

<b>Title of Meeting:</b>	<b>Governing Body</b>	<b>Agenda Item: 9.2</b>									
<b>Date of Meeting:</b>	<b>1 February 2018</b>	<table border="1"> <thead> <tr> <th colspan="2">Session (Tick)</th> </tr> </thead> <tbody> <tr> <td>Public</td> <td style="text-align: center;">X</td> </tr> <tr> <td>Private</td> <td></td> </tr> <tr> <td>Workshop</td> <td></td> </tr> </tbody> </table>		Session (Tick)		Public	X	Private		Workshop	
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Public	X										
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Workshop											
<b>Paper Title:</b>	<b>NHS HaRD CCG Governing Body Assurance Framework</b>										
<b>Responsible Governing Body Member Lead</b> Joanne Crewe, Director of Quality / Executive Nurse		<b>Report Author and Job Title</b> Sasha Sencier Corporate Governance Manager									
<b>Purpose (this paper if for)</b>	<table border="1"> <thead> <tr> <th>Decision</th> <th>Discussion</th> <th>Assurance</th> <th>Information</th> </tr> </thead> <tbody> <tr> <td></td> <td style="text-align: center;">X</td> <td></td> <td></td> </tr> </tbody> </table>			Decision	Discussion	Assurance	Information		X		
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	X										
<p><b>Has the report (or variation of it) been presented to another Committee / Meeting?</b>  <b>If yes, state the Committee / Meeting:</b> Yes. The Senior Management Team last reviewed the Governing Body Assurance Framework (GBAF) on 22 January 2018. The GBAF is next being received by the Audit Committee on 20 February 2018.</p>											
<p><b>Executive Summary</b>  The Governing Body Assurance Framework for NHS Harrogate and Rural District CCG aims to identify the main risks to the delivery of the CCGs strategic objectives and its statutory obligations, as defined by the CCG Assurance Domains. The GBAF sets out the controls that have been put in place to manage the risks and the assurances that have been received that show if the controls are having the desired impact. It includes an action plan to further reduce the risks.</p> <p>Risks that are aligned to the CCGs strategic objectives are included in the GBAF. All other risks scored 12 and above are included in the CCGs Corporate Risk Register.</p> <p>The GBAF is the key source of evidence that links strategic risks, controls and assurances and the main tool that the Governing Body should use in discharging its overall responsibility for internal control.</p> <p>The GBAF can be found in full at Appendix A.</p>											
<p><b>Recommendations</b>  The Governing Body is asked to:</p> <ul style="list-style-type: none"> <li>• Consider the GBAF and accept that the risks are being managed effectively</li> <li>• Accept that the risks have appropriate controls and actions in place in order to reduce the risks effectively and that actions are reviewed and completed in a timely manner</li> <li>• Identify any further risks that have the potential to impact on the delivery of the Strategic Objectives if not managed effectively.</li> </ul>											
<p><b>Monitoring</b>  The Governing Body will receive the GBAF in its entirety three times per annum; twice at meetings and once at a workshop. The GBAF is also received for assurance twice yearly by the Audit Committee.</p>											

**CCGs Strategic Objectives supported by this paper**

	<b>CCG Strategic Objective</b>	<b>X</b>
1	Quality, Safety and Continuous Improvement	<b>X</b>
2	Better Value Healthcare	<b>X</b>
3	Well Governed and Adaptable Organisation	<b>X</b>
4	Health and Wellbeing	<b>X</b>
5	Active and Meaningful Engagement	<b>X</b>

**CCG Values underpinned in this paper**

	<b>CCG Values</b>	<b>X</b>
1	Respect and Dignity	<b>X</b>
2	Commitment to Quality of Care	<b>X</b>
3	Compassion	<b>X</b>
4	Improving Lives	<b>X</b>
5	Working Together for Patients	<b>X</b>
6	Everyone Counts	<b>X</b>

**Does this paper provide evidence of assurance against the Governing Body Assurance Framework?**

<b>YES</b>	<input checked="" type="checkbox"/>	<b>NO</b>	<input type="checkbox"/>
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**If yes, please indicate which principle risk and outline**

<b>Principle Risk No</b>	<b>Principle Risk Outline</b>

<b>Any statutory / regulatory / legal / NHS Constitution implications</b>	The CCG has a statutory and regulatory obligation to ensure that systems of control are in place to minimise the impact of all types of risk, which could affect patients, staff, public resources, and the function of the CCG. This includes both the risk to the organisation and the risk to those individuals to whom the CCG owes a duty of care.
<b>Management of Conflicts of Interest</b>	No conflicts of interest have been identified prior to the meeting.
<b>Communication / Public and Patient Engagement</b>	Not Applicable
<b>Financial / resource implications</b>	There is no direct financial impact arising from this report although effective risk management will enhance best use of limited resources and provide a focus for CCG activity.
<b>Outcome of Impact Assessments completed (e.g. Quality IA or Equality)</b>	Not Applicable

**Sasha Sencier  
Corporate Governance Manager  
01423 799300**

## Governing Body Assurance Framework

### 1.0 Introduction

The Governing Body Assurance Framework (GBAF) provides the organisation with a simple but comprehensive method for the effective and focused management of the principal risks that may impede or assist in the CCG meeting its strategic objectives. The Directorate risk registers are key to identifying where risks may impact on the strategic objectives of the CCG and as such could feed to the GBAF.

The GBAF serves as the key document to assure the Governing Body that risk management is firmly embedded in the organisation. One of the primary purposes of the GBAF is to identify gaps in control or assurance in relation to these principal risks. It also provides a structure for the evidence to support the Annual Governance Statement.

The GBAF is an important governance document that facilitates the effective management of the CCGs strategic risks. All risks on the GBAF are assigned to an Executive Risk owner at Director level and also a Committee of the Governing Body. A significant risk report is received by each Committee on a quarterly basis to provide assurance that significant risks on the GBAF and Corporate Risk Register are being managed effectively.

The Governing Body receives the GBAF three times per annum, twice at Governing Body meetings and once at a Governing Body Workshop. The Audit Committee receives the GBAF twice per annum.

