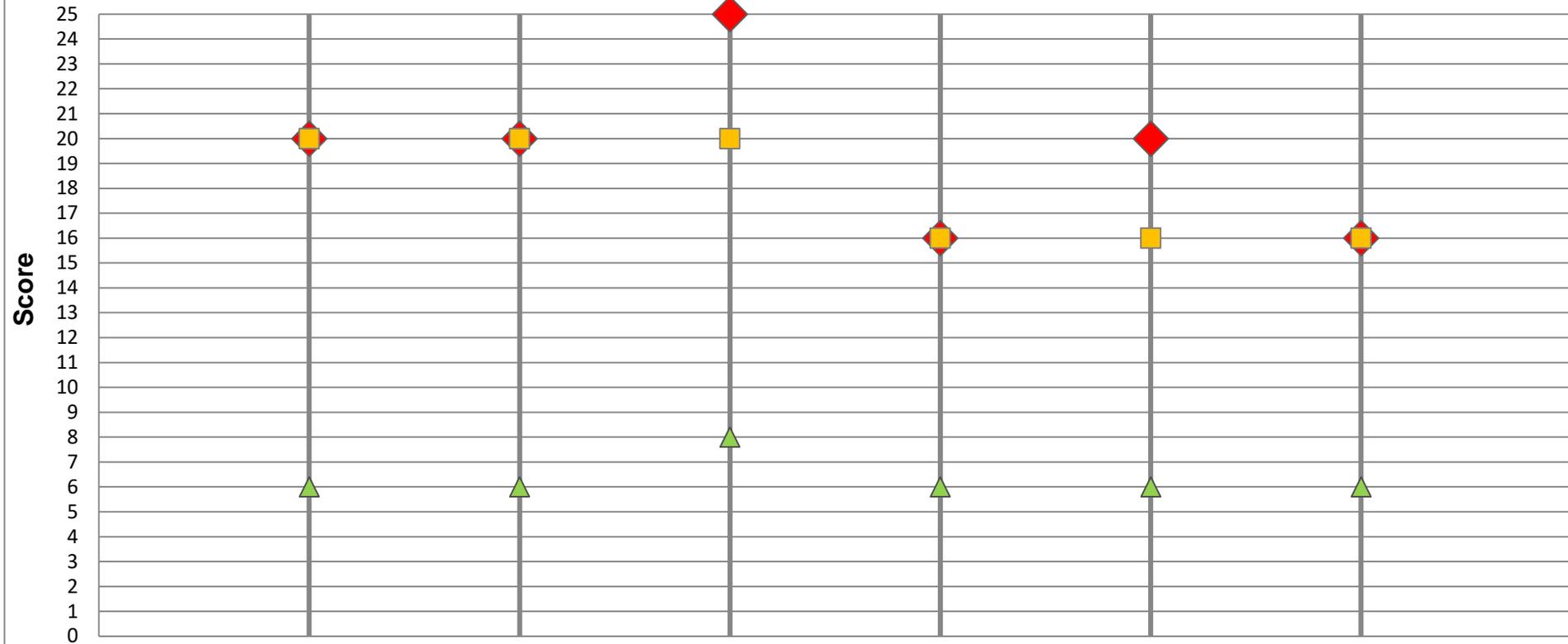
Of the 24 GBAF risks included in this analysis, two risks furthest away from their risk target score are:

- Risk 167 (Surrey Downs CCG - Failure to deliver QIPP programme 2018/19); and
- Risk 289 - (Guildford & Waverley CCG – Failure to deliver QIPP and control total for 2018/19).

Each have a current score of 20 and a target score of 6, a difference of 14 points from target. A further 4 risks are 10+ points away from their target scores.

Diagram 3 outlines the inherent, current and target scores for all GBAF risks that are 10+ points away from their target score.

GBAF Surrey Heartlands risks



167	289	236	282	281	279
Surrey Downs CCG	Guildford & Waverley CCG	Surrey Heartlands CCGs	Surrey Heartlands CCGs	North West Surrey CCG	Surrey Heartlands CCGs
Failure to deliver QIPP programme 2018/19	Failure to deliver QIPP and control total for 2018/19	Inability to deliver financial balance	Stroke Pathway mobilisation	Failure to deliver QIPP and control total	Successful implementation GPFV including workforce & estates

Diagram 3- Inherent, current and target scores for GBAF risks that are 10+ away from target score

Of the 24 GBAF risks included in this analysis, the profile according to Organisation (i.e. geography) and Directorate is shown in diagrams 4 and 5 respectively:

By 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 4). Diagram 5 also shows the risks by Directorate.

