

Title of Meeting:	Governing Body	Agenda Item: 9.2										
Date of Meeting:	2 August 2018	<table border="1"> <tr> <th colspan="2">Session (Tick)</th> </tr> <tr> <td>Public</td> <td>X</td> </tr> <tr> <td>Private</td> <td></td> </tr> <tr> <td>Workshop</td> <td></td> </tr> </table>			Session (Tick)		Public	X	Private		Workshop	
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Public	X											
Private												
Workshop												
Paper Title:	NHS HaRD CCG Governing Body Assurance Framework											
Responsible Governing Body Member Lead Joanne Crewe, Director of Quality / Executive Nurse		Report Author and Job Title Sasha Sencier Corporate Governance Manager										
Purpose (this paper is for)	<table border="1"> <tr> <th>Decision</th> <th>Discussion</th> <th>Assurance</th> <th>Information</th> </tr> <tr> <td>X</td> <td></td> <td></td> <td></td> </tr> </table>				Decision	Discussion	Assurance	Information	X			
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X												
<p>Has the report (or variation of it) been presented to another Committee / Meeting? If yes, state the Committee / Meeting: Yes. The Senior Management Team last reviewed the Governing Body Assurance Framework (GBAF) on 23 July 2018. The GBAF is next being received by the Audit Committee on 21 August 2018.</p>												
<p>Executive Summary</p> <p>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>Three new risks have been added to the GBAF:</p> <ul style="list-style-type: none"> • GBAF 2-4: The scale of QIPP required to support delivery of the Financial Recovery Plan could impact on capacity and opportunity to develop and implement achievable service change. • GBAF 2-5: The scale of QIPP required to support delivery of the Financial Recovery Plan could impact on capacity and opportunity to develop and implement achievable service change. • GBAF 2-6: Slippage in the delivery of the CCGs recovery plan resulting in the deterioration of the CCGs longer term financial sustainability <p>Two risks have been closed – reasons for closure are described in the paper:</p> <ul style="list-style-type: none"> • GBAF 2-1: 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. • GBAF 2-3: 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. <p>The GBAF can be found in full at Appendix A.</p>												

<p>Recommendations</p> <p>The Governing Body is asked to:</p> <ul style="list-style-type: none"> 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. 																						
<p>Monitoring</p> <p>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>																						
<p>CCGs Strategic Objectives supported by this paper</p> <table border="1"> <thead> <tr> <th></th> <th>CCG Strategic Objective</th> <th>X</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Quality, Safety and Continuous Improvement</td> <td>X</td> </tr> <tr> <td>2</td> <td>Better Value Healthcare</td> <td>X</td> </tr> <tr> <td>3</td> <td>Well Governed and Adaptable Organisation</td> <td>X</td> </tr> <tr> <td>4</td> <td>Health and Wellbeing</td> <td>X</td> </tr> <tr> <td>5</td> <td>Active and Meaningful Engagement</td> <td>X</td> </tr> </tbody> </table>			CCG Strategic Objective	X	1	Quality, Safety and Continuous Improvement	X	2	Better Value Healthcare	X	3	Well Governed and Adaptable Organisation	X	4	Health and Wellbeing	X	5	Active and Meaningful Engagement	X			
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<p>CCG Values underpinned in this paper</p> <table border="1"> <thead> <tr> <th></th> <th>CCG Values</th> <th>X</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Respect and Dignity</td> <td>X</td> </tr> <tr> <td>2</td> <td>Commitment to Quality of Care</td> <td>X</td> </tr> <tr> <td>3</td> <td>Compassion</td> <td>X</td> </tr> <tr> <td>4</td> <td>Improving Lives</td> <td>X</td> </tr> <tr> <td>5</td> <td>Working Together for Patients</td> <td>X</td> </tr> <tr> <td>6</td> <td>Everyone Counts</td> <td>X</td> </tr> </tbody> </table>			CCG Values	X	1	Respect and Dignity	X	2	Commitment to Quality of Care	X	3	Compassion	X	4	Improving Lives	X	5	Working Together for Patients	X	6	Everyone Counts	X
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<p>Does this paper provide evidence of assurance against the Governing Body Assurance Framework?</p> <table border="1"> <tr> <td>YES</td> <td>X</td> <td>NO</td> <td></td> </tr> </table>		YES	X	NO																		
YES	X	NO																				
<p>The Governing Body Assurance Framework is presented in its entirety.</p>																						
<p>Any statutory / regulatory / legal / NHS Constitution implications</p>	<p>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.</p>																					
<p>Management of Conflicts of Interest</p>	<p>No conflicts of interest have been identified prior to the meeting.</p>																					
<p>Communication / Public and Patient Engagement</p>	<p>Not Applicable</p>																					
<p>Financial / resource implications</p>	<p>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.</p>																					
<p>Outcome of Impact Assessments completed (e.g. Quality IA or Equality)</p>	<p>Not Applicable</p>																					

