

**Agenda Item:** 11  
**Report Number:** GB154-16  
**Venue:** NWS CCG HQ, 58 Church St, Weybridge, Surrey, KT13 8DP  
**Date:** Monday 28 November 2016  
**Meeting:** NWS CCG Governing Body

<b>Title of Report:</b>	Risk Register and Assurance Framework - Notification of New and Closed Risks.
<b>Prepared and Presented by:</b>	Prepared by Elaine Stevens and presented by Tony Shipley, Director of Corporate Development and Assurance
<b>Relative Legislation &amp; Source Documents:</b>	None
<b>Freedom of Information:</b>	Open
<b>This documentation is for Approval</b>	

**Executive Summary:**

The Risk Register has been reviewed with each risk owner in order to provide assurance to the Executive Team and Audit and Risk Committee and the Governing Body.

The Executive Team have reviewed all risks and considered

- The need to re-score the current risks following and assessment of the controls in place
- The setting and monitoring of target risk scores going forward
- The validity of the risk scores in relationship to the risk target and changes over time.

A Risks and Issues Workshop was organised on the 15<sup>th</sup> November with the CCG senior management team to review the current risk register and issues log.

A Risk Workshop was organised on the 21<sup>st</sup> November for Members of the Audit and Risk Committee and Executive Directors to review the Risk Strategy, Risk Register and review the governance route for all risk registers. As a result of these two workshops, the corporate risk register will be in a slightly different format from January 2017.

The Corporate Risk Register is linked to the CCG Objectives:

1. Increase length of life and prevent people dying prematurely.
2. Improve quality of life and promote independence
3. Optimise the integration, quality and effectiveness of service.
4. Help people recover from ill-health
5. Target spend for greatest gain and eliminate waste.

The table below summarises the CCG risks

Risk Register	Significant Risk 15-25	High Risk 8-12	Moderate Risk 4-6	Low Risk 1-3	<b>TOTAL RISKS</b>
Corporate Risks	3	16	0	0	<b>19</b>
<b>TOTAL RISKS</b>	<b>3</b>	<b>16</b>	<b>0</b>	<b>0</b>	<b>19</b>

The scoring against each risk is decided against the 5x5 scoring matrix below.

Current risk metrics as at 7/11/16

Impact	Negligible	1	1	2	3	4	5
	Minor	2	2	4	6	8	10
	Moderate	3	3	6	9 R9,R10, R15, R40,R47,R50,R51	12 R41	15
	Major	4	4	8	12 R8, R23, R24, R30,R31,R33, R36, R48	16 R18,R26,R46	20
	Catastrophic	5	5	10	15	20	25
			1	2	3	4	5
			Rare	Unlikely	Possible	Likely	Almost
			Likelihood				

**New risks have been added to the register.**

There are six new risks added to the risk register as detailed below.

Risk	Risk Impact	Likelihood	Impact	Score
Risk 46 Non delivery of 2017/18 and 2018/19 QIPP - Inability to deliver financial control total due to non achievement of QIPP programme	Reduce	4 - Likely	4 - Major	16

Risk 47 Planning assumptions materially different to current assessment within draft 2017/18 to 2018/19 plan - Inability to deliver financial control total due to increased and therefore unachievable QIPP programme	Remove	3 - Possible	3 - Moderate	9
Risk 48 Ashford Practice (Y02688) Current sub letting arrangements in place with Ashford maybe affected by decision for contract expiry.	Remove	3 - Possible	3 - Moderate	9
Risk 49 The Ashford practice (Y02688) is closing end of March 2017- a list dispersal of 6000 patients has begun. There is a risk that not all patients re-register at another practice in time. "	Remove	3 - Possible	4 - Major	12
Risk 50 There is also a risk around quality of delivery by current supplier during re-procurement timescale based on historic performance. Extension of SLA with SECSU has been agreed in principle to Sep 17 with additional three monthly extensions to Mar 18 to cover BI elements to mitigate timing to where national changes are taking place. Business continuity has been assured and premiums will be negotiated with a further assurance being given by NHSE that they will resist any rise in premiums under the circumstances. However, this is yet to be formally confirmed.	Remove	3 - Possible	3 - Moderate	9
Risk 51 There is a risk of the new structured bids for Lot 1 : CIT and GPIT and Lot 2 containing all other end to end services i.e. BI, HR, Comms, IG etc. will attract no competitive bidders due to the restricted nature of the split lot re-procurements. Additionally, bids may be above the financial envelope due to the risk of restricted economies of scale.	Remove	3 - Possible	3 - Moderate	9

