

Agenda item: 9

Paper no: 5

Title of Report:	Risk Management Report: Governing Body Assurance Frameworks	
Status:	TO NOTE AND REVIEW	
Committee:	Governing Bodies in Common	Date: 18/12/19
Venue:	Martineau Hall, Dorking Halls, Reigate Road, Dorking RH4 1SG	

Presented by:	Elaine Newton, ICS Director of Corporate Affairs and Governance	
Executive Lead sign off:	Elaine Newton, ICS Director of Corporate Affairs and Governance	Date: 13/12/19
Author(s):	Louise O'Byrne, Governance Lead (East Surrey CCG and Surrey Downs CCG); Edwin Addis, Governance and Risk Manager (SH CCGs)	

Governance

Conflict of Interest: The Author considers:	None identified	✓
Previous Reporting:	Audit Committees meeting in common on 15 November 2019.	
Freedom of Information: The Author considers:	Open – no exemption applies. Part I paper suitable for publication.	✓

Executive Summary

Since the last report, the impetus around change has become more significant with East Surrey (ES) CCG becoming part of the Surrey Heartlands (SH) ICS in July 2019 and coming under SH Executive functional management in November 2019.

Agreement to merge all four CCGs and NHSE/I's conditional approval of this process was granted in October 2019. Consequently, the risk landscape has changed with the need to manage the complexities of disaggregating the ES CCG risk profile from Sussex and East Surrey CCGs whilst developing a new SH CCG risk profile by April 2020. This report covers the following areas:

Working together across Surrey Heartlands

1. Overall GBAF update:
 - key financial and operational risk areas;
 - ICS risk management development;
 - development of risk culture; and
 - annual internal audit of risk management.
2. G&W, NWS and SD GBAF Risk Profile
3. East Surrey CCG GBAF Risk Profile
4. Future development of the Surrey Heartlands GBAFs.

Implications

What is the health impact/ outcome and is this in line with the CCGs' strategic objectives ?	The G&W, NWS and SD CCGs' GBAF comprises risks which may threaten the delivery of their 2019/20 joint corporate objectives. Each risk is linked to a strategic (or principal) objective on the Datix risk management system. The ES CCG GBAF similarly comprises risks which may threaten the delivery of the corporate goals that were agreed jointly with the Sussex CCGs for 2019/20.
What is the financial/ resource required?	There may be additional costs relating to mitigation strategies in place for specific risks included within the GBAF and CRR. These are noted on Datix and as part of the commentary, where indicated.
What legislation, policy or other guidance is relevant?	Any organisation that is well governed must have a robust system of risk management. The publication of an annual governance statement is an NHSE requirement on CCGs that represents a review of the effectiveness of its system of internal control and the framework for identifying and managing risks, as set out in the Joint Risk Management Strategy and Policy.
Is an Equality Analysis required?	There are no specific risks identified associated with the SH CCGs discharge of their public sector equality duty.
Any Patient and Public Engagement/ consultation required?	N/A
Potential risk(s) ? (including reputational)	A failure to keep effective oversight of key risks could impact on the delivery of corporate objectives.

Recommendation(s)

- (1) **TO NOTE** the work to date on managing the GBAF risk profile for 2019/20; and
- (2) **TO REVIEW** current risk ratings that are deemed to be in "significant" range.

Next Steps

- (1) Integration of ES CCG risks.
- (2) To develop a SH CCG risk profile for the new merged organisation, taking account of the ICS and ICPs' configuration.

Risk Report: November 2019

1. Overall update

As the year progresses, financial risks continue to be challenging across the system at month seven; the main elements being QIPP delivery as set out in the finance report with the additional issues around East Surrey CCG (ES CCG) joining the Surrey Heartlands ICS also being highlighted.

The following risk is listed on the Governing Body Assurance Framework (GBAF), whilst not scored above the 15 threshold, underlines the continuing uncertainty and will be subject to ongoing review to ensure that appropriate mitigations are put in place if the score increases.

- **Risk 346: United Kingdom withdrawal from the European Union ('BREXIT'):** Due to the current uncertainty about EU Exit this is becoming a more prominent risk. 'No deal' Brexit preparedness continues from a multi-agency and health system perspective, including the provision of assurance through NHSE/I. Current Risk Rating: 9 – High.

Development of Risk Culture

During this risk cycle, the Risk team have engaged with Risk Owners and Handlers to continue to address gaps and inconsistencies in their risks in accordance with the Risk Management Strategy and Policy. This has included deep dives of sample risks to ensure quality assurance around both risk articulation and completion of the necessary fields, with feedback to Risk Owners and Handlers where required. Risk Owners and Handlers are also regularly reminded that, when risks are recommended for closure, they ensure all specified actions are completed and target ratings achieved.

Annual Internal Audit of Risk

The internal audit for G&W, NWS and SD CCGs was conducted between 4 and 26 November 2019. There was a stronger focus on CCG collaborative risk management and the auditors (RSM Risk Assurance Services LLP) also undertook a Risk Culture Survey of managers across the three CCGs. Key action points from this are:

- Need to be clearer with staff about what the risk culture is across the organisations
- Clarity about the organisation's stance in relation to risk management (tone)
- Staff having an impact on risk mitigation at team level and visibility of the mitigations once these are in place (has the mitigation made a difference?)

The final report is expected in December 2019.

East Surrey CCG is being covered by a separate internal audit of Risk Management, which is covering the seven Sussex CCGs and East Surrey CCG. This audit has a longer timescale as it is in two parts, with completion expected in early 2020.

2. G&W, NWS and SD GBAF Risk Profile

The GBAF for G&W, NWS and SD CCGs currently comprises 21 open risks. The Audit Committees are presented with all GBAF risks, whilst the Governing Bodies are presented with the top-rated, “significant” GBAF and Corporate risks only (risks with a current score of 15+). There are currently six of these in total. Governing Body are asked to **REVIEW** these “significant” risks.

The full details of the four significant GBAF risks and two corporate risks for Surrey Heartland’s CCGs are shown at Appendix 1.

Table 1 summarises the four GBAF risks deemed to be in the “significant” range.