Sasha Sencier
Corporate Governance Manager

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 in February 2018, 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 23 July 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 (2017)	Q2 (2017)	Q3 (2017)	Q4 (2017)	Q1 (2018)
Initial Risk Rating	-	16	16	16	16
Current Risk Rating	-	16	16	16	12
Target Risk Rating	-	4	4	4	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: 2-4

Executive Risk Owner: Director of Transformation and Delivery

Committee: Finance, Performance and Commissioning Committee

Principle Risk 4: The scale of QIPP required to support delivery of the Financial Recovery Plan could impact on capacity and opportunity to develop and implement achievable service change.

Summary of Risk Management

	Q1 (2017)	Q2 (2017)	Q3 (2017)	Q4 (2017)	Q1 (2018)
Initial Risk Rating	-	-	-	-	15
Current Risk Rating	-	-	-	-	15
Target Risk Rating	-	-	-	-	6

GBAF REF: 2-5

Executive Risk Owner: Chief Finance Officer

Committee: Finance, Performance and Commissioning Committee

Principle Risk 5: The CCG financial plan for 2018/19 will not be delivered resulting in deterioration in the in-year financial position.

Summary of Risk Management

	Q1 (2017)	Q2 (2017)	Q3 (2017)	Q4 (2017)	Q1 (2018)
Initial Risk Rating	-	-	-	-	15
Current Risk Rating	-	-	-	-	15
Target Risk Rating	-	-	-	-	6

GBAF REF: 2-6

Executive Risk Owner: Chief Finance Officer

Committee: Finance, Performance and Commissioning Committee

Principle Risk 6: Slippage in the delivery of the CCGs recovery plan resulting in the deterioration of the CCGs longer term financial sustainability

Summary of Risk Management

	Q1 (2017)	Q2 (2017)	Q3 (2017)	Q4 (2017)	Q1 (2018)
Initial Risk Rating	-	-	-	-	15
Current Risk Rating	-	-	-	-	15
Target Risk Rating	-	-	-	-	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 (2017)	Q2 (2017)	Q3 (2017)	Q4 (2017)	Q1 (2018)
Initial Risk Rating	-	-	-	12	12
Current Risk Rating	-	-	-	12	12
Target Risk Rating	-	-	-	4	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 (2017)	Q2 (2017)	Q3 (2017)	Q4 (2017)	Q1 (2018)
Initial Risk Rating	-	-	-	12	12
Current Risk Rating	-	-	-	12	12
Target Risk Rating	-	-	-	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:

Risk	Reason for Closure
GBAF 2-1: 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.	This risk was specifically about the QIPP delivery in 2017/18 and some QIPP savings were delivered which contribute to the Financial Recovery Plan. A new QIPP risk (see GBAF 2-4) has been added which describes the risk around the contribution of QIPP to the longer-term Financial Recovery Plan including 18/19 requirement.
GBAF 2-3: 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.	This risk was specifically about the financial plan in 2017/18. New financial risks (see GBAF 2-5 and GBAF 2-6) have been added which describes the risk around the financial plan 2018-19 and also the longer-term Financial Recovery Plan.

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 a workshop in October 2018.

Sasha Sencier
Corporate Governance Manager
2 August 2018

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).