### 2.0 Governing Body Assurance Framework (GBAF)

#### 2.1 Review of the Governing Body Assurance Framework

Since the last presentation of the GBAF to the Governing Body Workshop in October 2017, the principle risks have been reviewed by the Executive Risk Owner Director's and discussed at the CCGs monthly Corporate Risk Review Group meetings, chaired by the Director of Quality and Governance. The risks have also been reviewed at the most recent Senior Management Team meeting on 22 January 2018.

#### 2.2 Current Risks

There are currently 5 principle risks presenting a significant level of risk to the delivery of the strategic objectives of the CCG.

#### Strategic Objective 1: Quality, Safety and Continuous Improvement

To ensure that the care we commission is of a high quality / safe and sustainable, improves health outcomes and wellbeing and provides a good patient experience.

#### GBAF REF: 1-1

**Executive Risk Owner:** Director of Quality and Governance / Executive Nurse

**Committee:** Quality and Clinical Governance Committee

**Principle Risk 1:** Operational challenges including capacity issues in services commissioned by the CCG and provided in the community may impact on the timeliness of assessment, quality of services and support for vulnerable people in their own home.

#### Summary of Risk Management

	Q1	Q2	Q3	Q4
Initial Risk Rating	-	-	-	16
Current Risk Rating	-	-	-	16
Target Risk Rating	-	-	-	4

## Strategic Objective 2: Better Value Healthcare

To meet the economic challenges and changes in the NHS by commissioning efficient and cost effective services and better value healthcare.

### GBAF REF: 2-1

**Executive Risk Owner:** Director of Transformation and Delivery

**Committee:** Finance, Performance and Commissioning Committee

**Principle Risk 1:** The scale of QIPP required to support delivery of the Financial Recovery Plan has increased and this could impact on capacity and opportunity to develop and implement achievable service change.

#### Summary of Risk Management

	Q1	Q2	Q3	Q4
Initial Risk Rating	16	16	16	16
Current Risk Rating	16	16	16	16
Target Risk Rating	6	6	6	6

### GBAF REF: 2-3

**Executive Risk Owner:** Chief Finance Officer

**Committee:** Finance, Performance and Commissioning Committee

**Principle Risk 3:** The CCG financial plan for 2017/18 will not be delivered resulting in deterioration in the in-year financial position and longer term financial sustainability.

#### Summary of Risk Management

	Q1	Q2	Q3	Q4
Initial Risk Rating	16	16	16	16
Current Risk Rating	16	16	16	16
Target Risk Rating	6	6	6	6

## Strategic Objective 3: Well Governed and Adaptable Organisation

To be a well governed organisation with high standards of assurance, responsive to members and stakeholders in transforming services using innovative approaches to meet the future healthcare needs of our population.

### GBAF REF: 3-1

**Executive Risk Owner:** Director of Transformation and Delivery

**Committee:** Senior Management Team

**Principle Risk 1:** Strategic planning of partner organisations could impact on the opportunities and pace needed to transform the way services are commissioned for the local population and therefore may not fully align with the principles of the strategic system plan.

#### Summary of Risk Management

	Q1	Q2	Q3	Q4
Initial Risk Rating	-	-	-	12
Current Risk Rating	-	-	-	12
Target Risk Rating	-	-	-	4

### Strategic Objective 4: Health and Wellbeing

To shift the emphasis towards optimising opportunities for maintaining health and wellbeing, promoting patient responsibility to choose well, accessing the right services at the right time and in the most appropriate place, and empowering patients to be better able to self-manage their own long term conditions.

#### GBAF REF: 4-1

**Executive Risk Owner:** Director of Quality and Governance

**Committee:** Quality and Clinical Governance Committee

**Principle Risk 1:** The expectation of the public, patients or other stakeholders could impact on the CCG's strategy to improve health and wellbeing, promote and implement co-production and develop the shift in culture that would support more effective self-care and self-management.

#### Summary of Risk Management

	Q1	Q2	Q3	Q4
Initial Risk Rating	12	12	12	12
Current Risk Rating	12	12	12	12
Target Risk Rating	8	8	8	8

### Strategic Objective 5: Active and Meaningful Engagement

To work in close partnership with local people as well as all organisations that commission or provide care for our population to embed meaningful engagement into the CCGs decision making processes.

No risks are currently recorded against this Strategic Objective.

#### 2.3 Closed Risks (Appendix B)

Since the Governing Body last reviewed the GBAF two principle risks have been closed:

- **GBAF 2-2:** Partnership Commissioning Unit (PCU) realignment could impact on quality or the ability to demonstrate effective use of resources and value for money in some of the services previously commissioned on behalf of the CCG by the PCU e.g. Continuing Healthcare, Mental Health services, Children and Young People services.
- **GBAF 5-1:** Relationships and the expectations of a range of stakeholders and partners or NHS regulators will impact on the CCGs ability to work effectively or engage to maintain a sustainable health economy for local people.

#### 3.0 Recommendations

The Governing Body is asked to:

- Consider the GBAF and accept that the risks are being managed effectively
- Accept that the risks have appropriate controls and actions in place in order to reduce the risks effectively and that actions are reviewed and completed in a timely manner
- Identify any further risks that have the potential to impact on the delivery of the Strategic Objectives if not managed effectively.

#### 4.0 Next Steps

The Governing Body will next review the Governing Body Assurance Framework in June 2018.

**Sasha Sencier**

**Corporate Governance Manager**

**1 February 2018**

## NHS Harrogate and Rural District Clinical Commissioning Group GOVERNING BODY ASSURANCE FRAMEWORK

**Harrogate and Rural District  
Clinical Commissioning Group**

The Governing Body Assurance Framework (GBAF) for NHS Harrogate and Rural District CCG aims to identify the main risks to the delivery of the CCGs strategic objectives and its statutory obligations, as defined by the CCG Assurance Domains. The GBAF sets out the controls that have been put in place to manage the risks and the assurances that have been received that show if the controls are having the desired impact. It includes an action plan to further reduce the risks. Risks scored 12 and above that are aligned to the CCGs strategic objectives are included in the GBAF. All other risks scored 12 and above are included in the CCGs Corporate Risk Register.

The GBAF is the key source of evidence that links strategic risks, controls and assurances and the main tool that the Governing Body should use in discharging its overall responsibility for internal control.

*For the Risk Matrix, see Appendix A. For Closed Risks, See Appendix B.*

### Strategic Objectives

The GBAF has been linked to the strategic objectives of the CCG (last revised February 2017) and the NHS England CCG Improvement and Assessment Framework assurance domains (last revised March 2016).