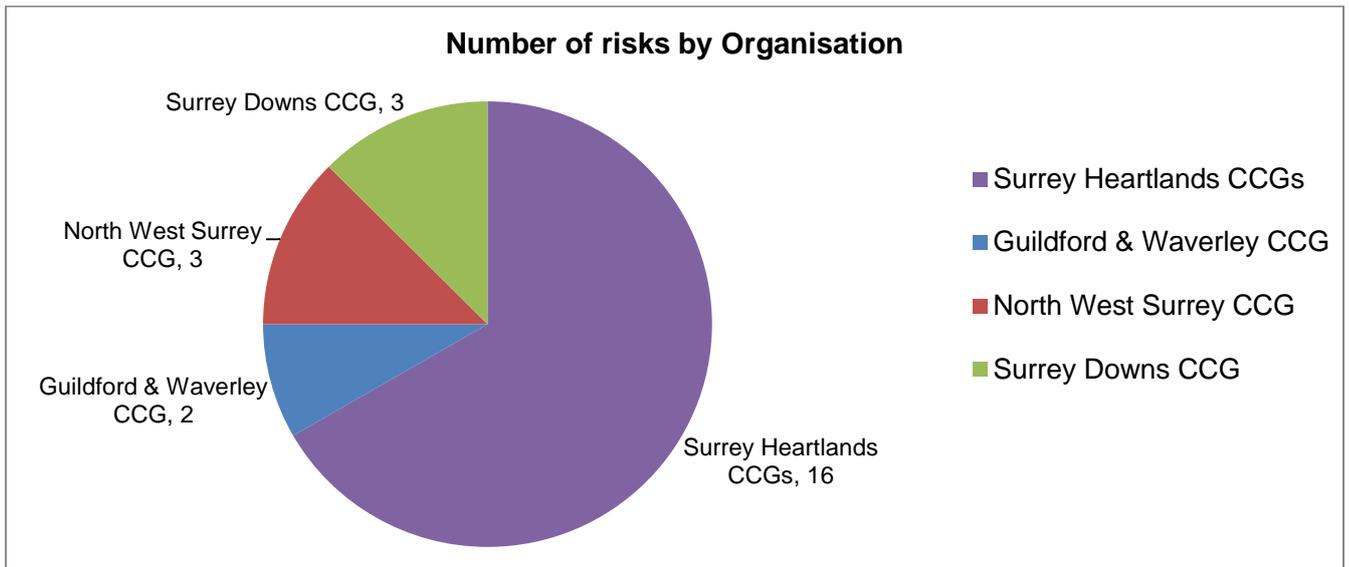


Diagram 4- GBAF risks by Organisation (i.e. geography)