<u>Datix Ref. No.</u>	<u>Key Risk Area</u>	<u>Current Rating</u>	<u>Previous Rating</u>	<u>Target Rating</u>	<u>Risk Owner</u>
413	Inability to deliver financial balance. <i>(Applies to all three CCGs)</i> The CCG could be subject to legal direction if it is assessed by NHSE to be failing or at risk of failing to discharge its function.	20	20	9	Karen McDowell, ICS Director of Finance
414	Failure to deliver FRP for 2019-20. <i>(Applies to SD CCG only)</i> Risk that the SD CCG cannot achieve the 2019/20 Identified FRP target.	20	20	8	Colin Thompson, ICP Director Surrey Downs CCG
408	G&W Financial Recovery Plan. <i>(Applies to G&WCCG only)</i> There is a risk that the G&W CCG cannot achieve its financial control total through the delivery of a Financial Recovery Plan.	16	16	8	Vicky Stobbart, ICP Director Guildford and Waverley CCG
428	Surrey Heartlands Workforce Assurance. <i>(Applies to all three CCGs)</i> If there are gaps in key areas of the systems workforce this could have an adverse impact on the delivery, quality and safety of services across Surrey Heartlands.	16	16	8	Claire Stone, ICS Director of Quality

Table 1. Key Risk Areas in the Significant Range.

Table 2 summarises the two corporate risks deemed to be in the “significant” range. These risks apply to all CCGs for whom Surrey Downs provides a continuing healthcare service as the host CCG:

Risk ID	Description	Current Rating	Previous Rating	Target Rating	Risk Owner
288	Consumable items for CHC patients. There is a risk that if consumable item supply and delivery for CHC patients in the community is not resolved, then the oversight will continue to be an addition to cost and workload for the CHC team.	16	16	4	Sara Barrington Associate Director, Continuing Healthcare
449	Transitioning to Adult CHC. If patients who are transitioning to Adult CHC at 18 years from Children's services do not have a timely handover period, then there is a likelihood that there will be insufficient time to plan and manage the commissioning of their new placement. The potential consequences are: placement in unsuitable environment that cannot meet care needs, distress to family, reputation consequences and risk of court.	16	16	4	Sara Barrington Associate Director, Continuing Healthcare

Table 2. Corporate Risks Rated as Significant.

3. Closed GBAF Risk

Table 3 shows a G&W, NWS and SD CCG GBAF risk agreed for closure by Audit Committees in Common at their meeting held on 15 November 2019. The three Governing Bodies are asked to **NOTE** this closure:

Risk ID	Description	Rationale for closure
297	Risk that the SHP is not able to establish an effective ICS	The ICS is developing well and remains at the leading edge of a number of development areas so this is well controlled at present. We have now taken the appropriate steps to set ourselves up as a self-assuring integrated care system. For the new merged organisation, we will need to articulate what this means for our strategic objectives for next year, and any associated risk. In the same context, we also need to give further consideration to how our strategic objectives will ensure risks are captured and on Governing Body radar, for example where performance is not meeting NHS Constitutional standards. Current rating: 6; Target rating: 6

Table 3. Closed Risk.

4. East Surrey CCG Risk Profile

The East Surrey CCG GBAF is shown at Appendix 2.

This version is dated 7 November 2019, and was produced by the Sussex CCGs' Governance Team and Executive Team as part of the handover of accountability on 1 November 2019. The document is written in the context of the corporate goals, risk profile and management structure which ESCCG shared with the seven Sussex CCGs until 31 October 2019. It needs substantial updating in the context of ESCCH's transition into the Surrey Heartlands system, including the assignation of new risk owners and handlers from within the Surrey Heartlands management structure.

Surrey Heartlands Executive Directors and the Surrey Heartlands Governance Team are therefore currently reviewing the seventeen GBAF risks, and the wider East Surrey CCG Risk Register. The outcomes of this review will be captured in the next iteration of the ESCCG Risk Register and BAF.

As an outcome of this review, some East Surrey CCG risks are being subsumed into risks already recorded for Surrey Heartlands; for example SES0018 and NP0016, which relate to the Child and Adolescent Mental Health Services (CAMHS).

Other risks have been deemed no longer relevant to ESCCG, and will be closed. For example, Risk SES0007 related to sub optimal working environments which do not now apply to ESCCG staff working across the four Surrey offices.

Some risks are being refreshed to reflect current developments. For example, Risk NP0037 (East Surrey and Sussex North Place System efficiencies and financial recovery plan 2019/20) will evolve into a new risk relating to the new CRESH (Crawley, East Surrey and Horsham) System Recovery Plan. The Sussex and Surrey Heartlands Governance Teams will ensure that the two systems' risk registers are aligned for cross-system risks such as this.

Several other new risks are being assessed for inclusion, for example relating to development of the new CRESH Integrated Care Partnership (ICP), which straddles both the Surrey Heartlands ICS and the Sussex ICS.

In November 2019, the East Surrey CCG Primary Care Commissioning Committee (PCCC) asked the CCG to assess another new risk for potential inclusion on the risk register and/or GBAF. This risk relates to the challenge of primary care integration, given that the East Surrey Primary Care Networks (PCNs) are still newly forming.

Format of the ESCCG GBAF

The format presented here brings together, in summary form, the headline indicators from each area of organisational performance to give an overall picture of the CCG's risk profile. It is framed by the CCG's Corporate Goals for 2019/20, considered alongside the NHS England Improvement and Assessment Framework for CCGs which provides the national measures of success for CCGs. The document also includes the elements of a "traditional" BAF; significant risks that could impact on delivery of the CCG's corporate goals as previously stated, those currently rated 15 +; and an indication of whether the CCG is on track to deliver individual goals. These are included at a high level, with the supporting detail given on the risk register, available on request.

- Red indicates limited progress / serious concerns;
- Amber indicates reasonable progress / moderate concerns; and
- Green indicates good progress / minimal concerns.

The East Surrey GBAF contains seventeen risks, coded as follows:

- Risks prefixed “SES - - - -” are shared Sussex and East Surrey CCG risks.
- Risks prefixed “NP - - - -” are shared Crawley CCG, East Surrey CCG, and Horsham & Mid Sussex CCG risks
- Risks prefixed “E - - - -” are specific risks relating to East Surrey CCG only, within the SES context.