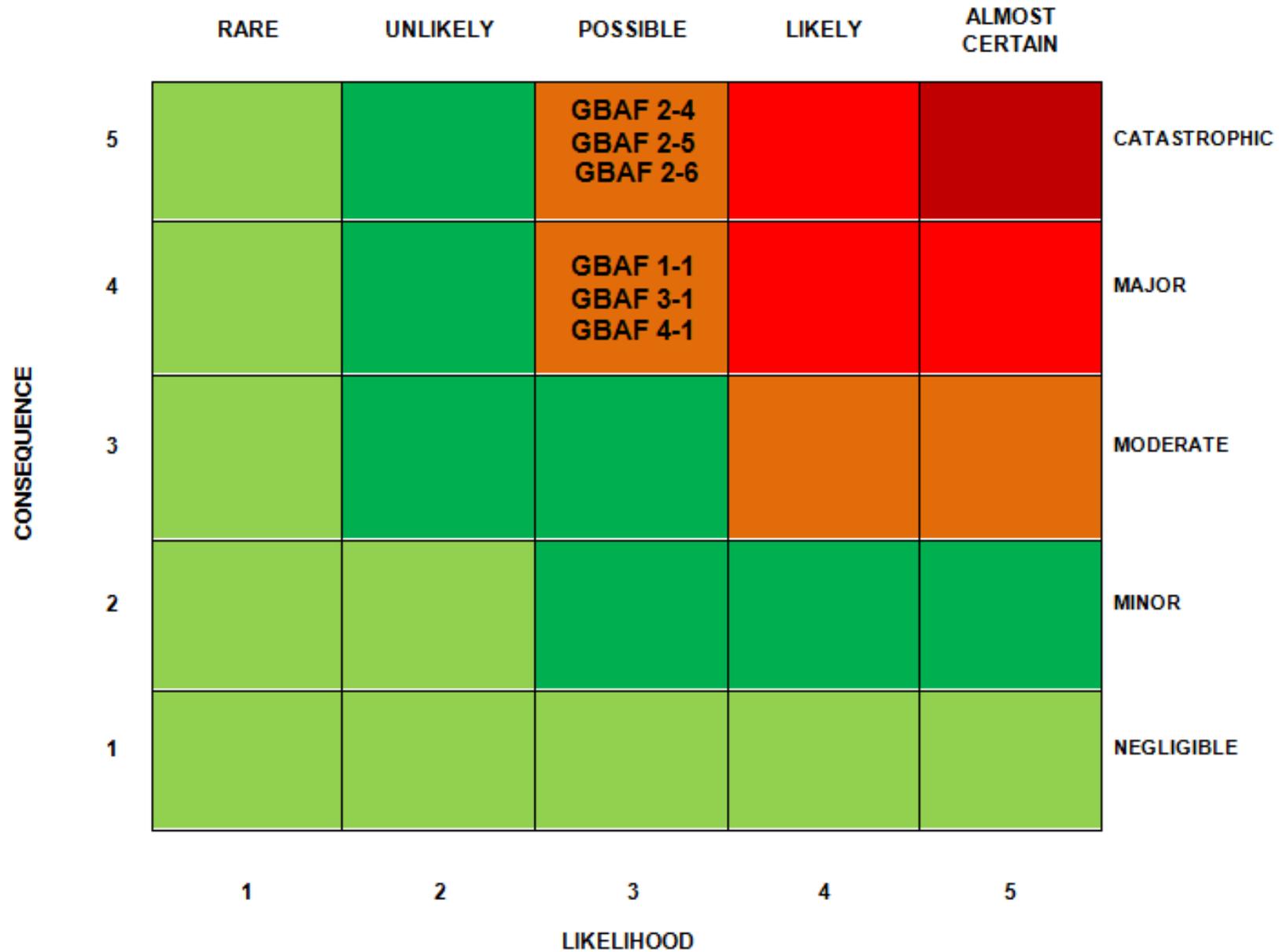
NHS England has a statutory duty to conduct an annual performance assessment of every CCG. CCGs will be assessed in relation to four domains – representing four key areas of their functions and responsibilities. These four domains are:

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

Harrogate and Rural District CCG Strategic Objectives:

1	Quality, Safety and Continuous Improvement	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	Better Value Healthcare	To meet the economic challenges and changes in the NHS by commissioning efficient and cost effective services and better value healthcare.
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.
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.
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.

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	
1: Quality, Safety and Continuous Improvement	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.	Director of Quality and Governance / Executive Nurse	4	4	16	3	4	12	1	4	4	<ul style="list-style-type: none"> Limited assurance given on Internal Audit reports regarding CHC accuracy of reporting – Action Plan progressing to address all recommendations. Delays in timely assessment of existing patient reviews. Service Specification being developed.

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	
2: Better Value Healthcare	4: The scale of QIPP required to support delivery of the Financial Recovery Plan could impact on capacity and opportunity to develop and implement achievable service change.	Director of Transformation & Delivery	3	5	15	3	5	15	2	3	6	<ul style="list-style-type: none"> The scale of QIPP required to support delivery of the Financial Recovery Plan could impact on capacity and opportunity to develop and implement achievable service change.

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	
2: Better Value Healthcare	5: The CCG financial plan for 2018/19 will not be delivered resulting in deterioration in the in-year financial position.	Chief Finance Officer	3	5	15	3	5	15	2	3	6	<ul style="list-style-type: none"> CCG Savings/QIPP programme has identified risks to delivery which will impact on financial position. Mitigating additional QIPP programme yet to be finalised. Potential that actual demand growth in acute services, prescribing and CHC exceed planned levels Implementation of PWC Capability and Capacity Review recommendations No risk share agreement in place for TCP

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	
2: Better Value Healthcare	6: Slippage in the delivery of the CCGs recovery plan resulting in the deterioration of the CCGs longer term financial sustainability	Chief Finance Officer	3	5	15	3	5	15	2	3	6	<ul style="list-style-type: none"> Longer term QIPP savings programme yet to be developed.