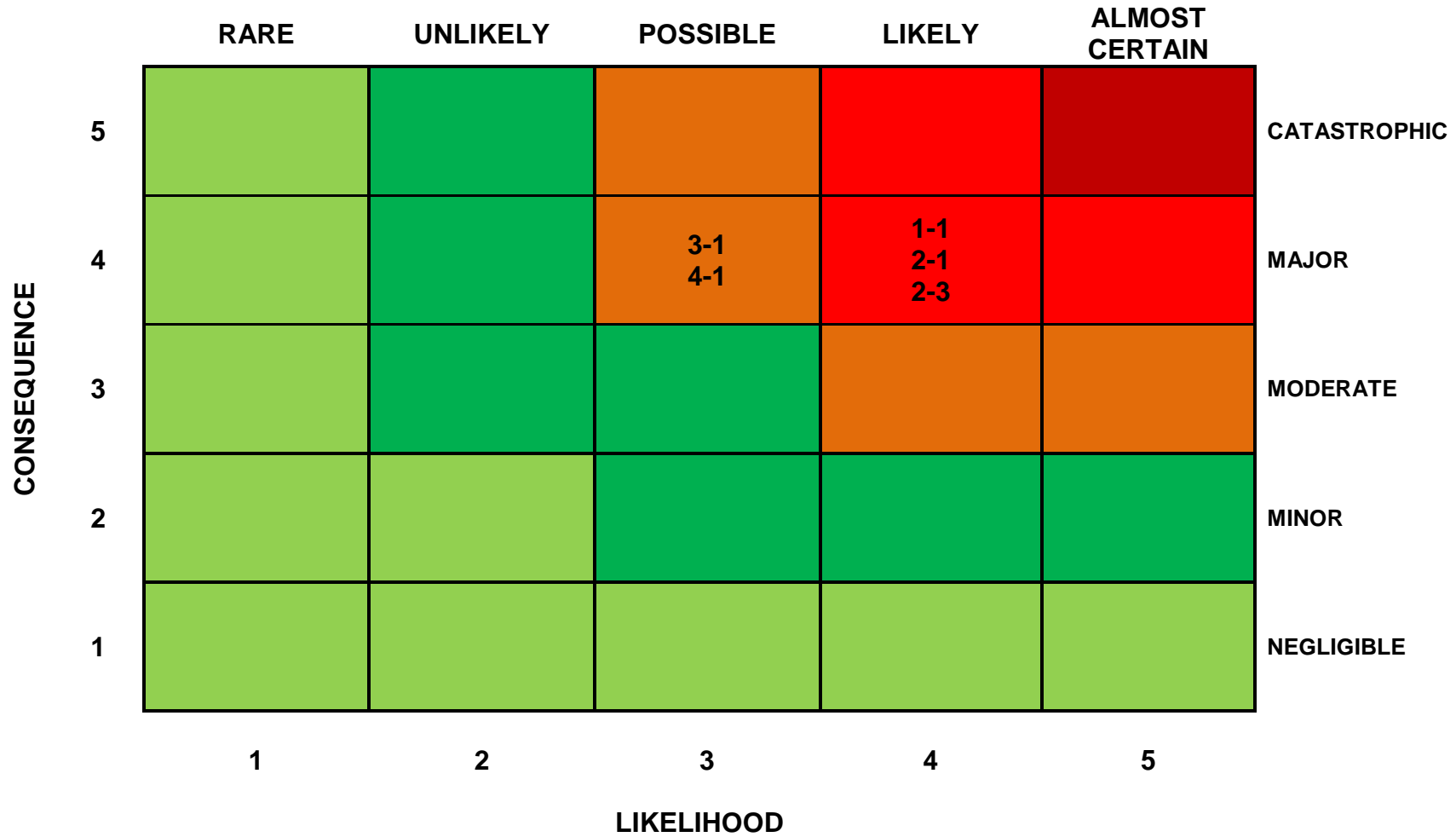
NHS England has a statutory duty to conduct an annual performance assessment of every CCG. CCGs will be assessed in relation to four domains – representing four key areas of their functions and responsibilities. These four domains are:

1	<b>Better Health</b>	How the CCG is contributing towards improving the health and wellbeing of its population and “bending the demand curve”
2	<b>Better Care</b>	Care redesign, NHS constitutional standards, NHS outcomes
3	<b>Sustainability</b>	Financial balance and securing good value for patients
4	<b>Leadership</b>	Quality of CCG leadership, quality of plans, work with partners, CCG governance arrangements.

### Harrogate and Rural District CCG Strategic Objectives:

1	<b>Quality, Safety and Continuous Improvement</b>	To ensure that the care we commission is of high quality/safe and sustainable, improves health outcomes and wellbeing and provides a good patient experience.
2	<b>Better Value Healthcare</b>	To meet the economic challenges and changes in the NHS by commissioning efficient and cost effective services and better value healthcare.
3	<b>Well Governed and Adaptable Organisation</b>	To be a well governed organisation with high standards of assurance, responsive to members and stakeholders in transforming services using innovative approaches to meet the future healthcare needs of our population.
4	<b>Health and Wellbeing</b>	To shift the emphasis towards optimising opportunities for maintaining health and wellbeing, promoting patient responsibility to choose well, accessing the right services at the right time and in the most appropriate place, and empowering patients to be better able to self-manage their own long term conditions.
5	<b>Active and Meaningful Engagement</b>	To work in close partnership with local people as well as all organisations that commission or provide care for our population to embed meaningful engagement into the CCGs decision making processes.