By Directorate

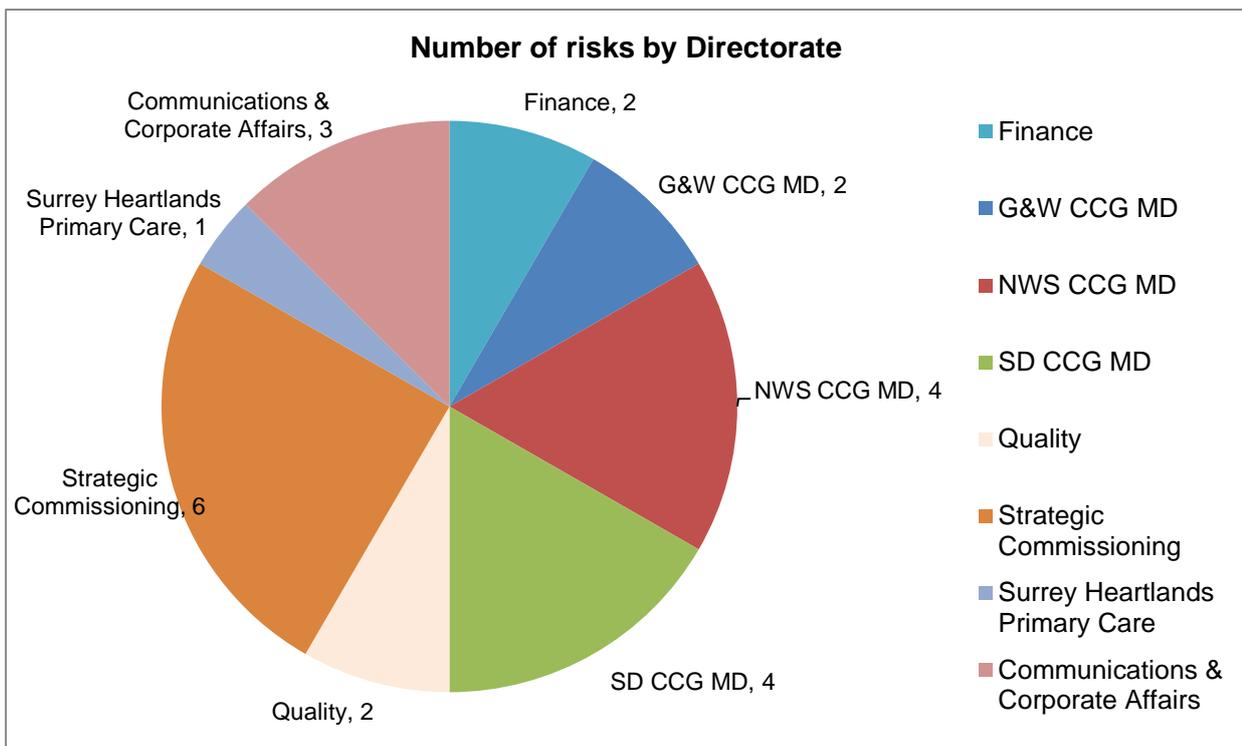


Diagram 5- GBAF risks by Directorate

4. Further comments

The question as to whether target dates should be added to risks, to show when a risk is expected to reach its target rating, has been given due consideration. Generally GBAF risks are seen in the context of the financial year, framed around the annual corporate objectives, and expected to reach target in year or by the end of the year. It is important that the actions specified to mitigate any given risk should include an expected timescale for completion; these should then be reflected as controls which, if effective, will support the achievement of the target rating,

This is currently stated in the Risk Management Strategy and will be reinforced as part of the ongoing training programme.

Gaps in controls	Assurance	Gaps in assurance	Rating (initial)	Rating (current)	Rating (Target)	Risk Appetite	Actions and Comments	Director Public Comments
None identified	Monthly financial review and monitoring reports to Governing Body and Strategic Finance Committee, including the monitoring of QIPP plan and delivery. Submission of monthly Non ISFE returns. Bi-weekly performance and assurance meetings with the Local Area Team.	None identified	25	20	8	Moderate 5-8	FRP has been submitted to NHSE in July 2018, revisions to be submitted September 2018 and will be subject to monthly update and review with NHSE.	The Surrey Heartlands CCG's at months 5 reported an adverse variance to plan of £1.6m at month 5 with a forecast of £12m deficit in line with the CCG control total. The year to date position has moved adversely in month mainly due to acute over performance. The plan assumes QIPP delivery of £36.5m against which there has been some slippage to timescales for implementation on a number of schemes.
Provider failure to deliver transformation programme as commissioned.	CCG monitoring and review programme in place as part of business as usual through Programme Delivery Group and Joint Programme Delivery Group meetings each month. Monthly Financial reporting to Clinical Executive and Executive Team. Governing Body reporting of delivery against plan and overall financial position.	None identified	20	16	6	Moderate 5-8	Further opportunities under review - Jack Wagstaff and Jane Chalmers - ongoing Monthly review of delivery - Joint Programme and Programme Delivery groups Lead Jack Wagstaff and Karen Thorburn	NWS QIPP programme is broadly on target with some slippage in key areas. Robust action being taken to identify further opportunity and address where projects are off plan. Joint working with providers remains a key strategy to reduce the risk. Contractual levers applied where delivery is not within contractual parameters.
Provider engagement and commitment to the modelling. Further work across Surrey required to align the pathways with the national and regional service specifications.	None identified	Full commitment by all providers.	16	16	6	Moderate 5-8	Meetings with provider CEO - MT and Dr CF Response to letter from NHSE and NHSI - MT/CF Monitoring and challenge at Stroke Oversight Group and improving engagement with the group. SECAMB and ASPH joint work to improve pathway and flow - TS/RC ongoing Ongoing engagement work with G&W CCG local population	Ongoing work required to deliver full benefits of the evidence based pathway. Strong senior level commitment to deliver benefits and achieve objectives.
N/A	1st: - Monthly QIPP dashboard- reporting year end performance against each element of the QIPP programme. - Monthly Finance/ Transformation reporting at CFPC - Governing Body receive quarterly finance/ transformation reports - JET finance and performance reporting	N/A	20	20	6	Moderate 5-8	-Review of staffing resources to deliver QIPP	The current forecast (M4) is that G&WCCG will achieve 65% (£6.8m) of its planned savings for 18/19 (£10.5m). It is anticipated that a few schemes: critical care co-ordinator, very high intensity users and advice and guidance will deliver a higher percentage of savings in the last quarter. Other schemes were agreed at the August Commissioning, Finance and Performance Committee with a potential for in-year impact, although staffing capacity to deliver remains an issue. Despite progress made with our main acute provider in agreeing a joint transformational plan, it is likely to remain a challenge for the CCG to achieve 75% (or better) of the 18/19 QIPP.