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	
3: Well Governed and Adaptable Organisation	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 a strategic system plan.	Director of Transformation & Delivery	3	4	12	3	4	12	1	4	4	<ul style="list-style-type: none"> 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. Partners recognise and share system risk and mitigating actions.

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	
4: Health and Wellbeing	1: 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.	Director of Quality and Governance / Executive Nurse	3	4	12	3	4	12	2	4	8	<ul style="list-style-type: none"> Processes within the PALs and complaints function requires strengthening.

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	
5: Active and Meaningful Engagement	NO SIGNIFICANT RISKS ARE CURRENTLY ALIGNED TO THIS STRATEGIC OBJECTIVE.											

GBAF REF: 1-1	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.	Executive Risk Owner: Director of Quality and Governance / Executive Nurse	Last Reviewed: 23 July 2018																																																								
		Committee: Quality and Clinical Governance Committee	Next Review Due: 2 August 2018																																																								
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.			NHSE Assurance Domain: 1 – Better Health																																																								
Positive Assurance and Existing Controls in Place <ul style="list-style-type: none"> Annual Internal Audit programme includes recommendations from PCU audits Achievement of Improvement and Assessment Framework indicators aligned to continuing healthcare Programme Director appointed and CHC Programme Board established to ensure delivery of the national framework for continuing healthcare and the QIPP programme. Realignment of commissioning functions previously undertaken by PCU complete Standard Operating Procedures / commissioning policies in place More effective and responsive fast track pathway of provision established Community team meetings including service managers and CCG quality leads commenced. Opinion of significant assurance from Internal Audit on PCU transition. Community team meetings including service managers and CCG quality leads commenced to understand pressures and discuss solutions. 		<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>3</td><td>4</td><td>12</td> <td>1</td><td>4</td><td>4</td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th>TIME</th> <th>Q2 (2017)</th> <th>Q3 (2017)</th> <th>Q4 (2017)</th> <th>Q1 (2018)</th> </tr> </thead> <tbody> <tr> <td>Initial Risk Rating</td> <td>16</td> <td>16</td> <td>16</td> <td>16</td> </tr> <tr> <td>Current Risk Rating</td> <td>16</td> <td>16</td> <td>16</td> <td>12</td> </tr> <tr> <td>Target Risk Rating</td> <td>4</td> <td>4</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	3	4	12	1	4	4	TIME	Q2 (2017)	Q3 (2017)	Q4 (2017)	Q1 (2018)	Initial Risk Rating	16	16	16	16	Current Risk Rating	16	16	16	12	Target Risk Rating	4	4	4	4
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Gaps in Control and Assurance (where we are failing to put controls in place / failing to gain evidence that our controls are effective)		<ul style="list-style-type: none"> Limited assurance given on Internal Audit reports regarding CHC accuracy of reporting – Action Plan progressing to address all recommendations. Delays in timely assessment of existing patient reviews. Service Specification being developed. 																																																									
Mitigating Action Plan (plans to address gaps in control)	Action Target Date	Action Progress to Date	Action Lead																																																								
Opinion of Limited Assurance on CHC Internal Audit Report – recommendations to be monitored and completed in a timely way	October 2018	Recommendations have been added to the internal audit recommendations log by Corporate Governance Manager	Director of Quality and Governance / Corporate Governance Manager																																																								
Action plan is being taken forward via the development of a refreshed service specification and inclusion within the integrated care strategy	October 2018	Work commenced to review service specification. Recommendations provided to Integrated Care Steering Group	Head of Nursing and Quality																																																								