Heat map of current Governing Body Assurance Framework risks



Strategic Objective	Principle Risk	Risk Owner	Initial Risk			Current Risk			Risk Target			Gaps in Control & Assurance
			L	C	Rating L x C	L	C	Rating L x C	L	C	Rating L x C	
<b>1: Quality, Safety and Continuous Improvement</b>	<b>1:</b> Operational challenges including capacity issues in services commissioned by the CCG and provided in the community may impact on the timeliness of assessment, quality of services and support for vulnerable people in their own home.	<b>Director of Quality and Governance / Executive Nurse</b>	4	4	16	4	4	16	1	4	4	<ul style="list-style-type: none"> <li>Limited assurance given on Internal Audit reports.</li> <li>Delays in timely assessment of new patients and existing patient reviews</li> <li>Analysis of breaches in waiting times and assessment of harm</li> </ul>

Strategic Objective	Principle Risk	Risk Owner	Initial Risk			Current Risk			Risk Target			Gaps in Control & Assurance
			L	C	Rating L x C	L	C	Rating L x C	L	C	Rating L x C	
<b>2: Better Value Healthcare</b>	<b>1:</b> The scale of QIPP required to support delivery of the Financial Recovery Plan has increased and this could impact on capacity and opportunity to develop and implement achievable service change.	<b>Director of Transformation &amp; Delivery</b>	4	4	16	4	4	16	3	2	6	<ul style="list-style-type: none"> <li>Programme management function new and not fully embedded.</li> <li>Reliance on partners to implement service redesign.</li> <li>Capacity to deliver on full range of QIPP opportunities.</li> <li>Availability of validated data to accurately assess impact of schemes</li> </ul>

Strategic Objective	Principle Risk	Risk Owner	Initial Risk			Current Risk			Risk Target			Gaps in Control & Assurance
			L	C	Rating L x C	L	C	Rating L x C	L	C	Rating L x C	
<b>2: Better Value Healthcare</b>	<b>3:</b> The CCG financial plan for 2017/18 will not be delivered resulting in deterioration in the in-year financial position and longer term financial sustainability.	<b>Chief Finance Officer</b>	4	4	16	4	4	12	3	2	6	<ul style="list-style-type: none"> <li>CCG Savings/QIPP programme has identified risks to delivery which will impact on financial position.</li> <li>Potential that actual demand growth in acute services, prescribing and continuing healthcare exceed planned levels</li> <li>Impact of national prescribing issues not within the control of the CCG</li> </ul>



Strategic Objective	Principle Risk	Risk Owner	Initial Risk			Current Risk			Risk Target			Gaps in Control & Assurance
			L	C	Rating L x C	L	C	Rating L x C	L	C	Rating L x C	
<b>3: Well Governed and Adaptable Organisation</b>	<b>1:</b> Strategic planning of partner organisations could impact on the opportunities and pace needed to transform the way services are commissioned for the local population and therefore may not fully align with the principles of a strategic system plan.	<b>Director of Transformation &amp; Delivery</b>	3	4	12	3	4	12	1	4	4	<ul style="list-style-type: none"> <li>Regular Exec to Exec meetings need to be established with providers.</li> <li>Strategies need to be agreed and aligned where they are needed to effectively achieve the principles of a strategic system plan and to support system wide objectives.</li> <li>Partners recognise and share system risk and mitigating actions</li> </ul>

Strategic Objective	Principle Risk	Risk Owner	Initial Risk			Current Risk			Risk Target			Gaps in Control & Assurance
			L	C	Rating L x C	L	C	Rating L x C	L	C	Rating L x C	
<b>4: Health and Wellbeing</b>	<b>1:</b> The expectation of the public, patients or other stakeholders could impact on the CCGs strategy to improve health and wellbeing, promote and implement co-production and develop the shift in culture that would support more effective self-care and self-management.	<b>Director of Quality and Governance / Executive Nurse</b>	3	4	12	3	4	12	2	4	8	<ul style="list-style-type: none"> <li>Patient experience is not routinely evaluated or impact monitored regularly</li> <li>Website statistics provides some evidence that public are engaging with key CCG messages</li> <li>Some complaints or concerns being reported in response to implementation of health optimisation policy</li> <li>Business case process does not always include evaluation of patient experience evidence</li> <li>Patient and public involvement needs to be more proactively implemented as part of business planning cycle</li> <li>Vacancy for Communication and Engagement Officer</li> <li>Integrated Governance report to be presented to QCGC on a quarterly basis</li> <li>Integrated Governance report to be presented to Governing Body on an annual basis</li> </ul>

Strategic Objective	Principle Risk	Risk Owner	Initial Risk			Current Risk			Risk Target			Gaps in Control & Assurance
			L	C	Rating L x C	L	C	Rating L x C	L	C	Rating L x C	
<b>5: Active and Meaningful Engagement</b>	<b>NO SIGNIFICANT RISKS ARE CURRENTLY ALIGNED TO THIS STRATEGIC OBJECTIVE.</b>											

GBAF REF: 1-1	<b>Strategic Objective 1: Quality, Safety and Continuous Improvement</b> To ensure that the care we commission is of a high quality / safe and sustainable, improves health outcomes and wellbeing and provides a good patient experience.	Executive Risk Owner: Director of Quality and Governance / Executive Nurse	Last Reviewed: 22 January 2018																																				
		Committee: Quality and Clinical Governance Committee	Next Review Due: 1 February 2018																																				
<b>Principle Risk 1:</b> Operational challenges including capacity issues in services commissioned by the CCG and provided in the community may impact on the timeliness of assessment, quality of services and support for vulnerable people in their own home.			<b>NHSE Assurance Domain:</b> 1 – Better Health																																				
<b>Positive Assurance and Existing Controls in Place</b> <ul style="list-style-type: none"> <li>Annual Internal Audit programme includes recommendations from PCU audits</li> <li>Identified clinical leadership and involvement in vulnerable adult commissioning contract management board</li> <li>Achievement of Improvement and Assessment Framework indicators aligned to continuing care</li> <li>CHC Programme Board</li> <li>Realignment with commissioning functions complete</li> <li>Programme Director appointed</li> <li>SOPs / commissioning policies in place</li> <li>More effective and responsive fast track pathway of provision and recommission</li> <li>Community team meetings including service managers and CCG quality leads commenced.</li> </ul>		<table border="1"> <thead> <tr> <th colspan="9">Risk Rating</th> </tr> <tr> <th colspan="3">Initial Risk</th> <th colspan="3">Current Risk</th> <th colspan="3">Risk Target</th> </tr> <tr> <th>L</th> <th>C</th> <th>Rating L x C</th> <th>L</th> <th>C</th> <th>Rating L x C</th> <th>L</th> <th>C</th> <th>Rating L x C</th> </tr> </thead> <tbody> <tr> <td>4</td> <td>4</td> <td>16</td> <td>4</td> <td>4</td> <td>16</td> <td>1</td> <td>4</td> <td>4</td> </tr> </tbody> </table> 		Risk Rating									Initial Risk			Current Risk			Risk Target			L	C	Rating L x C	L	C	Rating L x C	L	C	Rating L x C	4	4	16	4	4	16	1	4	4
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<b>Mitigating Action Plan (plans to address gaps in control)</b>	<b>Action Target Date</b>	<b>Action Progress to Date</b>	<b>Action Lead</b>																																				
Community team meetings including service managers and CCG quality leads commenced to understand pressures and discuss solutions	March 2018	First meeting held Dec 17, Second Jan 18	Head of Nursing and Quality Head of Contracting																																				
New CHC Programme Manager to work through internal audit reports and address recommendations	March 2018		CHC Programme Manager																																				
Breach analysis to be undertaken for delayed appointments by CCT and reported to CCG			CCT Service Manager																																				