### **Closed risks**

There are a total of five risks to be closed with 2 risks (R07, R12) moving to the Issues Log.

**Risk 25** 2016/17 transfer of specialist activity in excess of allocation received - Inability to deliver financial control total

**Reason for Closure:** It has now been confirmed that the transfer of specialist services will not take place until 2017/18.

**Risk 32** Adult Community Services Procurement - Surrey wide Estates Strategy is not aligned

**Reason for Closure:** This risk is being managed as per R031 - propose closure

**Risk 34** There is a risk that the new PTS contract will not be within the current financial envelope.

**Reason for Closure:** All CCGs have approved the recommended Preferred Provider and the process has now progressed to contract signature/mobilisation."

**Risk 37** There is a risk that the re-procurement for CSU services, which is being conducted across the collaborative and is being facilitated by NHSE, will attract no bidders or bids received may exceed financial envelope. With that, the current arrangement with SECSU may need to be extended until a suitable arrangements are found. This will lead to: slippage in project timescale; a risk in business continuity; questionable quality of delivery by current supplier having to be extended; and renegotiation of SLA extension with current provider for a short term period potentially had a higher premium.

**Reason for Closure:** the initial re-procurement has failed. Two additional risks have been added see risk 50 and 51

**Risk 42** "Following failure of the collaborative CSU re-procurement, it was decided that, following feedback from bidders and NHSE, that the bid for support services be split into separate lots. Lot 1 contains ICT and GPIT with Lot 2 containing all other end-to-end services. Consequently, there is a risk that the new structured bids will attract no bidders or bids received may exceed financial envelope based on the notion that there may be a less economy of scale for procurement of wider services. Regardless, the current arrangement with SECSU will need to be extended to accommodate new timelines for Lot 1 re-procurement.

There is still a risk around questionable quality of delivery by current supplier and whilst agreed in principle, renegotiation of SLA extension.

In addition, due to STP requirements around back office structure, whilst the re-procurement is being staffed. options of more collaborative working is being explored. If not effectively managed, timescales may slip in the Lot 2 re-procurement process whilst efforts are made to find a collaborative solution."

**Reason for Closure:** New risks written to cover two parts of original risk see Risk 50 and 51.

All risks with a residual score of 15 or an impact of 5 are included in the Assurance Framework. See attached.

There are 3 risks moved to the Issues log.

**Implications:**

Health Impact:	Positive – well governed organisations generally have better outcomes for their population and their staff
Financial Implications:	Positive – good risk systems will enable the organisation to manage its risks effectively
Legal Implications:	Positive- will enable the organisation to deliver statutory compliance
Equality & Diversity:	Positive- good governance supports compliance with equality legislation
Reputational Implication:	Positive- well governed organisations are more likely to be effective in managing reputational risks

**Recommendations:**

The Governing Body members are asked to **Approve** the assurance framework.