<p>Control over patient demand and provider/ third party behaviour is limited. Some QIPP schemes are innovative and actual value may vary from forecast.</p>	<p>There is good reporting through the PMO structures across a number of projects regarding the current and forecast levels of QIPP delivery. QIPP achievement as a proportion of budget is also reported monthly. Delivery is managed via a Programme Delivery Board overseen by the Finance and Performance committee.</p>	<p>Uncertainties with some data lags and delays in reporting; third party assurance requirements may not be consistent with CCG requirements</p> <p>Critical information to achieve management of acute elective activity for example referrals by Primary care Home.</p> <p>Control of smaller contracts with large out of area hospitals for example St Georges.</p>	20	20	6	Moderate 5-8	<p>NHSE Menu of opportunities workshops and Local System Envelope Approach used to find further schemes. Presently being worked up for decision by Clinical Cabinet.</p>	
<p>Achieving delivery of the PCBC to time. The original timescale had been for completion of this stage by September. Timescales are slipping with the expected draft document now expected to be ready by November 2018.</p>	<p>The programme of work has been appropriately resourced in terms of capability and capacity to complete the work by the three CCGs.</p> <p>Monitoring of progress on the programme of work is being co-ordinated across the three CCGs and wider system organisations including the EStH through the 'Improving Healthcare together' (IHT) programme board.</p> <p>A formal Committee in Common has been established across the three CCGs.</p>	<p>Delivery of the PCBC has slipped to November causing delay in the overall process.</p>	20	15	12	Moderate 5-8	<p>It is crucial that all stakeholder views are gathered as part of the development of the PCBC. Therefore the IHT board will continue to monitor closely adherence to the revised timescale.</p>	<p>The programme is now well established but there are a number of complex pieces of work to be complete to manage this risk. I am confident that these will all be incorporated in the PCBC.</p>

<p>Aligned governance arrangements not achieved for NWS CCG - critical to support JCC effectiveness (re-run vote Oct. 2018)</p>	<p>JCC Terms of Reference, operating in shadow Executive Leadership Group Devolution Trilateral Agreement (describes the commitment to the progressive implementation of devolution in Surrey Heartlands from 1 April 2018) Memorandum of Understanding S75 Agreement Schemes of Reservation and Delegation SICC (new collaborative group) NHS E ratification of CCG Constitutions</p>	<p>Schemes of Reservation & Delegation being revised (Sept. 2018) S75 Agreement, subject to legal advice/assurance (Sept. 2018) Limitations of S75 Agreement due to existing legislation/regulations Complexity of maintaining both local and Surrey Heartlands arrangements Surrey wide geography for SCC not coterminous with SH CCGs</p>	16	12	8	<p>Moderate 5-8</p>	<p>Specific piece of work for Surrey Heartlands CCGs to do on assurance and performance and how it fits with the ICS (Q3 2018) Clarify governance arrangements to support Surrey wide decision making, where required (Q3 2018)</p>	<p>03.09.18 Section 75 work is progressing, with joint external legal support secured in order to finalise the agreement over the next few weeks. NWS CCG membership vote will be rerun in October 2018. This has meant formal JCC meeting in public, with delegated decision making, has moved back to December 2018, to ensure required approvals in place.</p> <p>11.07.18 Agreed phased approach towards the JCC becoming a formal decision making body, the aspiration being for it to make collective decisions under the authority provided by S75 Agreement from the first public JCC meeting in September. This will require a signed S75 Agreement; a solution for Surrey-wide decision making (different geography from Surrey Heartlands CCGs); and working through governance implications where alignment not yet achieved, ensuring collaboration and continued engagement with member practices.</p>
<p>Decision making sits with NHSE</p>	<p>Joint Commissioning Committee</p>	<p>Joint Commissioning Committee is relatively new</p>	16	12	8	<p>High 9-12</p>	<p>Matthew Tait actively engaging with NHSE on a regular basis and NHSE have identified resource to support progress. Business case has been submitted to NHSE and CCG has responded to initial queries</p>	<p>We are now confident that our business case will be supported which will be an important first step towards securing the benefits of devolution.</p>