<b>GBAF REF: 2-1</b>	<b>Strategic Objective 2: Better Value Healthcare</b> To meet the economic challenges and changes in the NHS by commissioning efficient and cost effective services and better value healthcare.	<b>Executive Risk owner:</b> <b>Director of Transformation &amp; Delivery</b>	<b>Last Reviewed:</b> <b>22 January 2018</b>																																				
		<b>Committee:</b> <b>FPCC</b>	<b>Next Review Due:</b> <b>1 February 2018</b>																																				
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<b>Positive Assurance and Existing Controls in Place</b> <ul style="list-style-type: none"> <li>Transformation &amp; Delivery (T&amp;D) Programme Board established to take oversight of all change projects including QIPP. Reporting to FPCC</li> <li>Joint Delivery Group with HDFT established reporting to Contract Management Board</li> <li>Monthly Directors Joint Recovery Plan (JRP) meeting established with HDFT. Agreed key work streams and identified leads for the Joint Recovery Plan (JRP)</li> <li>Joint Service Development Improvement Plan (SDIP) agreed with HDFT with agreement to jointly deliver savings from 14 projects.</li> <li>Business case process agreed to robustly assess project viability before committing to implementation.</li> <li>NECS (North East Commissioning Support) undertaking a review of the QIPP programme to identify additional support that could be made available to the CCG to help with delivery of savings</li> <li>RightCare have identified areas of variation that could provide further substantial opportunities. The two largest opportunities are being developed as part of the joint recovery programme.</li> <li>Programme management expertise in place and PMO approach established to support change projects.</li> <li>New Commissioning Managers have been recruited to fill vacant posts, bringing team to establishment.</li> <li>Former PCU staff joined CCG in April which will help identify further savings in related areas (e.g. CHC).</li> <li>CHC Programme Director in place to oversee programme across North Yorkshire.</li> <li>CHC Board monitoring financial impacts of CHC changes, led by a Chief Financial Officer.</li> <li>Impact assessments now part of the process for all new delivery projects.</li> </ul>		<table border="1"> <thead> <tr> <th colspan="9">Risk Rating</th> </tr> <tr> <th colspan="3">Initial Risk</th> <th colspan="3">Current Risk</th> <th colspan="3">Risk Target</th> </tr> <tr> <th>L</th><th>C</th><th>Rating L x C</th> <th>L</th><th>C</th><th>Rating L x C</th> <th>L</th><th>C</th><th>Rating L x C</th> </tr> </thead> <tbody> <tr> <td>4</td><td>4</td><td>16</td> <td>4</td><td>4</td><td>16</td> <td>3</td><td>2</td><td>6</td> </tr> </tbody> </table> <p>The chart displays two metrics over three time points: Initial, Previous, and Current. The Y-axis represents the score, ranging from 0 to 25. The Risk Score (blue line with diamond markers) remains constant at 16 across all three points. The Risk Appetite (green line with diamond markers) remains constant at 6 across all three points.</p>		Risk Rating									Initial Risk			Current Risk			Risk Target			L	C	Rating L x C	L	C	Rating L x C	L	C	Rating L x C	4	4	16	4	4	16	3	2	6
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<b>Gaps in Control and Assurance (where we are failing to put controls in place / failing to gain evidence that our controls are effective)</b> <ul style="list-style-type: none"> <li>Programme management office approach in place but continues to be developed.</li> <li>Reliance on partners to implement service redesign.</li> <li>Capacity to deliver on full range of QIPP opportunities.</li> <li>Availability of validated data to accurately assess impact of schemes</li> </ul>																																							
<b>Mitigating Action Plan (plans to address gaps in control)</b>	<b>Action Target Date</b>	<b>Action Progress to Date</b>	<b>Action Lead</b>																																				
1. Deliver the Joint Recovery Plan	Ongoing	JRP Executive meeting established. Key work streams and leads identified. Business cases being prepared and submitted to FPCC for review and agreement.	Head of Business Change																																				
2. Manage referrals and demand activity	Ongoing	Demand Management identified as strategic priority for the CCG. Proposals developed with Clinical Executive and SMT.	Head of Business Change																																				
3. Forward Plan 2018/19 to be finalised	March 2018	2018/19 priority areas agreed at GB on 5 October 2017. Detail plans being prepared for review at T&D Board.	Head of Business Change																																				