Ref. No.	Key Risk Area	Current Rating	Previous Rating	Risk Owner
Corporate Goal A: Improved population health outcomes and patient experience				
<i>There are no risks with a current score of 15 or higher aligned to this goal.</i>				
Corporate Goal B: Improved quality of services, access and operational performance:				
SES0003	Delivery of key constitutional standard improvement plans for providers.	16	16	TBC
SES0005	Cyber Attacks affecting providers and GP practices within East Surrey.	16	16	TBC
SES0014	National Transforming Care Programme fails to deliver targets.	16	16	TBC
SES0018	Access to care for children and young people for mental health or neuro developmental conditions.	15	15	TBC
SES0034	Patient flow and lack of system resilience.	16	16	TBC
SES0045	Workforce demand for ES CCG commissioned providers.	16	16	TBC
SES0027	Impact on patient flow due to fragility of domiciliary care market.	16	16	TBC
NP0024	Insufficient paediatric capacity.	16	16	TBC
ES0009	Wheelchair Service estates.	16	16	TBC
Corporate Goal C: Improved financial performance				
NP0037	Failure to deliver SES North Place FRP for 19/20	20	20	TBC
Corporate Goal D: Delivering system reform				
SES0012	Procurement process for models of care delivery	12	16	TBC
SES0040	Primary Care Workforce	15	15	TBC
NP0002	Surrey CC budget cuts and reductions in services across adult and children’s social care	16	16	TBC
NP0019	Integrated Care Partnerships	20	20	TBC
NP0009	Relationship interface with Surrey County Council	15	15	TBC
NP0016	Re-procurement of CAMHS	15	15	TBC
TBC	NEW – REQUESTED AT NOVEMBER 2019 PCCC: Challenge of primary care integration given that ES PCNs in infancy	TBC	TBC	TBC

Ref. No.	Key Risk Area	Current Rating	Previous Rating	Risk Owner
	<i>(score tbc – may or may not be added to the GBAF)</i>			
Corporate Goal E: Effective and well led organisation with an empowered and inclusive workforce				
SES0011	CCG Cyber attacks affecting the CCGs	16	16	TBC

Table 4. Proposed ICS Exec Risk Owners for ES CCG Significant Risks.

5. Future development of the Surrey Heartlands GBAFs.

The East Surrey Governing Body and Audit Committee have agreed that the Surrey Heartlands Governance Team will assess the current ES CCG GBAF and make recommendations for its assimilation into the Surrey Heartlands GBAF. This is notwithstanding the importance of ES CCG still being able to report against its own corporate goals at year-end.

The Governance Team has now analysed and compared the two Assurance Frameworks and will recommend a way forward for the new Surrey Heartlands CCG, to take effect from 1 April 2020 which:

- (a) incorporates the best practice elements of both approaches, in particular providing separate, specific assurance against each Principal or Corporate Objective and
- (b) explores production of an integrated GBAF and corporate risk 'scorecard'. This approach will also be explored in the context of the wider Health and Care Partnership.

While this is being developed, the short-term intention is to report East Surrey's GBAF risks in the current Surrey Heartlands format, i.e. report on key risks only, rather than update and maintain the full "Scorecard" format as presented here. ESCCG will maintain its existing Risk Appetite and Corporate Goals for the interim; this will be reflected in the reporting.

More formal and detailed proposals for risk management and reporting to support the new governance landscape will be presented to the Audit Committees in Common (with appropriate opportunity for Executive scrutiny beforehand) at their next meeting (February 2020).