GBAF REF: 2-4	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.	Executive Risk owner: Director of Transformation & Delivery	Last Reviewed: 23 July 2018																																																								
		Committee: FPCC	Next Review Due: 2 August 2018																																																								
Principle Risk 4: The scale of QIPP required to support delivery of the Financial Recovery Plan could impact on capacity and opportunity to develop and implement achievable service change.			NHSE Assurance Domain: 3 - Sustainability																																																								
Positive Assurance and Existing Controls in Place <ul style="list-style-type: none"> Transformation & Delivery (T&D) Steering Group established to take oversight of all change projects including QIPP. Reporting to FPCC New approach to working on cost control across primary and secondary care has been initiated through the signing of the aligned incentives contract (AIC) with HDFT Aligned Incentive delivery groups established and strategic oversight management board in place. Business case process agreed to robustly assess project viability before committing to implementation. RightCare have identified areas of variation that could provide further substantial opportunities. The two largest opportunities are being developed as part of the aligned incentive work and other opportunities are being assessed. Programme management expertise in place and robust PMO approach established to support change projects. CHC Programme Director in place to oversee programme across North Yorkshire. CHC Board monitoring financial impacts of CHC changes, led by a Chief Financial Officer. Impact assessments now part of the process for all new delivery projects. Integrated care delivery group established and strategy document agreed. CCG is actively involved with HCP delivery programmes. Projects provide detail plans linking capacity to milestones and benefit delivery. CHC Programme Board established to deliver and monitor CHC savings projects (North Yorkshire wide) 		<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>5</td><td>15</td> <td>3</td><td>5</td><td>15</td> <td>2</td><td>3</td><td>6</td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th>TIME</th> <th>Q2 (2017)</th> <th>Q3 (2017)</th> <th>Q4 (2017)</th> <th>Q1 (2018)</th> </tr> </thead> <tbody> <tr> <td>Initial Risk Rating</td> <td>-</td> <td>-</td> <td>-</td> <td>15</td> </tr> <tr> <td>Current Risk Rating</td> <td>-</td> <td>-</td> <td>-</td> <td>15</td> </tr> <tr> <td>Target Risk Rating</td> <td>-</td> <td>-</td> <td>-</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	3	5	15	3	5	15	2	3	6	TIME	Q2 (2017)	Q3 (2017)	Q4 (2017)	Q1 (2018)	Initial Risk Rating	-	-	-	15	Current Risk Rating	-	-	-	15	Target Risk Rating	-	-	-	6
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Gaps in Control and Assurance (where we are failing to put controls in place / failing to gain evidence that our controls are effective) <ul style="list-style-type: none"> Detailed long-term project programme beyond current financial year 																																																											
Mitigating Action Plan (plans to address gaps in control)		Action Target Date	Action Progress to Date	Action Lead																																																							
Longer term QIPP Savings Programme to be developed		September 2018	ONGOING	Head of Business Change																																																							

GBAF REF: 2-5	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.	Executive Risk Owner: Chief Finance Officer	Last Reviewed: 23 July 2018																																																										
		Committee: FPCC	Next Review Due: 2 August 2018																																																										
Principle Risk 5: The CCG financial plan for 2018/19 will not be delivered resulting in deterioration in the in-year financial position.				NHSE Assurance Domain: 3 - Sustainability																																																									
Positive Assurance and Existing Controls in Place <ul style="list-style-type: none"> 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. Strategic Oversight Management Board (SOMB) with HDFT established with representation from Accountable Officers, Chief Finance Officers and Clinical Leads. AIC in place with HDFT that manages the financial risk in the contract and tracks activity / cost on a monthly basis. Operational Delivery Groups to support AIC contract established. Transformation & Delivery (T&D) Programme Steering Group established to lead all change projects, including QIPP, reporting to FPCC Continuing Health Care (CHC) Programme Board established to have oversight of CHC, FNC and MH (non-contracted). Opinion of Significant Assurance from Internal Audit on financial governance and budgetary control. Robust Operational Scheme of Delegation exists within the CCG that is reviewed on a regular basis. Budget reporting and budget holder review meetings in place to ensure budget holder accountability. Contract Management Board with TEWV addresses all contractual concerns and updates are brought to FPCC. Recommendations from the CHC internal audit report are monitored through the Senior Management Team. T&D Steering Group responsible for QIPP assurance on delivery of the plan and bridging in-year shortfalls, reported to FPCC 				<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>5</td><td>15</td> <td>3</td><td>5</td><td>15</td> <td>2</td><td>3</td><td>6</td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th>TIME</th> <th>Q2 (2017)</th> <th>Q3 (2017)</th> <th>Q4 (2017)</th> <th>Q1 (2018)</th> </tr> </thead> <tbody> <tr> <td>Initial Risk Rating</td> <td>-</td> <td>-</td> <td>-</td> <td>15</td> </tr> <tr> <td>Current Risk Rating</td> <td>-</td> <td>-</td> <td>-</td> <td>15</td> </tr> <tr> <td>Target Risk Rating</td> <td>-</td> <td>-</td> <td>-</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	3	5	15	3	5	15	2	3	6	TIME	Q2 (2017)	Q3 (2017)	Q4 (2017)	Q1 (2018)	Initial Risk Rating	-	-	-	15	Current Risk Rating	-	-	-	15	Target Risk Rating	-	-	-	6
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Gaps in Control and Assurance (where we are failing to put controls in place / failing to gain evidence that our controls are effective) <ul style="list-style-type: none"> CCG Savings/QIPP programme has identified risks to delivery which will impact on financial position. Mitigating additional QIPP programme yet to be finalised. Potential that actual demand growth in acute services, prescribing and CHC exceed planned levels Implementation of PWC Capability and Capacity Review recommendations No risk share agreement in place for TCP 																																																													
Mitigating Action Plan (plans to address gaps in control)		Action Target Date	Action Progress to Date	Action Lead																																																									
Opinion of Limited Assurance on CHC Internal Audit Report – recommendations to be monitored and completed in a timely way		September 2018	Progress on recommendations from the internal audit to be reported to SMT	Director of Quality and Governance																																																									
TCP risk share agreement to be developed, agreed and approved by all parties		End of Q2	TCP risk share agreed in principle by 4 CCGs. Agreement from LAs outstanding	Chief Finance Officer																																																									