<b>GBAF REF: 2-3</b>	<b>Strategic Objective 2: Better Value Healthcare</b> To meet the economic challenges and changes in the NHS by commissioning efficient and cost effective services and better value healthcare.	<b>Executive Risk Owner:</b> Chief Finance Officer	<b>Last Reviewed:</b> 22 January 2018																																																
		<b>Committee:</b> FPCC	<b>Next Review Due:</b> 1 February 2018																																																
<b>Principle Risk 3:</b> The CCG financial plan for 2017/18 will not be delivered resulting in deterioration in the in-year financial position and longer term financial sustainability.			<b>NHSE Assurance Domain:</b> 3 - Sustainability																																																
<b>Positive Assurance and Existing Controls in Place</b> <ul style="list-style-type: none"> <li>The Finance, Performance and Commissioning Committee (FPCC) provides assurance to the Governing Body on the CCG's financial position and performance against existing contracts, agreeing service performance actions and timescales to mitigate and recover performance as required.</li> <li>The Contract Management Board with Harrogate District Foundation Trust addresses all contractual concerns and in 2017/18 oversees the implementation of the Service Development Improvement Plan through the Joint Recovery Plan with HDFT that has responsibility for delivering £6M of the CCG's savings requirements</li> <li>Transformation &amp; Delivery (T&amp;D) Programme Board established to lead all change projects including QIPP, reporting to FPCC</li> <li>CHC Programme Board established to deliver savings and operational changes within both CHC, FNC and MH areas of spend</li> <li>Programme management expertise in place and the new PMO approach is being embedded within the CCG to support change projects.</li> <li>Robust Operational Scheme of Delegation exists within the CCG</li> </ul>		<table border="1"> <thead> <tr> <th colspan="9">Risk Rating</th> </tr> <tr> <th colspan="3">Initial Risk</th> <th colspan="3">Current Risk</th> <th colspan="3">Risk Target</th> </tr> <tr> <th>L</th> <th>C</th> <th>Rating L x C</th> <th>L</th> <th>C</th> <th>Rating L x C</th> <th>L</th> <th>C</th> <th>Rating L x C</th> </tr> </thead> <tbody> <tr> <td>4</td> <td>4</td> <td>16</td> <td>4</td> <td>4</td> <td>16</td> <td>3</td> <td>2</td> <td>6</td> </tr> </tbody> </table> <table border="1"> <caption>Risk Score and Risk Appetite Trend</caption> <thead> <tr> <th>Period</th> <th>Risk Score</th> <th>Risk Appetite</th> </tr> </thead> <tbody> <tr> <td>Initial</td> <td>16</td> <td>6</td> </tr> <tr> <td>Previous</td> <td>16</td> <td>6</td> </tr> <tr> <td>Current</td> <td>6</td> <td>6</td> </tr> </tbody> </table>		Risk Rating									Initial Risk			Current Risk			Risk Target			L	C	Rating L x C	L	C	Rating L x C	L	C	Rating L x C	4	4	16	4	4	16	3	2	6	Period	Risk Score	Risk Appetite	Initial	16	6	Previous	16	6	Current	6	6
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<b>Gaps in Control and Assurance (where we are failing to put controls in place / failing to gain evidence that our controls are effective)</b> <ul style="list-style-type: none"> <li>CCG Savings/QIPP programme has identified risks to delivery which will impact on financial position.</li> <li>Potential that actual demand growth in acute services, prescribing and continuing healthcare exceed planned levels</li> <li>Impact of national prescribing issues not within the control of the CCG</li> </ul>																																																			
<b>Mitigating Action Plan (plans to address gaps in control)</b>	<b>Action Target Date</b>	<b>Action Progress to Date</b>	<b>Action Lead</b>																																																
1. Transformation & Delivery Programme Board leads the delivery of all change projects including QIPP and provides assurance on delivery to FPCC.	Ongoing	December 17 FPCC report identified current plans of £6.33m, with a risk of under delivery of £3m	Director of Transformation and Delivery																																																
2. Renewed focus on contract management to ensure that demand risks and non-delivery of savings schemes are identified and highlighted to FPCC in order to identify mitigating actions.	Ongoing	Monthly reporting to FPCC on both the progress made through T&D board programme and contractual management	Chief Finance Officer																																																

<b>GBAF REF: 3-1</b>	<b>Strategic Objective 3: Well Governed and Adaptable Organisation</b> To be a well governed organisation with high standards of assurance, responsive to members and stakeholders in transforming services using innovative approaches to meet the future healthcare needs of our population.	<b>Executive Risk Owner:</b> <b>Director of Transformation and Delivery</b>	<b>Last Reviewed:</b> <b>22 January 2018</b>																																																
		<b>Committee:</b> <b>SMT</b>	<b>Next Review Due:</b> <b>1 February 2018</b>																																																
<b>Principle Risk 3:</b> Strategic planning of partner organisations could impact on the opportunities and pace needed to transform the way services are commissioned for the local population and therefore may not fully align with the principles of a strategic system plan.			<b>NHSE Assurance Domain:</b> 4 - Leadership																																																
<b>Positive Assurance and Existing Controls in Place</b> <ul style="list-style-type: none"> <li>Internal governance supports engagement and involvement with stakeholders</li> <li>Joint Recovery Plan to monitor progress against a shared plan.</li> <li>Key partners engagement through the Harrogate Health Transformation Board (HHTB), with clear Terms of Reference</li> <li>Key partners engagement through the A&amp;E Delivery Board, with clear Terms of Reference</li> <li>CCG actively engaged with STP developments, via programme board, work stream developments and future delivery with voting rights on the STP Joint Committee</li> <li>Communications and engagement strategy in place</li> <li>Contract and quality monitoring arrangements in place</li> <li>North Yorkshire Health and Wellbeing Strategy agreed and managed through HHTB.</li> </ul>		<table border="1"> <thead> <tr> <th colspan="9">Risk Rating</th> </tr> <tr> <th colspan="3">Initial Risk</th> <th colspan="3">Current Risk</th> <th colspan="3">Risk Target</th> </tr> <tr> <th>L</th> <th>C</th> <th>Rating L x C</th> <th>L</th> <th>C</th> <th>Rating L x C</th> <th>L</th> <th>C</th> <th>Rating L x C</th> </tr> </thead> <tbody> <tr> <td>3</td> <td>4</td> <td>12</td> <td>3</td> <td>4</td> <td>12</td> <td>1</td> <td>4</td> <td>4</td> </tr> </tbody> </table> <table border="1"> <caption>Risk Score and Risk Appetite Trend</caption> <thead> <tr> <th>Time</th> <th>Risk Score</th> <th>Risk Appetite</th> </tr> </thead> <tbody> <tr> <td>Initial</td> <td>12</td> <td>4</td> </tr> <tr> <td>Previous</td> <td>12</td> <td>4</td> </tr> <tr> <td>Current</td> <td>12</td> <td>4</td> </tr> </tbody> </table>		Risk Rating									Initial Risk			Current Risk			Risk Target			L	C	Rating L x C	L	C	Rating L x C	L	C	Rating L x C	3	4	12	3	4	12	1	4	4	Time	Risk Score	Risk Appetite	Initial	12	4	Previous	12	4	Current	12	4
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<b>Gaps in Control and Assurance (where we are failing to put controls in place / failing to gain evidence that our controls are effective)</b> <ul style="list-style-type: none"> <li>Regular Exec to Exec meetings need to be established with providers.</li> <li>Strategies need to be agreed and aligned where they are needed to effectively achieve the principles of a strategic system plan and to support system wide objectives.</li> <li>Partners recognise and share system risk and mitigating actions</li> </ul>																																																			
<b>Mitigating Action Plan (plans to address gaps in control)</b>	<b>Action Target Date</b>	<b>Action Progress to Date</b>	<b>Action Lead</b>																																																
Exec to Exec meetings to be established	March 2018		Executive Assistant																																																
Operational plan and strategy to reflect effective system working	April 2018		Head of Business Change																																																
Shared governance including risk management of system strategic plan and its implementation	April 2018		Head of Business Change																																																

