

Assurance Framework Snapshot

Ref	Risk Scenarios	Risk Owner	Gross Risk Exposure	Gross Risk Exposure Rating	Controls Effectiveness Rating	Net Risk Exposure	Net Risk Exposure Rating	Risk Movement
RS_01 GB_16	IF we do not maintain good strategic relationships with providers, practices, local authorities, NHS England, other CCGs and the voluntary sector THEN we may not be able to deliver the necessary transformational change to meet the aspirations of the Five Year Forward View whilst remaining in financial balance	AO	12	H		8	H	
RS_02 GB_20	IF we do not have the right skills, knowledge and capacity in our leadership, management teams and our commissioning support services THEN we may not be able to manage both our day to day operations and the delivery of our strategic objectives	AO	16	E		12	H	
RS_03 GB_13	IF we do not have the right skills, workforce capacity in primary, social, community and secondary care THEN this may impact on the ability of our local health and social care system to deliver both current services and the necessary transformational change resulting in poorer care for our citizens and dissatisfaction amongst staff	Head of Ops	8	H		8	H	
RS_04 GB_08 GB_11	IF we do not have effective performance and quality governance structures in place THEN we will be unable to assure ourselves of the quality of commissioned services and that any emerging quality are identified and appropriately mitigated	Dir of Nursing	16	E		12	H	
RS_05	IF we do not have effective corporate governance, decision making structures, member engagement and patient involvement in place THEN we may not make the most appropriate decisions for our citizens and may be open to legal challenges	AO	15	E		12	H	
RS_06	IF we do not accelerate and embed the adoption of technology and information sharing in clinical and corporate areas THEN we will be unable to transform services and deliver the best possible care for our citizens	CFO	8	H		8	H	
RS_07 GB_23	IF we do not develop and utilise the local health and local authority estate in the most effective way THEN there may be unacceptable financial and service consequences	CFO	12	H		6	M	
RS_08 GB_02	IF we do not achieve our QIPP savings and service transformation plans as existing approval process has removed the capacity for further savings THEN we will be unable to meet our financial challenges and the rising demand for services.	AD Business Planning	20	E		10	H	
RS_09 GB_03 GB_04 GB_05 GB_10	IF we do not have the right information to be assured we are meeting the NHS constitutional standards, statutory standards and other key performance targets THEN this will impact on the CCGs quality premium and the quality of the services we commission for our citizens and on our reputation	Dir. Strategy & Comm.	20	E		15	E	
RS_10	IF we do not have the right financial, activity and performance information THEN we may not be commissioning value for money services and will be unable to meet our financial challenges	CFO	20	E		15	E	
RS_11	IF we do not anticipate and respond to future individual health needs THEN we may not commission the right services to meet those needs, reduce health gaps and prevent ill health	Head of Ops	8	H		8	H	
RS_12	IF we do not have the right information about the impact of legislation and regulatory requirements on health and social care THEN we may not commission the right services to meet these requirements	AO	9	H		6	M	
RS_13	IF we do not appropriately manage and stimulate the healthcare market THEN the social, voluntary and commercial providers may not be able to effectively respond to our commissioning intentions and therefore we may not be able to transform services in the way we intend	Dir. Strategy & Comm.	12	H		8	H	
RS_14	IF the CCG partnership working arrangements fail to identify and uncover any threats to the financial sustainability of our local NHS providers and local authorities, THEN we may not be able to commission the right services in the right settings with the right outcomes for our patients, at an affordable price.	AO	15	E		15	E	