Appendix 1 - Risk Report for GBIC Dec 19

GBAF Risks rated 15+

Principal Objectives 2019-2020	Principal Objective Subheadings 2019-2020	ID	Approval status	Organisation	Directorate	Department	Owner	Handler	Risk Area	Main responsible committee	Title	Description	Potential effect of the risk	Source of risk	Controls	Gaps in controls	Assurance	Gaps in assurance	Rating (initial)	Rating (current)	Rating (Target)	Risk Appetite	Director Public Comments	Last updated
Principal Objective 1: Continue to work towards achieving Sustainable Systems	PO1 (a): Continue to develop the necessary system architecture, controls and innovation for achieving system wide financial balance and high quality of services within the commensurate level of resources available.	414	Approved by Owner	Surrey Downs CCG	SD CCG Managing Director	Surrey Downs Managing Director	Thompson, Colin	Hart, Lorna	Finance	Strategic Finance & Performance Committee	Failure to deliver FRP for 2019-20	Risk that the CCG cannot achieve the 2019/20 Identified FRP target	Non - achievement of control total	Inability to deliver the change required and realise the financial benefit in year across a number and range of projects	ICP/FRP Plan including structure and process. Existing project plans support QIPP (which is part of FRP) are in flight.	Pace of delivery of the system Finance Recovery Plan continues to be a concern and will need to be reviewed after all first stage work shops are complete.	Programme Delivery Board and associate programme boards, reporting monthly into the full ICP Board and also updates to the Strategic Performance and Finance committee	ICP Recovery Delivery Group and associated steering groups within the FRP (Planned)	20	20	9	High 9-12	Currently there is a significant gap on this risk of achieving the Finance Recovery Plan (FRP) across the Integrated Care Partnership (ICP) - Current gap in status is shown as Major & certain with the proposed target of Minor & possible. The system FRP has been completed, a partner externally organisation has been employed between Sutton CCG, SD CCG and Epsom St Heller Hospital to support us in delivery. Progress is being made however the significant issue of pace in delivery remains.	Colin Thompson 21/10/2019 12:32:49
Principal Objective 1: Continue to work towards achieving Sustainable Systems	PO1 (a): Continue to develop the necessary system architecture, controls and innovation for achieving system wide financial balance and high quality of services within the commensurate level of resources available.	413	In the holding areas, awaiting review	Surrey Heartlands CCGs	Finance	Finance	McDowell, Karen	Fuller, Claire	QUIPP	Strategic Finance & Performance Committee	Inability to deliver financial balance	Surrey Heartlands does not deliver the 2019-20 plan (example: growth is over and above that anticipated in the budget or FRP is not delivered)	The CCG could be subject to legal direction if it is assessed by NHSE to be failing or at risk of failing to discharge its function. Corrective action or sanctions taken by regulator and/or gateways to further devolution and ICS strategy are denied or delayed.	There is currently a high level of net risk reported across the three CCGs which cannot be fully mitigated, at Month 2 this is £38.1m, above the £2.8m deficit control total.	Performance management of QIPP plan -Budgetary control systems for identifying and controlling financial risks -Internal Audit plan -Reports to Audit, Strategic Finance and Governing Body committees in common -Bi weekly performance and assurance meetings with Local Area Team -Joint PMO function established across Surrey Heartlands -CCG Joint Financial Recovery Plan within local ICP -Budget statements produced and monthly reports to Joint Executive Team	QIPP programme delivery at M6 ytd slippage of £13m against plan and a FOT of £27.7m against plan of £55.5m.	Monthly financial review and monitoring reports to Governing Body and Strategic Finance Committee, including the monitoring of QIPP plan and delivery. Submission of monthly Non ISFE returns. Bi-weekly performance and assurance meetings with the Local Area Team.	None Identified	25	20	8	Moderate 5/8	The joint financial position across Surrey Heartlands CCGs as reported to NHSE at month 6 is a year to date deficit of £11.4m which is an adverse variance to plan of £10.3m. The forecast of £2.5m deficit in line with the CCG's control totals. The plan assumes QIPP delivery of £55.5m against which there has been some slippage to timescales for implementation on a number of schemes. Other than the mandated 0.5% contingency the CCGs do not hold any further reserves in 2019/20 which can be released to support the position, and there is significant risk to achieving the reported £2.5m deficit control total. The position continues to be monitored monthly with reports to Governing Body, Strategic Finance Committee and NHSE.	Claire Fuller 23/10/2019
Principal Objective 1: Continue to work towards achieving Sustainable Systems	PO1 (a): Continue to develop the necessary system architecture, controls and innovation for achieving system wide financial balance and high quality of services within the commensurate level of resources available.	408	Approved by Owner	Guildford & Waverley CCG	G&W CCG Managing Director	G&W Deputy MD	Shobbar, Vicky	Williams, Jane	Finance	Strategic Finance & Performance Committee	G&W Financial Recovery Plan	There is a risk that the CCG cannot achieve its financial control total through the delivery of a Financial Recovery Plan. In order to deliver its control total of £3.1m deficit, the CCG has a total QIPP requirement of £14.79m in 19/20, £5.34m QIPP has been identified, leaving unidentified savings required of £9.44m.	Potential failure to deliver the financial control total and loss of autonomy to G&WCCG if placed in special measures.	The G&W system has traded above its resource allocation for some years. Engagement of the partners in the transformation required to reduce levels of acute activity has been limited and QIPP programmes in previous years have failed to gain sufficient traction. In addition there are limited resources available to support the delivery programme.	- Development of Financial Recovery Plan in tandem with RSCH, focused on system transformation supported through the ICP development - Leadership by RSCH Director of Finance of the FRP and transformation programmes of work, leading to better engagement - Weekly FRP meeting - Monthly QIPP dashboard - reporting current performance and year-end forecast against each element of the QIPP programme at monthly GW LCCC - Identified QIPP contractualised for 19/20 as part of the "Matched Control" contract with RSCH - Monthly finance and QIPP delivery reporting at Strategic Finance and Performance Committee - Development of oversight mechanisms jointly with RSCH as part of the wider ICP architecture	- Risk remains in the Matched Control Total contract, which is not a block and depends on overall financial delivery in the acute trust	1st: - Signed contract with RSCH including contract principles setting out the nature of the agreement between the parties - Local Clinical Commissioning Committee - monthly finance and QIPP delivery reports received by committee - Monthly Strategic Finance and Performance Committee in common - Governing Body receive quarterly finance and QIPP delivery reports - JET finance and performance reporting	- Evidence from joint oversight mechanisms which are yet to be developed and agreed formally	20	16	8	Moderate 5/8	20.10.19 This risk relates to the financial year 2019/20. Although the risks have been reduced by the inclusion of a £3.6m QIPP programme within the RSCH contract, the current risk score is above the target score due to the size of the financial gap currently within the CCG's plan and the scale of work required for the system to return to overall financial balance. QIPP/service transformation schemes reviewed on a weekly basis at GW ICP FRP meeting, with ICP Directors and GW FRP SRO in attendance. Next review end October - will consider mitigations and stretch targets. The controls and assurance have been revised for 2019/20, with greater ownership across the ICP of the financial gap, including leadership of the Financial Recovery Plan from within RSCH.	Vicky Stobbar 20/10/2019
Principal Objective 5: Safe, effective care providing the best possible health outcomes and patient experience	PO1 (c): Support integration at all levels of the system to ensure appropriate care at the appropriate time and place, both in Surrey Heartlands and with neighbouring commissioners where patient flows cross hospital and county boundaries	428	Approved by Owner	Surrey Heartlands CCGs	Quality	Quality & Nursing	Store, Claire	Matthews, Rebecca	Quality	Quality	Surrey Heartlands Workforce Assurance	There is a risk that if there are gaps in key areas of the systems workforce	then this could have an adverse impact on the delivery, quality and safety of services across Surrey Heartlands.	Historical workforce challenges across Surrey Heartlands and national workforce supply issues have led to the need for a different and system wide approach to workforce planning and management. QCIC have escalated to GB and all providers have stated this is one of the top risks for their organisation	National workforce implementation plan which proposes new models of workforce. Surrey Heartlands workforce Action Board are supporting a co-ordinated workforce strategy. Surrey Heartlands work force assurance process.	Surrey Heartlands Workforce Director not yet in place; Lack of engagement and maturity of workforce assurance process across all Surrey Heartlands providers; Surrey Heartlands Workforce Strategy not yet in place; Application of workforce assurance process review to Surrey Heartlands CCG's workforce; Lack of an approved system workforce plan; Need to develop a response to the Interim People Plan.	Outputs Provider workforce assurance reviews and triangulation with quality metrics through the dashboard report; Surrey Heartlands has a Workforce Assurance Lead who works closely with the quality assurance team and is a member of Surrey Heartlands Workforce Action Board (SHWAB) participates in workforce assurance reviews.	Lack of consistency in use of the workforce assurance process across the system. Lack of evidence of working on system rather than provider specific level. Requirement to align workforce planning, assurance and forecasting.	20	16	8	Moderate 5/8	July 2019: This is a new risk added to reflect the system wide risk associated with workforce. There are currently gaps in controls associated with the appointment of the Surrey Heartlands Workforce Director and approval of the workforce plan. The recruitment process for the Director role is in progress and work continues at system level to develop a system workforce plan. Lead ICS AO	Clare Stone 28/08/2019

CRR rated 15+

ID	Approval status	Organisation	Directorate	Department	Risk Area	Owner	Handler	Main responsible committee	Title	Description	Potential effect of the risk	Source of risk	Controls	Gaps in controls	Assurance	Gaps in assurance	Rating (initial)	Rating (current)	Rating (Target)	Risk Appetite	Director Public Comments	Last updated
288	Approved by Owner	Surrey Downs CCG	Quality	Continuing Health Care	Continuing Health Care	Barrington, Sara	Bruce, Maria	CHC Programme Board	Consumable items for CHC patients	There is a risk that if consumable item supply and delivery for CHC patients in the community is not resolved,then....	Then....the oversight will continue to be an addition to cost and workload for the CHC team. The current CHC team does not have capacity in clinical or administrative resource to take on this service, adopting this practice beyond this emergency response measure is not sustainable or safe, and will stretch CHC team resources and put patients at risk.	Community services contracting arrangements have not been resolved and the lack of capacity in the CHC team to deal with this leads to the risk for the patients. Over the last couple of years both CHC and SCC (operation teams and Reablement) have increasingly received requests to provide and fund visits to people who live in their own home to complete tasks which should be the proper responsibility of Community Health Services. Such requests have also been received by Domiciliary Care providers in Surrey. A range of tasks have been requested and include, for example, PEG management, administration of medication and eye drops, stoma and catheter care, BIPAP care, through to manual bowel evacuation. These gaps exist because the 6 Surrey CCGs all have their own individual contracts and specifications for community health services. There is no national NHS template. Having reviewed the contract specifications for community services across the 6 CCGs it is evident that the content of the specifications are variable and there are gaps in this area of provision. Coupled with this is an increasingly business-like culture and practice within community health care providers - who may be using the content of the contract specifications to manage demand/workload or work to the contract value.	Paper to CHC Program board 14th November 2018 agreed contingency plan: CHC to continue funding these cases and re-charging the relevant CCG.	There is no policy for this service (not a CHC service)	Oversight CHC Programme Board	None identified	16	16	4	Low 1-4	01.10.2019: Scoring remains the same. No change in the community contracting arrangements. CHC to continue funding these cases and re-charging the relevant CCG.	Maria Bruce 23/10/2019