GBAF REF: 2-6	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.	Executive Risk owner: Chief Finance Officer	Last Reviewed: 23 July 2018																																					
		Committee: FPCC	Next Review Due: 2 August 2018																																					
Principle Risk 6: Slippage in the delivery of the CCGs recovery plan resulting in the deterioration of the CCGs longer term financial sustainability			NHSE Assurance Domain: 3 - Sustainability																																					
Positive Assurance and Existing Controls in Place <ul style="list-style-type: none"> 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. AIC in place with HDFT that manages the financial risk in the contract and tracks activity / cost on a monthly basis. Transformation & Delivery (T&D) Programme Steering Group established to lead all change projects including QIPP, reporting to FPCC CHC Programme Board established to have oversight of CHC, FNC and MH (non-contracted) 			<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>5</td><td>15</td> <td>3</td><td>5</td><td>15</td> <td>2</td><td>3</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	3	5	15	3	5	15	2	3	6
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Gaps in Control and Assurance (where we are failing to put controls in place / failing to gain evidence that our controls are effective) <ul style="list-style-type: none"> Longer term QIPP savings programme yet to be developed. 			<table border="1"> <thead> <tr> <th>TIME</th> <th>Q2 (2017)</th> <th>Q3 (2017)</th> <th>Q4 (2017)</th> <th>Q1 (2018)</th> </tr> </thead> <tbody> <tr> <td>Initial Risk Rating</td> <td>-</td> <td>-</td> <td>-</td> <td>15</td> </tr> <tr> <td>Current Risk Rating</td> <td>-</td> <td>-</td> <td>-</td> <td>15</td> </tr> <tr> <td>Target Risk Rating</td> <td>-</td> <td>-</td> <td>-</td> <td>6</td> </tr> </tbody> </table>		TIME	Q2 (2017)	Q3 (2017)	Q4 (2017)	Q1 (2018)	Initial Risk Rating	-	-	-	15	Current Risk Rating	-	-	-	15	Target Risk Rating	-	-	-	6																
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Mitigating Action Plan (plans to address gaps in control)		Action Target Date	Action Progress to Date	Action Lead																																				
Longer term QIPP Savings Programme to be developed and taken to FPCC for assurance before Governing Body		September 2018	Currently being developed	Head of Business Change																																				

GBAF REF: 3-1	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.	Executive Risk Owner: Director of Transformation and Delivery	Last Reviewed: 23 July 2018																																																								
		Committee: SMT	Next Review Due: 2 August 2018																																																								
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 a strategic system plan.			NHSE Assurance Domain: 4 - Leadership																																																								
Positive Assurance and Existing Controls in Place <ul style="list-style-type: none"> Internal governance supports engagement and involvement with stakeholders Joint Recovery Plan to monitor progress against a shared plan. Key partners engagement through the Harrogate System Leadership Executive, with clear Terms of Reference Key partners engagement through the A&E Delivery Board, with clear Terms of Reference CCG actively engaged with STP developments, via programme board, work stream developments and future delivery with voting rights on the STP Joint Committee Communications and engagement strategy in place Contract and quality monitoring arrangements in place North Yorkshire Health and Wellbeing Strategy agreed and managed through HHTB. Regular Exec to Exec and Board to Board meetings need to be established with providers. Development of accountable care partnership approach for mental health and learning disabilities Establishments of patient partnerships. Aligned Incentive delivery groups established and strategic oversight management board in place. Operational Plan update for 2017-18 presented to Governing Body in June 2018 		<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"> <thead> <tr> <th>TIME</th> <th>Q2 (2017)</th> <th>Q3 (2017)</th> <th>Q4 (2017)</th> <th>Q1 (2018)</th> </tr> </thead> <tbody> <tr> <td>Initial Risk Rating</td> <td>-</td> <td>-</td> <td>12</td> <td>12</td> </tr> <tr> <td>Current Risk Rating</td> <td>-</td> <td>-</td> <td>12</td> <td>12</td> </tr> <tr> <td>Target Risk Rating</td> <td>-</td> <td>-</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	3	4	12	3	4	12	1	4	4	TIME	Q2 (2017)	Q3 (2017)	Q4 (2017)	Q1 (2018)	Initial Risk Rating	-	-	12	12	Current Risk Rating	-	-	12	12	Target Risk Rating	-	-	4	4
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Gaps in Control and Assurance (where we are failing to put controls in place / failing to gain evidence that our controls are effective) <ul style="list-style-type: none"> 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. Partners recognise and share system risk and mitigating actions. 																																																											
Mitigating Action Plan (plans to address gaps in control)	Action Target Date	Action Progress to Date	Action Lead																																																								
Operational plan 2018-19 and strategy to reflect effective system working	August 2018	Update to be presented at Governing Body on 2 August 2018	Head of Business Change																																																								