<b>GBAF REF:</b> 4-1	<b>Strategic Objective 4: Health and Wellbeing</b> To shift the emphasis towards optimising opportunities for maintaining health and wellbeing, promoting patient responsibility to choose well, accessing the right services at the right time and in the most appropriate place, and empowering patients to be better able to self-manage their own long term conditions.	<b>Executive Risk Owner:</b> Director of Quality and Governance / Executive Nurse	<b>Last Reviewed:</b> 22 January 2018																																				
		<b>Committee:</b> QCGC	<b>Next Review Due:</b> 1 February 2018																																				
<b>Principle Risk 1:</b> The expectation of the public, patients or other stakeholders could impact on the CCG's strategy to improve health and wellbeing, promote and implement co-production and develop the shift in culture that would support more effective self-care and self-management.			<b>NHSE Assurance Domain:</b> 1 – Better Health																																				
<b>Positive Assurance and Existing Controls in Place</b> <ul style="list-style-type: none"> <li>• Patient relations report presented to Quality and Clinical Governance Committee on a quarterly basis</li> <li>• Bi-Monthly scrutiny of performance dashboard at Governing Body</li> <li>• Bi-Monthly reports from sub committees received by Governing Body</li> <li>• Joint Health and Wellbeing strategy in place and refreshed</li> <li>• Business case process includes integrated impact assessment</li> <li>• Business case planning process includes need for service developments and redesign to go through FPCC and QCGC committees.</li> <li>• Programme management office established for monitoring implementation and evaluation of projects to optimise health and wellbeing and support self care interventions</li> <li>• Implementation of Communication and Engagement strategy action monitored quarterly at QCGC and monthly at Public and patient involvement group</li> </ul>		<table border="1"> <thead> <tr> <th colspan="9">Risk Rating</th> </tr> <tr> <th colspan="3">Initial Risk</th> <th colspan="3">Current Risk</th> <th colspan="3">Risk Target</th> </tr> <tr> <th>L</th> <th>C</th> <th>Rating L x C</th> <th>L</th> <th>C</th> <th>Rating L x C</th> <th>L</th> <th>C</th> <th>Rating L x C</th> </tr> </thead> <tbody> <tr> <td>3</td> <td>4</td> <td>12</td> <td>3</td> <td>4</td> <td>12</td> <td>2</td> <td>4</td> <td>8</td> </tr> </tbody> </table> 		Risk Rating									Initial Risk			Current Risk			Risk Target			L	C	Rating L x C	L	C	Rating L x C	L	C	Rating L x C	3	4	12	3	4	12	2	4	8
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<b>Gaps in Control and Assurance (where we are failing to put controls in place / failing to gain evidence that our controls are effective)</b> <ul style="list-style-type: none"> <li>• Patient experience is not routinely evaluated or impact monitored regularly</li> <li>• Website statistics provides some evidence that public are engaging with key CCG messages</li> <li>• Some complaints or concerns being reported in response to implementation of health optimisation policy</li> <li>• Business case process does not always include evaluation of patient experience evidence</li> <li>• Patient and public involvement needs to be more proactively implemented as part of business planning cycle</li> <li>• Vacancy for Communication and Engagement Officer</li> <li>• Integrated Governance report to be presented to QCGC on a quarterly basis</li> <li>• Integrated Governance report to be presented to Governing Body on an annual basis</li> </ul>																																							
<b>Mitigating Action Plan (plans to address gaps in control)</b>	<b>Action Target Date</b>	<b>Action Progress to Date</b>	<b>Action Lead</b>																																				
1. Public and patient involvement and engagement process to be included as integral part of business planning process.	January 2017	As part of the new statutory NHS England guidance an analysis is being undertaken	Head of Nursing and Quality																																				
2. Establish a robust PALs and complaints function that is responsive and appropriately resourced to enable lessons learned from patient feedback and experience.	January 2017	In progress	Head of Nursing and Quality																																				
3. Integrated Governance report to be developed that includes feedback on patient and public concerns which will help monitor impact of commissioning decisions	January 2017	In progress	Head of Nursing and Quality																																				

## Risk Matrix

	RARE	UNLIKELY	POSSIBLE	LIKELY	ALMOST CERTAIN	
CONSEQUENCE	5	10	15	20	25	CATASTROPHIC
	4	8	12	16	20	MAJOR
	3	6	9	12	15	MODERATE
	2	4	6	8	10	MINOR
	1	2	3	4	5	NEGLIGIBLE
	LIKELIHOOD					

1 – 5	Low
6 – 11	Medium
12 – 15	High
16 – 20	Serious
25	Critical

Likelihood	Broad Description of Frequency	Time Frame Descriptors of Frequency
1 Rare	This will probably never happen / recur	Not expect to occur for years
2 Unlikely	Do not expect it to happen/ recur but it is possible it may do so.	Expected to occur at least annually.
3 Possible	Might happen / recur occasionally.	Expected to occur at least monthly.
4 Likely	Will probably happen / recur but it is not a persistent issue	Expected to occur at least weekly.
5 Almost Certain	Will undoubtedly happen / recur, possibly frequently.	Expected to occur at least daily

Consequence				
	Domain	Quality	Statutory Duty / Inspection	Business Objectives / Projects
1	Negligible	Peripheral element of treatment suboptimal	No or minimal impact or breach of guidance / statutory duty	Insignificant cost increase / schedule slippage.
2	Minor	Overall treatment or service suboptimal	Breach of statutory legislation. Reduced performance rating.	<5 per cent over project budget. Schedule slippage.
3	Moderate	Treatment or service has significant reduced effectiveness.	Single breach of statutory legislation. Challenging external recommendations / improvement notice.	5 – 10 percent over project budget. Schedule slippage.
4	Serious	Non-compliance with national standards with significant impact to patients if unresolved.	Enforcement action. Improvement notices.	Non-compliance with national 10-25 percent over project budget. Schedule slippage.
5	Catastrophic	Totally unacceptable level or quality of treatment / service.	Multiple breaches in statutory duty.	Incident leading >25 percent over project budget.