Principal Objectives 2019-2020	Principal Objective Subheadings 2019-2020	ID	Approval status	Organisation	Directorate	Department	Owner	Handler	Risk Area	Main responsible committee	Title	Description	Potential effect of the risk	Source of risk	Controls	Gaps in controls	Assurance	Gaps in assurance	Rating (initial)	Rating (current)	Rating (Target)	Risk Appetite	Director Public Comments	Last updated
		449	Approved by Owner	Surrey Downs CCG	Quality	Continuing Health Care	Continuing Health Care	Barrington, Sara	Bruce, Maria	CHC Programme Board	Transitioning to Adult CHC	patients who are transitioning to Adult CHC at 18 years from Children's services may not have a timely handover period....	...then there is a likelihood that there will be insufficient time to plan and manage the commissioning of their new placement. The potential consequences are placement in unsuitable environment that cannot meet care needs. Distress to family. Reputation consequences and risk of legal action and costs.	This risk has come to light after a recent experience whereby a patient was at risk of provider break down prior to Adult CHC while under the care of multiple agencies and the situation was not communicated to CHC in time to commission an alternative safe placement to meet needs. This resulted in distress to the patient and their family and a court case involving substantial legal costs to the CCG.	Documents/National Guidance: National Framework for CHC and FNC October 2018 (Revised) is the guidance for operations. Children and young people's continuing care national framework NICE quality standard QS140 transition from children's to adult's services Transition: moving on well A transition guide for all services Children's Act 2004	Local agreements/policy to coordinate multiple agency cooperation for best practice in transition prior to CHC commissioning responsibility at 18 years.	CHC Clinical Leads meeting - clinical leadership (CHC Clinical team)- ToR under development CHC Senior Leadership Team Meeting (CHC) (ToR in place) CHC Programme Board (Adult CHC & Local Authority ASC and Children's CHC)ToR in place CHC Weekly Operations Meeting - performance management(ToR in place)	Local multi-disciplinary forum/steering group with appropriate membership representing all agencies involved in patient's care, for transition to adult CHC. E.g Local authority Education.	20	16	4	Low 1-4	01.10.2019 - hold risk at 16. No change. Effective controls as statutory guidance in place however, recognised that there are grey areas between statutory guidance need clarity. Gaps in assurance - need for a forum bringing partners together to understand scope of risk. Request feedback from other services by 31st October 2019	Maria Bruce 23/10/2019



Sussex and East Surrey
Clinical Commissioning Groups



East Surrey CCG

Integrated Balanced Scorecard / Board Assurance Framework November 2019

The balanced scorecard reflects the overall organisational performance against stated local and national goals and objectives. It covers the following:

- The current status of each corporate goal,
- Performance against relevant national Improvement and Assessment Framework metrics which could materially impact on delivery of each goal.
- Performance against key locally derived “early warning” indicators that could impact on delivery or corporate goals and objective
- Progress against corporate strategies and objectives
- Key controls to assist in managing the risk to secure the achievement of each strategic goal.
- Any gaps in control, e.g. systems not in place.

Executive Summary

Corporate Goal	Assurance Statement	Assured
<p>A: Improved population health outcomes and patient experience</p>	<p>There are three elements to this corporate goal with differing levels of assurance;</p> <ol style="list-style-type: none"> 1. Patient engagement – the CCG is compliant with national requirements; 2. Equalities and health in equalities – compliance with the local Q1 EHIA training target is at risk; 3. Population health management – Population health management baseline profile is complete and development of the strategy is underway. <p>Whilst controls and actions are in place they are yet to have a quantified impact on performance.</p>	<p>Yes</p>
<p>B: Improved quality of services, access and operational performance</p>	<p>The October 2019 Performance and Accountability Review (Executive led assurance review of each place) found there to be a number of key areas where performance targets and quality standards are not being met. The below table shows the areas of concern. Due to the significant number of concerns this corporate goal is rated as NOT ASSURED.</p>	<p>No</p>
<p>C: Improved financial performance</p>	<p>There are two parts to Corporate Goal C; delivery of control totals and achievement of running cost target. The North Place CCGs have a very challenging control total and which presents a significant risk. A joint plan has been developed in consultation with provider organisations and submitted to NHSE. Individual projects have been initiated to deliver this and progress is being monitored through a system-wide Financial Recovery Board.</p>	<p>No</p>
<p>D: Delivering system reform</p>	<p>The Commissioning Reform Programme continues to run to plan.</p> <ul style="list-style-type: none"> • We have successfully transitioned East Surrey CCG into Surrey Heartlands with change of Accountable Officer; • NHS E/I have conditionally approved the CCG mergers; • Significant work has been undertaken to engage the membership on the constitutions and to launch the membership vote; • We are on track to submit our Sussex Strategic Plan, our response to the NHS Long Term Plan by the deadline 	<p>Yes</p>
<p>E: Effective and well led organisation with an empowered and inclusive workforce</p>	<p>Leadership assurance ratings have improved (or been maintained at Good) for all CCGs following end year assurance meetings. Our action plan responding to the staff survey is being implemented and improvement will be tested through regular temperature checks. The inclusion strategy has now been agreed by all Governing Bodies but that plan recognises that some significant inclusion challenges remain around some protected characteristics (as reflected in the WRES and WDES national submissions, and our gender pay analysis) which will take concerted action to address. An interim people plan is in development which will consolidate actions and improvements.</p>	<p>Requires Improvement</p>