<p>Communications and Engagement Strategy - this needs to be updated to cover all three CCGs and to include how the CCGs communicate changes in commissioning arrangements.</p>	<p>CCG constitutions, ratified by NHS England Terms of Reference for Governing Body principal committees (with in common provisions) CCG websites updated to reflect new arrangements Patient and Public Engagement Stakeholder Group/Forum/Network in each CCG</p>	<p>None</p>	<p>9</p>	<p>6</p>	<p>3</p>	<p>Low 1-4</p>	<p>1. We need to clearly explain the changes in governance to our stakeholders using the following: - each CCG website needs to include a page explaining governance Action: Review each website and develop script for relevant page that explains 'in common' arrangements in plain English. Owner - Jo Lang, Deputy Head of Communications Deadline - 07/09/18 2. Publish papers relating to 'in common' arrangements in Governing Body bundles Owner - Suzi Shettle Deadline - September 2018 3. Include item at PPEF/PPEG/PAN explaining how the new 'in common' arrangements work Owner - Liz Patroe Deadline - 30 September 2018 -meetings take place in early September 2018 and all members will be updated.</p>	<p>04.09.18 Informing stakeholders about the impact of aligned governance arrangements across Surrey Heartlands CCGs, and what it means in terms of their engagement, will be raised with PPE Forums and published on CCG websites, ahead of September Governing Body meetings (in common).</p>
<p>- Vacancies within Governance team - Shared secondary care doctor appointment not concluded</p>	<p>- Audit Committee - Single Executive Leadership Team - 5/6 membership votes across three Surrey Heartlands CCGs supported to align governance arrangements across SH CCGs. - HOIA and outcome of Internal Audit independent reviews - End of year External Auditors report assessment of the impact - no cause for concern raised. - NHS E ratification of Constitutions received July (G&W and SD) and August(NWS).</p>	<p>1/6 membership votes to be secured to align governance arrangements.</p>	<p>16</p>	<p>8</p>	<p>4</p>	<p>Low 1-4</p>	<p>- Appointment to Secondary Care Doctor position still underway. - NWS membership vote for amendments to Constitution due October 2018. - SD membership vote for delegated commissioning due October 2018. - Work to align Schemes of Reservation and Delegation underway (September 2018) - Annual committee effectiveness process (March 2019) - New Terms of References being drafted for Governing Body Principal Committees for approval at inaugural 'in common' meetings in September. These will be presented at Governing Bodies for ratification in September.</p>	<p>31/08/18 Actions planned or underway to conclude alignment of governance arrangements across Surrey Heartlands CCGs with a view to holding first formal Joint Commissioning Committee in public in December 2018.</p>
<p>•No agreed roadmap but should be agreed by Christmas •No formal SHP programme but should be in place by October</p>	<p>Transformation Board</p>	<p>None Identified</p>	<p>12</p>	<p>9</p>	<p>6</p>	<p>Moderate 5-8</p>	<p>Establishing a formal SHP work stream System wide workshops held in September</p>	<p>The Partnership is making strong progress and did at the forefront of ICS development.</p>