GBAF REF: 4-1	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.	Executive Risk Owner: Director of Quality and Governance / Executive Nurse	Last Reviewed: 23 July 2018																																																								
		Committee: QCGC	Next Review Due: 2 August 2018																																																								
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.			NHSE Assurance Domain: 1 – Better Health																																																								
Positive Assurance and Existing Controls in Place <ul style="list-style-type: none"> • Bi-Monthly scrutiny of performance dashboard at Governing Body • Bi-Monthly reports from sub committees received by Governing Body • Joint Health and Wellbeing strategy in place and refreshed • Business case process includes integrated impact assessment • Business case planning process includes need for service developments and redesign to go through FPCC. • Programme management office established for monitoring implementation and evaluation of projects to optimise health and wellbeing and support self care interventions • Implementation of Communication and Engagement strategy action monitored quarterly at patient and public involvement group • Integrated Governance report presented to QCGC on a quarterly basis • Integrated Governance report presented to Governing Body on an annual basis • Public and patient involvement and engagement process included as integral part of business planning process. • Communication and Engagement Officer appointed • Aligned Incentive contract with acute provider signed and joint work streams will improve integrated working and changes to patient pathway development • Actively engaged in the WY&H personalised care demonstrator site work to increase the numbers of patients in receipt of personalised care including access to personal health budgets for both CHC and wheelchair services. 		<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> <table border="1"> <thead> <tr> <th>TIME</th> <th>Q2 (2017)</th> <th>Q3 (2017)</th> <th>Q4 (2017)</th> <th>Q1 (2018)</th> </tr> </thead> <tbody> <tr> <td>Initial Risk Rating</td> <td>12</td> <td>12</td> <td>12</td> <td>12</td> </tr> <tr> <td>Current Risk Rating</td> <td>12</td> <td>12</td> <td>12</td> <td>12</td> </tr> <tr> <td>Target Risk Rating</td> <td>8</td> <td>8</td> <td>8</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	TIME	Q2 (2017)	Q3 (2017)	Q4 (2017)	Q1 (2018)	Initial Risk Rating	12	12	12	12	Current Risk Rating	12	12	12	12	Target Risk Rating	8	8	8	8
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Gaps in Control and Assurance (where we are failing to put controls in place / failing to gain evidence that our controls are effective) <ul style="list-style-type: none"> • Processes within the PALs and complaints function requires strengthening. 																																																											
Mitigating Action Plan (plans to address gaps in control)	Action Target Date	Action Progress to Date	Action Lead																																																								
Establish a robust PALs and complaints function that is responsive and appropriately resourced to enable lessons learned from patient feedback and experience.	September 2018	In progress	Head of Nursing and Quality																																																								
Complaints Policy to be updated	August 2018	Updated policy has been to QCGC for comment and is due to be approved at Governing Body meeting in October 2018	Head of Nursing and Quality																																																								

Risk Matrix

APPENDIX A

	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					

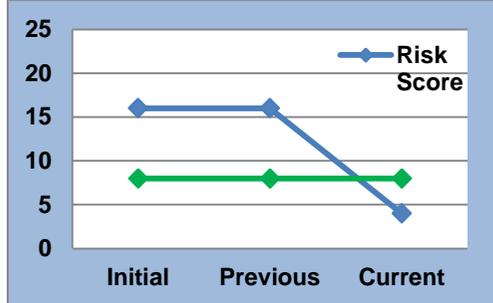
1 – 5	Low
6 – 11	Medium
12 – 15	High
16 – 20	Serious
25	Critical