**CLOSED RISKS**

**APPENDIX B**

<b>GBAF REF:</b> 2-2	<b>Strategic Objective 2: Better Value Healthcare</b> To meet the economic challenges and changes in the NHS by commissioning efficient and cost effective services and better value healthcare.	<b>Executive Risk Owner:</b> Director of Quality and Governance / Executive Nurse	<b>CLOSED:</b> <b>22 JANUARY 2018</b>																																				
		<b>Committee:</b> QCGC																																					
<b>Principle Risk 2:</b> Partnership Commissioning Unit (PCU) realignment could impact on quality or the ability to demonstrate effective use of resources and value for money in some of the services previously commissioned on behalf of the CCG by the PCU e.g. Continuing Healthcare, Mental Health services, Children and Young People services.			<b>NHSE Assurance Domain:</b> 3 - Sustainability																																				
<b>Positive Assurance and Existing Controls in Place</b> <ul style="list-style-type: none"> <li>Annual Internal Audit programme includes recommendations from PCU audits</li> <li>SMT review audit recommendations on a monthly basis</li> <li>Audit Committee reviews audit recommendations periodically</li> <li>Monthly discussion of financial position of CHC and Vulnerable people commissioning at FPCC</li> <li>Exceptions and high cost weekly panel attended by CCG</li> <li>Identified Clinical Leadership and involvement in Vulnerable adult commissioning Contract management Board</li> <li>Achievement of Improvement and Assessment Framework indicators</li> <li>CHC Programme Board established</li> <li>Realignment with commissioning functions complete</li> <li>Effective QIPP monitoring at Transformation &amp; Delivery Group</li> <li>Programme Director appointed</li> <li>Monitoring of Audit report compliance</li> <li>More effective and responsive fast track pathway of provision and recommission</li> </ul>		<table border="1"> <thead> <tr> <th colspan="9">Risk Rating</th> </tr> <tr> <th colspan="3">Initial Risk</th> <th colspan="3">Current Risk</th> <th colspan="3">Risk Target</th> </tr> <tr> <th>L</th> <th>C</th> <th>Rating L x C</th> <th>L</th> <th>C</th> <th>Rating L x C</th> <th>L</th> <th>C</th> <th>Rating L x C</th> </tr> </thead> <tbody> <tr> <td>4</td> <td>4</td> <td>16</td> <td>1</td> <td>4</td> <td>4</td> <td>2</td> <td>4</td> <td>8</td> </tr> </tbody> </table>		Risk Rating									Initial Risk			Current Risk			Risk Target			L	C	Rating L x C	L	C	Rating L x C	L	C	Rating L x C	4	4	16	1	4	4	2	4	8
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<b>Reason For Closure:</b> <b>The realignment of the PCU is now complete.</b>																																							



<b>GBAF REF:</b> 5-1	<b>Strategic Objective 5: Active and Meaningful Engagement</b> To work in close partnership with local people as well as all organisations that commission or provide care for our population to embed meaningful engagement into the CCGs decision making processes.	<b>Executive Risk Owner:</b> Director of Quality and Governance / Executive Nurse	<b>CLOSED:</b> <b>22 JANUARY 2018</b>																																				
		<b>Committee:</b> SMT																																					
<b>Principle Risk 1:</b> Relationships and the expectations of a range of stakeholders and partners or NHS regulators will impact on the CCGs ability to work effectively or engage to maintain a sustainable health economy for local people.			<b>NHSE Assurance Domain:</b> 4 - Leadership																																				
<b>Positive Assurance and Existing Controls in Place</b> <ul style="list-style-type: none"> <li>Monthly Harrogate Health Transformation Board</li> <li>Harrogate and District Clinical Board</li> <li>Health and wellbeing strategy agreed by all health and social care partners</li> <li>Primary Care Commissioning Committee in place</li> <li>Primary care is represented through Yorkshire Health Network and Council of members at CCG governance structures and clinical lead roles</li> <li>Performance issues are reported and monitored at FPCC</li> <li>Locality cluster structure in place to maintain relationships and support effective communication with PC.</li> <li>Implementation of Communication and Engagement strategy action monitored quarterly at QCGC and monthly at Public and patient involvement group</li> <li>Patient Advocate Group implemented</li> </ul>		<table border="1"> <thead> <tr> <th colspan="9">Risk Rating</th> </tr> <tr> <th colspan="3">Initial Risk</th> <th colspan="3">Current Risk</th> <th colspan="3">Risk Target</th> </tr> <tr> <th>L</th> <th>C</th> <th>Rating L x C</th> <th>L</th> <th>C</th> <th>Rating L x C</th> <th>L</th> <th>C</th> <th>Rating L x C</th> </tr> </thead> <tbody> <tr> <td>4</td> <td>4</td> <td>16</td> <td>4</td> <td>4</td> <td>16</td> <td>4</td> <td>2</td> <td>8</td> </tr> </tbody> </table> <p>The chart displays two metrics over three time points: Initial, Previous, and Current. The Y-axis represents the score, ranging from 0 to 25. The Risk Score (blue line with diamonds) starts at 16 at the Initial stage, remains at 16 at the Previous stage, and then drops to 8 at the Current stage. The Risk Appetite (green line with diamonds) is constant at 8 across all three stages.</p>		Risk Rating									Initial Risk			Current Risk			Risk Target			L	C	Rating L x C	L	C	Rating L x C	L	C	Rating L x C	4	4	16	4	4	16	4	2	8
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<b>Reason For Closure:</b> <b>It was agreed at the Governing Body Workshop that the risk is two separate risks – one relating to patient and stakeholder engagement in relation to the commissioning of services and the other relating to patient and stakeholder relations having an impact on the CCG’s ability to transform services. The CCG does not have any significant risk relating to engagement with patients and stakeholders with regard to the commissioning of new services and therefore there is no risk to show on the GBAF. A new risk relating to stakeholder relations has been described in GBAF REF: 3-1</b>																																							