ASSURANCE FRAMEWORK OCTOBER 2015/16

Compliance Linked ID No	Risk Owner	Principle Risk	Contols (Measures in place to mitigate this risk)	Gross Likelihood	Gross Consequences	Gross Risk Exposure	Internal Assurances on Controls (Where this risk is monitored via governance reporting mechanisms)	External Assurances on Controls (Where this risk is monitored via governance reporting mechanisms)	Gaps in Controls / Assurances (where controls are not fully working or further controls are required and limited assurance has been achieved)	Net Likelihood	Net Consequences	Net Risk Exposure	Action Plan	Risk Movement
RS01 GB_16	Accountable Officer	IF we do not maintain good strategic relationships with providers, practices, local authorities, NHS England, other CCGs and the voluntary sector THEN we may not be able to deliver the necessary transformational charge to meet the aspirations of the Five Year Forward View whilst remaining in financial balance	1. QIPP reports 2. Finance performance reports 3. Regular "Assembly" meetings with member practices 4. Lead director for each local authority responsible for building relationships 5. Systems Leaders group 6. Director led meetings with key providers 7. CCG Communication Strategy 8. Engagement processes for developing CCG strategies 9. Better Care Fund oversight groups	3	4	12	1. CCG Governing Bodies and Operational Leadership Team (OLT) 2. Business cases and GB papers should describe engagement with stakeholders and result of it 3. Joint Transformation Board with Frimley Health	1. NHSE CCG Assurance Framework monitors delivery against financial and activity plans 2. NHSE CCG Assurance Framework - domain on leadership and quarterly assurance meetings 3. Scrutiny from Health & Wellbeing Boards 4. Annual 360 degree review of CCG by key stakeholders	1. CSU process is external to the CCG and therefore not in complete control. 2. Lack of systematic engagement with voluntary sector 3. GB papers and Business Cases do not always fully describe engagement	2	4	8	1. CSU are subject to review and any issues will be addressed via discussions between executive leads 2. More systematic engagement with voluntary sector 3. GB papers need to include Business Cases describing engagement	
RS02 GB_20	Accountable Officer	IF we do not have the right skills, knowledge and capacity in our leadership, management teams and our commissioning support services THEN we may not be able to manage both our day to day operations and the delivery of our strategic objectives	1. Review of federated and CCG specific team capacity / roles 2. Contract with Consult HR for Workforce Development Strategy 3. Individual staff personal development plans (PDPs) 4. Statutory and mandatory training, professional and technical training 5. Organisational Development plans and reports on progress 6. Training statistics (incl statutory and mandatory training) 7. Agreed SLA with CSU for core and additional services. 8. Regular review of CSU performance	4	4	16	1. Federation CCG Working Group 2. Remuneration Committee 3. Primary Care Co-commissioning 4. CCG Executive Team 5. CCG/CSU monthly performance reviews with CSU at joint director level 6. GB paper setting out process for developing 2015/16 commissioning plans	1. NHS England approval of CSU competence (accreditation on Lead Provider Framework) 2. NHSE CCG Assurance Framework - domain on leadership and quarterly assurance meeting 3. Internal Audit reports	1. Review of capacity and roles not completed and overreliance on interim staff at all levels 2. Lack of regular reporting of Organisational Development progress and improvements to "federated ways of working" exacerbates capacity pressures 3. Some CSU service line specifications need to be redesigned to fit the CCG requirements 4. Lack of comprehensive Learning & Development Strategy.	3	4	12	1. Review of capacity and roles to be completed by Interim AO, senior team and CCG Chairs 2. CCG Chair (B&A) to oversee and implement OD program of work 3. Prioritise improvements to "federated ways of working" 4. Some CSU service line specifications need to be redesigned to fit the CCG requirements 5. Work with Consult HR on the wider talent management agenda	
RS03 GB_13	Head of Operations	IF we do not have the right skills, workforce capacity in primary, social, community and secondary care THEN this may impact on the ability of our local health and social care system to deliver both current services and the necessary transformational change resulting in poorer care for our citizens and dissatisfaction amongst staff	1. BHFT 2015/16 Contract 2. CIP plans - Quality review of provider by Director of Nursing. 3. Health Education England forward plans for workforce training. 4. Contract review meetings 5. Joint governance and contractual arrangements 6. Regular, effective and meaningful engagement at a strategic level across the system 7. Living wage from minimum wage 8. Monitoring and investigation of serious incidents in provider services will flag staffing related incidents	2	4	8	1. Quality and Performance reports to Committees and Governing Bodies 2. CCG response to 2014/15 Quality Accounts 3. Quality Committee receives contract performance reports from contract review meetings 4. Delivery assurance system for QIPP programmes 5. QIPP reports to OLT and GB 6. Serious Incident investigation reports. 7. Joint Transformation Board with Frimley Health	1. CQC reports 2. NHSE CCG Assurance Framework - domain on leadership and quarterly assurance meetings	1. Contract specifications need further clarity 2. National immigration rules effecting recruitment of overseas. 3. QIPP and commissioning plans need to incorporate realistic assessment of deliverability	2	4	8	1. Programme to improve clarity of contract specifications 2. QIPP programmes and commissioning plans to include wider workforce implications	