Corporate Goal A: Improved population health outcomes and patient experience

Executive Leads: Director of Communication & Director of Strategy

Overview	<p>There are three elements to this corporate goal with differing levels of assurance;</p> <ol style="list-style-type: none"> 1. Patient engagement – the CCG is compliant with national requirements; 2. Equalities and health in equalities – compliance with the local Q1 EHIA training target is at risk; 3. Population health management – Population health management baseline profile is complete and development of the strategy is underway. 	<p>Assured:</p> <p>Yes</p>
	<p>Whilst controls and actions are in place they are yet to have a quantified impact on performance.</p>	

	Objective	Measure	Period	Assured	Actual
Corporate Objectives	Achieve an overall green rating for each CCG in the IAF patient and community engagement Indicators	Compliance with statutory guidance on patient and public participation in commissioning health and care	2018	Yes	Yes
	Develop and embed by end of Q1 a new Equalities and Health Inequalities Impact Assessment process	EHIA training %	May-19	TBC	13.2%
		EHIA - No completed and reported to the GB	TBC	TBC	TBC
	Develop a clear, staged plan to operationalise Population Health Management and take proactive action to reduce risk and inequalities	TBC	TBC	TBC	TBC

Supporting Measures	<p>Early Warning Signs (Aug-19)</p> <table border="1"> <thead> <tr> <th>Category</th> <th>Value (%)</th> </tr> </thead> <tbody> <tr> <td>GP FFT (vs England avg)</td> <td>92.3%</td> </tr> <tr> <td>OP FFT (vs England avg)</td> <td>90.3%</td> </tr> <tr> <td>AE FFT (vs England avg)</td> <td>90.4%</td> </tr> <tr> <td>IP FFT (vs England avg)</td> <td>95.4%</td> </tr> </tbody> </table>	Category	Value (%)	GP FFT (vs England avg)	92.3%	OP FFT (vs England avg)	90.3%	AE FFT (vs England avg)	90.4%	IP FFT (vs England avg)	95.4%	<table border="1"> <thead> <tr> <th colspan="2">IAF Measures</th> <th>Period</th> <th>Assured</th> </tr> </thead> <tbody> <tr> <td>Personal</td> <td>budgets</td> <td>19-20 Q1</td> <td style="background-color: #92D050;">Yes</td> </tr> <tr> <td colspan="2">Inequality in unplanned hospitalisation for chronic ambulatory care sensitive and urgent care sensitive conditions</td> <td>18-19 Q2</td> <td style="background-color: #FFC300;">Requires Improvement</td> </tr> </tbody> </table>	IAF Measures		Period	Assured	Personal	budgets	19-20 Q1	Yes	Inequality in unplanned hospitalisation for chronic ambulatory care sensitive and urgent care sensitive conditions		18-19 Q2	Requires Improvement
	Category	Value (%)																						
GP FFT (vs England avg)	92.3%																							
OP FFT (vs England avg)	90.3%																							
AE FFT (vs England avg)	90.4%																							
IP FFT (vs England avg)	95.4%																							
IAF Measures		Period	Assured																					
Personal	budgets	19-20 Q1	Yes																					
Inequality in unplanned hospitalisation for chronic ambulatory care sensitive and urgent care sensitive conditions		18-19 Q2	Requires Improvement																					

Corporate Goal A: Improved population health outcomes and patient experience

Executive Leads: Director of Communication & Director of Strategy

Risk	Current score			Trajectory (last 3 months)	Key Gaps in assurances and controls	Key Actions
	L	I	S			
<i>There are no risks with a current score of 15 or higher aligned to this goal.</i>						

Corporate Goal B: Improved quality of services, access and operational performance

Executive Leads: Director of Quality & CFO

Overview	<p>The October 2019 Performance and Accountability Review (Executive led assurance review of each place) found there to be a number of key areas where performance targets and quality standards are not being met. The below table shows the areas of concern. Due to the significant number of concerns this corporate goal is rated as NOT ASSURED.</p>	Assured: No
----------	--	----------------------------------

Key Lines of Enquiry	Issue	Assured
SaSH – contract expenditure review, update on approach	Financial risk associated with over performance	No
	Long term sustainability and system approach	
	Changes to counting and coding.	
Planned Care	Growth in referrals from GP and other	No
	Lack of clarity regarding specific drivers for increase in demand and associated actions to mitigate.	
52+ week position	Significant increase in number of 52 week waits.	No
Diagnostics	Lack of clarity regarding the quantification of diagnostics recovery trajectory and impact on delivery of cancer recovery	No
Cancer	Not assured of sustainable delivery in the current acute configuration and interdependency on diagnostics.	No
Urgent Care	Under utilisation of GP improved access	No
Initial Health Assessments	Delivery of IHAs not in line with national standard	No

Corporate Goal B: Improved quality of services, access and operational performance

Executive Leads: Director of Quality & CFO

Risk	Current score			Trajectory (last 3 months)	Key Gaps in assurances and controls	Key Actions
	L	I	S			
SES0003 Delivery of key constitutional standard improvement plans for providers.	4	4	16	↔	Success reliant on providers completing system actions and managing to hit targets.	The trajectories are underpinned by system actions which are described for each SES place and provider and are detailed in the locally managed risks. These actions include targets for: diagnostics, cancer, mental health diagnosis, IAPT and RTT. (31/03/20)
SES0005 Cyber Attacks affecting providers and GP practices within Sussex and East Surrey	4	4	16	↔	Each provider has differing levels of maturity in terms of ability to mitigate the cyber threat, however SES CCGs don't have remit to determine internal Trust policy in this matter.	Charter being drafted by Cyber Security Group to define a way of working across SES CCGs and providers to ensure consistent approach to cyber security. CCGs to commission core and mandated IT technologies, systems and support services for GPs to help prevent vulnerabilities to cyber attack. (31/03/20)
SES0014 National Transforming Care Programme	4	4	16	↔	Gap between resource transfer from specialist commissioning and anticipated expenditure on enhanced/developing community services. Potential pre-admission care and treatment reviews - anticipated gap, review underway.	Identification and resolution of blockages. Detailed planning work to determine needs on discharge. Implementation of workforce plan. Full review of patients with delayed discharge. Appointment of additional LeDeR review resource and new Chair to TCP Programme Board. (31/03/20)
SES0018 Access to care for children and young people for mental health or neuro developmental conditions	3	5	15	↔	Provider workforce availability and capacity of specialist mental health workers.	Design and implement revised pathways. Consideration of business case being developed to support neuro developmental pathway improvements. Act on outcome of Sussex-wide Independent Review of Children and Young Persons Emotional and Wellbeing Services. (30/11/19)
SES0034 Patient flow and lack of system resilience	4	4	16	↔	Further mitigations to be developed to ensure system can respond to surges in demand.	Winter plan to be stress tested in September 2019 and further mitigations developed to ensure robust plans are in place for surges in demand. (30/11/19)