<b>Objective 4. To improve patient experience, health outcomes and care through transformation of the system</b>		<b>Director Lead: Clare Stone</b>
Risk 18: Lack of assurance on SECAMBs Governance Framework means that Commissioners are not assured on the robustness of risk management and clinical decision-making and this could result in adverse outcomes for patients and reputational risk to commissioning CCGs.		<b>Date last reviewed: 17 October 2016</b>
<b>Risk Rating</b> <i>(Likelihood x consequence)</i>  Initial: 4x3 =12  Current:4x4 =16  Appetite: Remove		<b>Rationale for current score:</b> <ul style="list-style-type: none"> <li>• External regulatory and commissioning investigations highlighted gaps in organisational capability and capacity.</li> <li>• The trust currently has interim executive staff in key positions and some sickness absence within their executive team.</li> <li>• Current regulatory action and contractual breaches</li> </ul> <b>Rationale for risk appetite:</b> Action is required to remove this risk
<b>Controls:</b> <i>(What are we currently doing about the risk?)</i> Development of Governance Framework <b>Mitigating Actions:</b> <i>(What have we done/what should we do?)</i> Commissioners had previously requested that SECAMB develop a single recovery plan that addresses a number of significant concerns that fall under three key areas: <ul style="list-style-type: none"> <li>• Organisational Governance (and culture); this is at organisation, team and individual level</li> <li>• Operational 999</li> <li>• Operational 111</li> </ul> Following the Quality Summit held on the 28th September 2016 and the subsequent publication of the CQC reports from the inspection in May 2016, it was announced that SECAMB		<b>Assurances:</b> <i>(How do we know if the things we are doing are having an impact?)</i> This regulatory action requires SECAMB to meet to agree a recovery plan within 28 days; key actions are to be addressed and delivered in order to bring about improvement and take them out of special measures within the next twelve months. The CQC has also confirmed that it is their intention to inspect the trust again in the next six months to establish the level of improvement that has been achieved in that time aligned to the CQC actions required.  This process will be managed by a Single Oversight Group (SOG) who will be led by NHSI, and include NHSE, CQC and commissioners. This group will meet monthly and have oversight of the plan to reduce duplication and ensure all areas are covered within the plan.

<p>were rated as inadequate overall and that NHS Improvement (NHSI) placing SECAmb in Quality Special Measures.</p>	<p><b>Gaps in assurance:</b> <i>(What additional assurances should we seek?)</i> SECAmb are due to submit their revised plan by the end of October, at which time it will be reviewed and monitored within the SOG process outlined above.</p>
<p><b>Current Performance:</b> <i>(With these actions taken, how serious is the problem?)</i> Risk remains unchanged pending the findings from the action plan and evidence reviews.</p>	<p><b>Additional Comments:</b> None</p>

<b>Objective 3. To commission effectively within the resources available</b>		<b>Director Lead: Sumona Chatterjee</b>
Risk 26 SECAMB contract not delivering to trajectories.		<b>Date last reviewed: 8<sup>th</sup> November 2016</b>
<b>Risk Rating</b> <i>(Likelihood x consequence)</i> Initial: 5x4 = 20 Current: 4x4 = 16 Appetite: Remove		<b>Rationale for current score:</b> SECAMB performance has and continues to experience challenges in delivering sustained performance which has been the position for over 12 months.  <b>Rationale for risk appetite:</b> Action is required to remove this risk
<b>Controls:</b> <i>(What are we currently doing about the risk?)</i> <b>Mitigating Actions:</b> <i>(What have we done/what should we do?)</i> NWS CCG working closely with SECAMB to rectify fundamental failings at the Trust and turn around performance. Change of management structure and renewed emphasis on workforce training and engagement. This has been further enhanced with the provision of the unified recovery plan that has been agreed with commissioners (a live document) and managed and monitored through a number of OMAG working groups. Following SECAMB being placed in special measures, a Single Oversight Group has been established with Commissioners, SECAMB, NHSI, NHSE and CQC making up the membership.		<b>Assurances:</b> <i>there is close monitoring through the work stream OMAG meetings where actions to improve performance continue to be reviewed. Regular updates through these meetings and monthly refreshes of the Unified Recovery Plan demonstrate progress against all actions.</i>  <b>Gaps in assurance:</b> <i>(What additional assurances should we seek?)</i> It has been announced that the interim Director of Operations will be leaving at the end of November and Commissioners will need to assurance from SECAMB regarding a replacement to this key position.
<b>Current Performance:</b> <i>(With these actions taken, how serious is the problem?).</i> Although performance started strongly in April, there has been a continued drop in performance. The originally agreed trajectories have not been met and SECAMB are in the process of agreeing 'new' trajectories to be shared with commissioners. These trajectories are not likely to deliver delivery of national standards at year end of R1, R2 or A19, and will be significantly lower than those originally expected. Commissioners continue to monitor response times aligned to patient safety and patient care.		<b>Additional Comments:</b> There are a number of other pieces of work that are on-going through engagement SECAMB and colleagues regionally and across Surrey to improve the current position including actions to improve handover delays.