<p>Statutory duties must be delivered and pragmatic approaches to ensure partner engagement in codesign is key.</p>	<p>Partners aligning workstreams and BAU to work collaboratively under ICP Board underway. Alignment of resources to deliver joint agenda underway. ICS developing ICP assurance processes - development and delivery. Strategic commissioning report outlines options for future arrangements which are under consideration. NHSE engaged with the ICS and ICP development.</p>	<p>Partner formal agreements.</p>	12	12	6	Moderate 5-8	<p>LAEDB realigned to ICP Board - 30/9/18 JR Senior Operational Group and workstreams realigned to report to ICP Board - 31/10/18 JW Delivery Board to be established - 31/10/18 VB Sign off of MOU, ToR and values and principles to then be taken through partner governance for approval - 30/11/18 OD programme to commence - October 2018</p>	<p>ICP development progressing as part of the overall ICS development programme. NWS infrastructure being developed and partners working to align resources and create virtual teams to deliver the workstreams. Formal sign up to the partnership arrangements will be required before the risk is able to reduce.</p>
<p>- No legislative framework for change in the commissioning field</p>	<p>1st: - Monthly report to ICP Programme Board on progress/ status of ICP development - Monthly update report at Surrey Heartlands Delivery Board - Oversight of ICP developments at the SHP Transformation Board</p>	<p>- Lack of formal clarification regarding 'gateways'/ requirements that the CCG need to meet to form a shadow ICP from April 2019 - Process required to ensure Governing Body members feel informed and kept up to date with development of the ICP</p>	12	12	6	Moderate 5-8	<p>- ICP Informal meetings planned- discussion of 'proposed/ predicted 'gateways' - Awaiting outcome of 'Attain' report on tactical and strategic commissioning - PLL consultancy advising ICP Board on roadmap developments - ICP Board workshop, facilitated by the Kings Fund on 10th September to discuss future functions that sit under ICP, included in this commissioning at tactical level</p>	<p>The initial and current risk rating remain at 12 as this is a new risk that has a number of actions and areas of further assurance to complete over the next few weeks. In order to bring the risk in line with the target rating, the ICP Board will need to have an agreed view on the future role of commissioning within the ICP arrangements from April 2019. The key areas awaiting final agreement are the formal confirmation of 'gateways' required for the CCG to meet within the ICP roadmap and the outcome of 'Attain' report. A further update and review will be completed as part of the October risk cycle.</p>
<p>More needs to be done around: (a) Assurance and Governance for ICP as we transition to this new form (b) Financial frameworks as we transition to this new form Also detailed work on what the overall operating framework for the ICP would be. Clear gap in control as the roadmap is only draft.</p>	<p>Two exist Maturity index which is part of the heartlands MoU with NHSE Monthly ICP development report to the Heartlands Delivery Board</p>	<p>The development of ICPs will continue through to March 2020. A range of work-streams will have to be developed including establishing governance arrangements across sovereign organisations.</p>	15	15	6	Moderate 5-8	<p>A mobilisation plan is now being drafted following the ICP partners two day development session. Lorna Hart is representing the CCG on the development of this document.</p>	
<p>none</p>	<p>Approval of Case for Change delegated from GB to Clinical Executive. NHSE assurance process has not yet been initiated and is dependant on the outcome of the first phase of the programme. Meeting held with HOSC Chair 30/8/18</p>	<p>Interdependencies with ICP model of care work and Weybridge rebuild group to be managed and aligned.</p>	20	15	8	Moderate 5-8	<p>Case for change - SA and GR September 12th Clinical Executive Clinical group established - Dr A P 30/9/18 Governance approval - SA 12/9/18 Clinical Executive Engagement Plan - SA and GR Clinical Executive 12/9/18 Public engagement commences October 2nd 2018</p>	<p>Programme resource in place bringing together expertise required and infrastructure established. Case for change in development, engagement plan developed and due to commence in October. Risk remains static with these controls in place and will be reviewed as the engagement process is undertaken and mitigations are tested</p>