Corporate Goal B: Improved quality of services, access and operational performance

Executive Leads: Director of Quality & CFO

Risk	Current score			Trajectory (last 3 months)	Key Gaps in assurances and controls	Key Actions
	L	I	S			
SES0045 Workforce demand for SES CCG commissioned providers	4	4	16	↔	Availability of specialist workforce Continuation and exploration of joint working Brexit	Review the purpose and work plans of Locality Training Hubs Lead the creation of an infrastructure to support a robust and sustainable approach to primary and community workforce development. Commence the implementation of the agreed workforce plan for the Transforming Care Programme in Sussex. (31/12/19)
SES0027 Impact on patient flow due to fragility of domiciliary care market	4	4	16	↔	Although the lead for this work is WSCC, the fragility of the domiciliary care market and care home provision requires a strong focus from the A&E Delivery Board and System Resilience Group.	Better at Home business case being developed to reduce delays in acute due to packages of care. WSxCC undertaking options appraisal re County wide service to mitigate for supply risks in the domiciliary care market and keen to progress the development of a discharge to assess home model. (31/10/19)
NP0024 Insufficient paediatric capacity	4	4	16	↔	Insufficient paediatric capacity to manage activity peaks within SASH potentially impacting upon patient safety resulting in non delivery of clinical outcomes.	Commissioning gaps review being undertaken by Colin Simmons, IUC Programme Director (Sussex), which will further inform commissioning opportunities.
ES0009 Wheelchair Service estates	4	4	16	↔	Lack of suitable estates in East Surrey is a notable challenge for all services.	Wheelchair Programme director and Deputy Director of Partnerships are looking at estates within the East Surrey patch and assessing feasibility of bordering estates.

Corporate Goal C: Improved financial performance

Executive Lead: CFO

Overview	There are two parts to Corporate Goal C; delivery of control totals and achievement of running cost target.	Assured: No
	The North Place CCGs have a very challenging control total and which presents a significant risk.	
	A joint plan has been developed in consultation with provider organisations and submitted to NHSE. Individual projects have been initiated to deliver this and progress is being monitored through a system-wide Financial Recovery Board.	

Objective	Measure	Period	Assured	
Corporate objectives	Deliver a financial plan that ensures all CCGs achieve 2019-20 Control Totals and is consistent with 3-5 year Financial Recovery Plans that are in place for each CCG	Surplus / (Deficit) to Date	M6	No
		Surplus / (Deficit) Forecast Outturn	M6	Yes
		Risk-Adjusted Surplus / (Deficit) Forecast Outturn	M6	No
		QIPP - Year to Date Delivery	M6	No
		QIPP - Full Year Forecast	M6	No
	Ensure plans are developed and implemented that secure achievement of a 20% reduction in administration costs by the end of the financial year	An operating model was developed with the seven Sussex CCGs that demonstrated a 20% reduction in running costs. The CCG transfers into Surrey Heartlands from 1 st November. The assumptions underpinning the affordability of the model require further testing.	M6	Requires Improvement



Corporate Goal C: Improved financial performance

Executive Lead: CFO

Risk	Current score			Trajectory (last 3 months)	Key Gaps in assurances and controls	Key Actions
	L	I	S			
NP0033 Over performance risk of PBR Contracts (as opposed to AICs or equivalent)	4	5	20	↔	There is a likelihood that the contract will over-perform against CCG available budgets until such time as system efficiencies are risk shared and contractualised. CCGs and SaSH had a differing view on growth c£2.5m, system efficiency target c£7m and application of KPIs c£1m	This risk has now been crystalised and can therefore be closed. New risk (NP0037) currently being reviewed to incorporate ongoing elements of this risk.

Corporate Goal D: Delivering system reform

Executive Lead: Director of Strategy

Overview	<p>The Commissioning Reform Programme continues to run to plan.</p> <ul style="list-style-type: none"> • We have successfully transitioned East Surrey CCG into Surrey Heartlands with change of Accountable Officer; • NHS E/I have conditionally approved the CCG mergers; • Significant work has been undertaken to engage the membership on the constitutions and to launch the membership vote; • We are on track to submit our Sussex Strategic Plan, our response to the NHS Long Term Plan by the deadline 	<p>Assured:</p> <p>Yes</p>
-----------------	--	--

	Objective	Measure		Assured
Corporate objectives	Agree and implement all 2019-20 deliverables in the commissioning reform roadmap, including implementing plans to shape the strategic future of the CCGs and maximise the benefits of commissioning with Local Authority Partners	Outline proposals to Governing Bodies	Apr-19	Yes
		Options appraisal to Governing Bodies	Jun19	Yes
		Completion of NHS E Checklist	Sep-19	
	Build effective and fully functioning integrated primary care networks in which health and care professionals work together and with communities to proactively manage the health and care needs of the local population, and expand proven and effective community care models.	Primary Care Network applications	Jul-19	Yes
		Develop local response to the Long Term Plan	Sep-19	

Corporate Goal D: Delivering system reform

Executive Lead: Director of Strategy

Risk	Current score			Trajectory (last 3 months)	Key Gaps in assurances and controls	Key Actions
	L	I	S			
SES0012 Procurement process for models of care delivery	4 4	4 3	12 16	↓	No common procurement policy in place across the eight CCGs.	SES-wide procurement policy to be agreed by EMT and ratified by Audit Committees.
SES0040 Primary Care Workforce	5	3	15	↔	Availability of workforce. Practice vulnerability.	Work with GP Federations to identify service models that provide primary care at scale and support GP resilience. International recruitment. Workforce tutors programme. Potential orientation events for new overseas GP recruits.
NP0002 Surrey CC budget cuts and reductions in services across adult and children's social care	4	4	16	↔	Local Joint Commissioning Group's ability to influence is becoming increasingly limited. Clarity on impact of decommissioning decisions.	Monitor and feed back on impact of ongoing decisions to Surrey County Council and West Sussex County Council. Monitor implementation of decision to decommission Housing Related Support and IPEH services for certain groups.
NP0019 Integrated Care Partnerships	5	4	20	↔	ICS road map and North Place Clinical Strategy.	Develop a road map for moving towards an ICS. Develop North Place Clinical Strategy.
NP0009 Relationship interface with Surrey County Council	5	3	15	↔	Lack of senior commitment to the joint commissioning agenda	Develop North Clinical Strategy and articulate local authority role. Clarify strategic fit of East Surrey CCG within STPs. Senior level engagement with both County Councils to establish common ground and ensure commitment to the CCG strategy.
NP0016 Re-procurement of CAMHS	5	3	15	↔	Current governance timelines do not allow for sufficient time for review within the procurement milestones.	Continued engagement and attendance at re-procurement forums. Monthly updates to LMT. Senior manager of partnerships to have oversight of the 5 work stream pilot projects, evaluation and decisions to go to procurement.