<b>Objective 3. To commission effectively within the resources available</b>		<b>Director Lead: Mark Baker</b>
<b>Risk 46 Non delivery of 2017/18 and 2018/19 QIPP - Inability to deliver financial control total due to non achievement of QIPP programme</b>		<b>Date last reviewed: 31<sup>st</sup> October 2016</b>
<b>Risk Rating</b> <i>(Likelihood x consequence)</i>  Initial: 4x4  Current:4x4  Appetite: Reduce		<b>Rationale for current score:</b>  <b>Current draft planning assumptions for 2017/18 identify a QIPP savings target of £20.1m and £5.2m for 2018/19. There is an unidentified QIPP gap of circa £13m in 2017/18 and £4m for 2018/19.</b> <b>Rationale for risk appetite: To achieve financial target of break even, the CCG must deliver total QIPP Programme of £20.1m in 2017/18 and £5.2m in 2018/19.</b>
<b>Controls:</b> <i>(What are we currently doing about the risk?)</i> <b>Mitigating Actions:</b> <i>(What have we done/what should we do?)</i>  Draft 2017/18 plan identifies a QIPP requirement of £20.1m and 2018/19 requirement of £5.2m, with an unidentified gaps to close. Mitigating actions: A) Further work will be conducted with Programme Leads to develop new QIPP schemes or to stretch targets of existing schemes. B) QIPP schemes will be monitored on a monthly basis for both year to date performance and forecast outturn and reported to both Governing Body and Strategic Finance Committee. C) Further work to support and develop STP schemes and savings D) Further develop Financial Recovery Plan to stretch current schemes, identify new schemes and review discretionary spend		<b>Assurances:</b> <i>(How do we know if the things we are doing are having an impact?)</i> <b>Gaps in assurance:</b> <i>(What additional assurances should we seek?)</i>  A Programme Delivery Group has been established with Ashford & St Peters to develop new and existing QIPP schemes that will be agreed and delivered jointly. A Delivery Director has been appointed in July to oversee and further develop the CCGs QIPP Programme.

<p><b>Current Performance:</b> <i>(With these actions taken, how serious is the problem?)</i> The value of QIPP will need to be removed from healthcare contracts – initial offers will be made to providers on 4<sup>th</sup> November 2016 so therefore no agreements have currently be made.</p>	<p><b>Additional Comments:</b></p>
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**Recommendations:**

The Governing Body members are asked to **Approve** the assurance framework.

<b>Objective 4. To improve patient experience, health outcomes and care through transformation of the system</b>		<b>Director Lead: Clare Stone</b>
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<b>Controls:</b> <i>(What are we currently doing about the risk?)</i> Development of Governance Framework <b>Mitigating Actions:</b> <i>(What have we done/what should we do?)</i> Commissioners had previously requested that SECAMB develop a single recovery plan that addresses a number of significant concerns that fall under three key areas: <ul style="list-style-type: none"> <li>• Organisational Governance (and culture); this is at organisation, team and individual level</li> <li>• Operational 999</li> <li>• Operational 111</li> </ul> Following the Quality Summit held on the 28th September 2016 and the subsequent publication of the CQC reports from the inspection in May 2016, it was announced that SECAMB		<b>Assurances:</b> <i>(How do we know if the things we are doing are having an impact?)</i> This regulatory action requires SECAMB to meet to agree a recovery plan within 28 days; key actions are to be addressed and delivered in order to bring about improvement and take them out of special measures within the next twelve months. The CQC has also confirmed that it is their intention to inspect the trust again in the next six months to establish the level of improvement that has been achieved in that time aligned to the CQC actions required.  This process will be managed by a Single Oversight Group (SOG) who will be led by NHSI, and include NHSE, CQC and commissioners. This group will meet monthly and have oversight of the plan to reduce duplication and ensure all areas are covered within the plan.