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

GBAF REF: 2-2	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.	Executive Risk Owner: Director of Quality and Governance / Executive Nurse Committee: QCGC	CLOSED: 22 JANUARY 2018																																				
Principle Risk 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.			NHSE Assurance Domain: 3 - Sustainability																																				
Positive Assurance and Existing Controls in Place <ul style="list-style-type: none"> Annual Internal Audit programme includes recommendations from PCU audits SMT review audit recommendations on a monthly basis Audit Committee reviews audit recommendations periodically Monthly discussion of financial position of CHC and Vulnerable people commissioning at FPCC Exceptions and high cost weekly panel attended by CCG Identified Clinical Leadership and involvement in Vulnerable adult commissioning Contract management Board Achievement of Improvement and Assessment Framework indicators CHC Programme Board established Realignment with commissioning functions complete Effective QIPP monitoring at Transformation & Delivery Group Programme Director appointed Monitoring of Audit report compliance More effective and responsive fast track pathway of provision and recommission 		<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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No actions outstanding.																																							
Reason For Closure: The realignment of the PCU is now complete.																																							

GBAF REF: 5-1	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.	Executive Risk Owner: Director of Quality and Governance / Executive Nurse	CLOSED: 22 JANUARY 2018																																				
		Committee: SMT																																					
Principle Risk 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.			NHSE Assurance Domain: 4 - Leadership																																				
Positive Assurance and Existing Controls in Place <ul style="list-style-type: none"> Monthly Harrogate Health Transformation Board Harrogate and District Clinical Board Health and wellbeing strategy agreed by all health and social care partners Primary Care Commissioning Committee in place Primary care is represented through Yorkshire Health Network and Council of members at CCG governance structures and clinical lead roles Performance issues are reported and monitored at FPCC Locality cluster structure in place to maintain relationships and support effective communication with PC. Implementation of Communication and Engagement strategy action monitored quarterly at QCGC and monthly at Public and patient involvement group Patient Advocate Group implemented 		<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> 		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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Reason For Closure: 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																																							

GBAF REF: 2-1	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.	Executive Risk owner: Director of Transformation & Delivery	CLOSED: 24 May 2018																																				
		Committee: FPCC																																					
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.			NHSE Assurance Domain: 3 - Sustainability																																				
Positive Assurance and Existing Controls in Place <ul style="list-style-type: none"> Transformation & Delivery (T&D) Programme Board established to take oversight of all change projects including QIPP. Reporting to FPCC Joint Delivery Group with HDFT established reporting to Contract Management Board Monthly Directors Joint Recovery Plan (JRP) meeting established with HDFT. Agreed key work streams and identified leads for the Joint Recovery Plan (JRP) Joint Service Development Improvement Plan (SDIP) agreed with HDFT with agreement to jointly deliver savings from 14 projects. Business case process agreed to robustly assess project viability before committing to implementation. 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 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. Programme management expertise in place and PMO approach established to support change projects. New Commissioning Managers have been recruited to fill vacant posts, bringing team to establishment. Former PCU staff joined CCG in April which will help identify further savings in related areas (e.g. CHC). CHC Programme Director in place to oversee programme across North Yorkshire. CHC Board monitoring financial impacts of CHC changes, led by a Chief Financial Officer. Impact assessments now part of the process for all new delivery projects. 		<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>		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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Reason For Closure: This risk was specifically about the QIPP delivery in 2017/18 and some QIPP savings were delivered which contribute to the Financial Recovery Plan. A new QIPP risk (see GBAF 2-4) has been added which describes the risk around the contribution of QIPP to the longer-term Financial Recovery Plan including 18/19 requirement.																																							

GBAF REF: 2-3	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.	Executive Risk Owner: Chief Finance Officer	Last Reviewed: Next Review Due: 24 May 2018																																					
		Committee: FPCC																																						
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.			NHSE Assurance Domain: 3 - Sustainability																																					
Positive Assurance and Existing Controls in Place <ul style="list-style-type: none"> 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. 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 Transformation & Delivery (T&D) Programme Board established to lead all change projects including QIPP, reporting to FPCC CHC Programme Board established to deliver savings and operational changes within both CHC, FNC and MH areas of spend Programme management expertise in place and the new PMO approach is being embedded within the CCG to support change projects. Robust Operational Scheme of Delegation exists within the CCG 			<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>		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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Reason For Closure: This risk was specifically about the financial plan in 2017/18. New financial risks (see GBAF 2-5 and GBAF 2-6) have been added which describes the risk around the financial plan 2018-19 and also the longer-term Financial Recovery Plan.																																								