<p>More work is needed on estates as the current estates work does not focus sufficiently on primary care.</p>	<p>General Practice Forward View (GPFV) project highlight report. This covers the eight GPFV funding streams. The report goes through the operational Primary Care meetings in each of the CCGs and then on to the combined Primary Care Commissioning Committee.</p> <p>SDs CCG report also goes to NHSE as the CCG is not fully delegated.</p>	<p>Evidence is not clear on Estates in terms of primary care and workforce in terms of primary care. This is currently being working on with the expectation to make progress in the second half of the year.</p>	16	16	6	Moderate 5-8	<p>Resources have been identified and will now be targeted to increase capability and capacity in estates and workforce plan development. On workforce action is led through the Primary Care Workforce Tutors (timescale is to have the first plan in place by end March 2019), on estates we have brought in external support, which reports into the associate director (the interim report will be ready by the start of November 2018)</p> <p>We are also completing a review of Local commissioned services in order to maximise support across primary care in Heartlands. Action is led by the primary care team.</p> <p>Heartlands will be in wave three of the national push on international recruitment of GPs. Link is the primary care lead for each CCG.</p>	
<p>Presently we require great clarity across Heartlands on the actual executive of a population health strategy. Also clear plans on ICP development.</p> <p>Recruiting the right capability into the GPFV support manager post.</p>	<p>We have a monthly assurance return to NHSE on GPFV and a quarterly return to NHSE on workforce.</p> <p>Internal we have PCOGs (Primary Care Operational Groups) in place for each of the CCGs and these from September feed into a joint Heartlands wide PCC (Primary Care Commissioning Committee). Although note that SD has a seat at the table for PCCC as they are not delegated this is without voting rights for actual membership.</p> <p>Feedback / minutes going for information to the Gov Body.</p>	<p>Two current areas which will require further assurance: (a) issue over co-ordinating reporting cycles and reports. Currently we have reports going at different points in the month to different organisations. Assurance would be improved by negotiating a single reporting structure using the same report at the same point in the month for all. (b) The interface into systems reporting. An example would be the system could produce a workforce plan however how do you reach the required level of assurance that Primary Care is appropriately represented within this.</p>	12	9	4	Moderate 5-8	<p>Current issues on capacity: Action to appoint a GPFV implementation manager to support the primary care department. Action is with Nikki Mallinder supported by HR. Action to deploy recently secured (August 18) resources into workforce development on primary care. Action is with Jo Hutchinson supported by Nikki Mallinder.</p>	

Confirmation of full BI/performance support to complement team.	Single team becoming established with an MOU in place.	Unconfirmed adequate BI/performance support and admin support	12	9	4	Low 1-4	executive oversight and support in place.	May: MOU signed off. Team being established.
Reliance on provider to make improvements	None identified	None identified	16	12	6	Moderate 5-8	Exec to Exec meeting with Provider Improvement Plan with timescales to be agreed with Provider	Exec to Exec meeting with Provider Further meeting with Provider held on 6th August Improvement Plan with timescales being agreed with Provider Work already underway in a number of the areas identified as a risk
Reliance on provider to engage in improvement plans	None identified	None identified	16	12	6	Moderate 5-8	Executive to Executive to be held discuss high level feedback Follow up letter to be sent to SABPFT Improvement plan to be agreed	Update August 2018: Executive to Executive meeting held on 10th July to discuss high level feedback Follow up letter sent to SABPFT Further meeting arranged on 14th August to discuss detail and agree improvement plan
None identified	Outcomes following the Demand and Capacity review. Collaborative and supportive working with SECAMB and other system partners.	Emergency Ambulance provider workforce limitations. Pathway limitations. Data limitations.	20	3	3	Low 1-4	Demand and Capacity Report has concluded and contract variation is being prepared for 2018/19 in line with CCG plans.	The Demand and Capacity review has completed in August 2018, which supports the development of an ARP implementation plans and contracting model that supports delivery and identified the resources to be invested in line with CCG plan.
Terms of Reference for Procurement Programme Board not yet agreed	Surrey Heartlands Children's Strategic Group - agreeing the priorities and setting the direction for children's services in Surrey Joint Children's Procurement Programme Board - to oversee development of commissioning model and future procurement CAMHS Commissioner forum and CFHS Commissioner Forum - align joint commissioner approach to performance and pathway issues	Non identified	12	9	6	Moderate 5-8	26th September: Children's Strategic Group workshop to agree priorities	

None identified	<p>- Verbal reports of patient experience to Healthwatch and Family Voice for monitoring the risk</p> <p>- Monthly report on waits to Clinical Quality Review meeting and Contract Review Meeting allow the risk to be monitored</p>	None identified	20	16	9	Low 1-4	None identified	<p>19/02/18 The risk has been reviewed and the rating remain unchanged since last month. It should be noted that the waiting times have reduced this month, however in order for the risk rating to be reduced, this pattern will need to be sustained over a longer period of time. Data reporting is improved. The Trust's remedial action outlines the improvements to be made and a trajectory agreed, which is being overseen by the monthly CQRM and contract meeting. There is an increased focus and scrutiny on the provider by the local CCGs and from NHS England, via the quality surveillance monitoring processes. A CCG to Trust Exec to Exec meeting has been held and a revised remedial action plan being devised by end of December.</p>
Reliance on the provider and SCC to produce action plan and carry out actions	Assurances from CQRM and Children's improvement board and Ofsted	SCC tableau system showing IHA have been completed within the time limit	20	16	9	Low 1-4	Follow up of CPN notice at contract monitoring meeting	