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<p><b>Current Performance:</b> <i>(With these actions taken, how serious is the problem?)</i> Risk remains unchanged pending the findings from the action plan and evidence reviews.</p>	<p><b>Additional Comments:</b> None</p>

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<b>Controls:</b> <i>(What are we currently doing about the risk?)</i> <b>Mitigating Actions:</b> <i>(What have we done/what should we do?)</i> NWS CCG working closely with SECAMB to rectify fundamental failings at the Trust and turn around performance. Change of management structure and renewed emphasis on workforce training and engagement. This has been further enhanced with the provision of the unified recovery plan that has been agreed with commissioners (a live document) and managed and monitored through a number of OMAG working groups. Following SECAMB being placed in special measures, a Single Oversight Group has been established with Commissioners, SECAMB, NHSI, NHSE and CQC making up the membership.		<b>Assurances:</b> <i>there is close monitoring through the work stream OMAG meetings where actions to improve performance continue to be reviewed. Regular updates through these meetings and monthly refreshes of the Unified Recovery Plan demonstrate progress against all actions.</i>  <b>Gaps in assurance:</b> <i>(What additional assurances should we seek?)</i> It has been announced that the interim Director of Operations will be leaving at the end of November and Commissioners will need to assurance from SECAMB regarding a replacement to this key position.
<b>Current Performance:</b> <i>(With these actions taken, how serious is the problem?).</i> Although performance started strongly in April, there has been a continued drop in performance. The originally agreed trajectories have not been met and SECAMB are in the process of agreeing 'new' trajectories to be shared with commissioners. These trajectories are not likely to deliver delivery of national standards at year end of R1, R2 or A19, and will be significantly lower than those originally expected. Commissioners continue to monitor response times aligned to patient safety and patient care.		<b>Additional Comments:</b> There are a number of other pieces of work that are on-going through engagement SECAMB and colleagues regionally and across Surrey to improve the current position including actions to improve handover delays.

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<b>Risk Rating</b> <i>(Likelihood x consequence)</i>  Initial: 4x4  Current:4x4  Appetite: Reduce		<b>Rationale for current score:</b>  <b>Current draft planning assumptions for 2017/18 identify a QIPP savings target of £20.1m and £5.2m for 2018/19. There is an unidentified QIPP gap of circa £13m in 2017/18 and £4m for 2018/19.</b> <b>Rationale for risk appetite: To achieve financial target of break even, the CCG must deliver total QIPP Programme of £20.1m in 2017/18 and £5.2m in 2018/19.</b>
<b>Controls:</b> <i>(What are we currently doing about the risk?)</i> <b>Mitigating Actions:</b> <i>(What have we done/what should we do?)</i>  Draft 2017/18 plan identifies a QIPP requirement of £20.1m and 2018/19 requirement of £5.2m, with an unidentified gaps to close. Mitigating actions: A) Further work will be conducted with Programme Leads to develop new QIPP schemes or to stretch targets of existing schemes. B) QIPP schemes will be monitored on a monthly basis for both year to date performance and forecast outturn and reported to both Governing Body and Strategic Finance Committee. C) Further work to support and develop STP schemes and savings D) Further develop Financial Recovery Plan to stretch current schemes, identify new schemes and review discretionary spend		<b>Assurances:</b> <i>(How do we know if the things we are doing are having an impact?)</i> <b>Gaps in assurance:</b> <i>(What additional assurances should we seek?)</i>  A Programme Delivery Group has been established with Ashford & St Peters to develop new and existing QIPP schemes that will be agreed and delivered jointly. A Delivery Director has been appointed in July to oversee and further develop the CCGs QIPP Programme.

<p><b>Current Performance:</b> <i>(With these actions taken, how serious is the problem?)</i> The value of QIPP will need to be removed from healthcare contracts – initial offers will be made to providers on 4<sup>th</sup> November 2016 so therefore no agreements have currently be made.</p>	<p><b>Additional Comments:</b></p>
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