Corporate Goal E: Effective and well led organisation with an empowered and inclusive workforce

Executive Lead: Director of Organisational Development and HR

Overview	<p>Leadership assurance ratings have improved (or been maintained at Good) for all CCGs following end year assurance meetings. Our action plan responding to the staff survey is being implemented and improvement will be tested through regular temperature checks. The inclusion strategy has now been agreed by all Governing Bodies but that plan recognises that some significant inclusion challenges remain around some protected characteristics (as reflected in the WRES and WDES national submissions, and our gender pay analysis) which will take concerted action to address. An interim people plan is in development which will consolidate actions and improvements.</p>	<p>Assured:</p> <p>Requires Improvement</p>
-----------------	--	---

	Objective	Measure	Period	Assured
Corporate objectives	Achieve an overall green rating for each CCG in CCG IAF ratings for leadership	Quality of CCG leadership	18-19 Q4	Yes
	Implement in full a targeted action plan that responds to feedback given in the 2018-19 CCG staff surveys	I would recommend my organisation as a place to work	2019	43%
		I feel involved in decisions that are made, including important decisions by senior managers that affect my work	2019	37%
		My organisation definitely takes positive action on health and well-being	2019	52%
		I have regular contact with my line manager including regular 1:1's	2019	64%
		Our team has regular team meetings with an opportunity to hear important messages as well as provide feedback that is escalated	2019	59%
	Develop by the end of Q2, agree, and implement 2019-20 deliverables within a workforce and organisational development strategy and programme for the CCGs	Improved staff retention (reduced staff turnover %)	Mar-19	29%
		Reduction in sickness absence levels (% absence)	Feb-19	4.1%
		Reduction in sickness absence levels for stress/anxiety	Mar-19	23%
		PDP's completed (% appraisals complete)	May-19	55%
	Develop, agree by the end of Q1, and implement 2019-20 deliverables within an Inclusion Strategy for the CCGs	WDES - % staff	TBC	TBC
		WRES - % staff	TBC	TBC

Corporate Goal E: Effective and well led organisation with an empowered and inclusive workforce

Executive Lead: Director of Organisational Development and HR

Risk	Current score			Trajectory (last 3 months)	Key Gaps in assurances and controls	Key Actions
	L	I	S			
SES0011 CCG Cyber Security	4	4	16	↔	Mobile Device Management. Software to help guard against zero day attacks	Regular review and communication of cyber security risk alerts. Achieve Cyber Essentials Plus accreditation. Continue to develop staff awareness. Implement Mobile Device Management. (30/03/20)

Appendix 1: RAG Ratings – Organisational Overview

	Measure Name	Measure Description	RAG compared against
Corporate Goal A	FFT - Primary Care	Percentage of positive Friends and Family Test responses received by all GP practices in CCG in the latest month	England average
	FFT - A&E	Percentage of positive Friends and Family Test responses received by A&E in each CCG's local Trust.	England average
	FFT - Inpatients	Percentage of positive Friends and Family Test responses returned by patients admitted in each CCG's local Trust.	England average
	EHIA %	Percentage of staff that have received EHIA training to date	Not rated
	Ineq. in unpl. hosp. for chronic ambulatory care sens. and urgent care sens. conditions	Inequality in unplanned hospitalisation for chronic ambulatory care sensitive and urgent care sensitive conditions	Same period last year
	Compl. w/ stat. guid. on pat. and pub. p'pation in comm'ing health & care	Compliance with statutory guidance on patient and public participation in commissioning health and care	Same period last year
Corporate Goal B	4hr A&E	Percentage of patients admitted, transferred or discharged from A&E within 4 hours	Target
	RTT	Percentage of patients waiting 18 weeks or less from referral to hospital treatment (incomplete pathways)	Target
	62 day	People with urgent GP referral having first definitive treatment for cancer within 62 days of referral	Target
	12 hour breach	Number of patients waiting in A&E for 12 hours or more to be admitted	Target
	52 Week Wait	Number of patients waiting 52 weeks or more from referral to hospital treatment (incomplete pathways)	Target
	Never Events	The number of never events reported by each CCG's local Trust.	Target

Appendix 1: RAG Ratings – Organisational Overview

	Measure Name	Measure Description	RAG compared against
Corporate Goal C	FOT	Surplus / deficit forecast outturn	Plan
	QIPP YTD	QIPP year-to-date delivery	Plan
	QIPP FOT	QIPP full year forecast	Plan
	OP First YTD vs last yr.	Outpatient first attendances year-to-date	YTD last year
	A&E YTD vs last yr.	A&E attendances year-to-date	YTD last year
	NEL YTD vs last yr.	Non-elective attendances year-to-date	YTD last year
Corporate Goal D	PCN development	TBC	TBC
	Commissioning Reform	TBC	TBC
	ICP Development	TBC	TBC
Corporate Goal E	Sickness %	Full time equivalent days sick / Full time equivalent days available	TBC
	PDP %	CCG employees with a PDP / CCG employee headcount	TBC
	WRES	Percentage of staff in each of the Agenda for Change (AfC) Bands 1 - 9 and VSM (including executive board members) compared with the percentage of staff in the overall workforce	TBC
	Anxiety	Number of sickness days taken for anxiety / total sickness days taken	TBC
	Temp Check	TBC	TBC
	WDES	Relative likelihood of Disabled staff compared to non-disabled staff being appointed from shortlisting across all posts	TBC

Appendix 2: Provider / CCG Mappings

Measures mapped from provider to CCG:

Overview

- FFT - A&E
- FFT - Inpatients
- 12 hour breach
- Never events

Corporate Goal 2

- 12 hour breaches
- No of Never Events
- No of E.coli reported
- Summary Hospital-level Mortality Indicator (SHMI): 12 month rolling

Provider	Mapped CCG
BSUH	NHS Brighton and Hove CCG
BSUH	NHS High Weald Lewes Havens CCG
BSUH	NHS Horsham and Mid Sussex CCG
ESHT	NHS Eastbourne, Hailsham and Seaford CCG
ESHT	NHS Hastings and Rother CCG
SaSH	NHS Crawley CCG
SaSH	NHS East Surrey CCG
WSHFT	NHS Coastal West Sussex CCG