ASSURANCE FRAMEWORK OCTOBER 2015/16

Compliance Linked ID No	Risk Owner	Principle Risk	Contols <i>(Measures in place to mitigate this risk)</i>	Gross Likelihood	Gross Consequences	Gross Risk Exposure	Internal Assurances on Controls <i>(Where this risk is monitored via governance reporting mechanisms)</i>	External Assurances on Controls <i>(Where this risk is monitored via governance reporting mechanisms)</i>	Gaps in Controls / Assurances <i>(where controls are not fully working or further controls are required and limited assurance has been achieved)</i>	Net Likelihood	Net Consequences	Net Risk Exposure	Action Plan	Risk Movement
RS04 GB_08 GB_11	Director of Nursing	IF we do not have effective performance and quality governance structures in place THEN we will be unable to assure ourselves of the quality of commissioned services and that any emerging quality are identified and appropriately mitigated	<ol style="list-style-type: none"> 1. CQC Regulations 2. CQC Action Plans monitored by CCG and CQC 3. National and Local Policy/ regulatory standards. 4. Contracts with providers includes Quality Schedule, national and constitutional targets 5. Contract monitoring of schedules 6. Serious Incidents reports 7. Serious Incident Review Group bi-monthly 8. Infection Control reports. 9. Safeguarding procedures. 10. NICE/Quality Standards. 11. Patient Surveys. 	4	4	16	<ol style="list-style-type: none"> 1. Quality meetings with Provider. 2. Site visits. 3. Quality Committee receives Serious Incident reports and Serious Incident Review Group bi-monthly 4. Safeguarding reports. 5. Patient Experience /Complaints reports 6. CCG quality dashboards. 	<ol style="list-style-type: none"> 1. CQC inspections of providers and provider action plans. 2. NHSE CCG Assurance Framework monitors delivery against financial and activity plans 3. NHSE CCG Assurance Framework - domain on leadership and quarterly assurance meetings 3. Serious Incident investigation reports 4. Serious Case Reviews 5. Clinical Audit reports 6. Internal audit review of governance committees 7. Provider data and annual reports. 	1. CSU support to monitoring of quality schedules in the contracts.	3	4	12	1. CSU are subject to review and any issues will be addressed via negotiations between executive leads to address the gaps in support relating to contracts	
RS05	Accountable Officer	IF we do not have effective corporate governance, decision making structures, member engagement and patient involvement in place THEN we may not make the most appropriate decisions for our citizens and may be open to legal challenge	<ol style="list-style-type: none"> 1. CCG Constitutions and Federation Agreements 2. CCG and joint meeting Terms of Reference 3. Delegation Schemes 4. Organisational Development Plan 5. 5 Year Strategy and CCG Operating Plans 6. Jointly agreed organisation and governance reporting structures between the CCGs 7. Annual Governance statement 8. Corporate & Information Governance teams 9. Information Governance toolkit 10. Governing Body workshops/briefings 11. CCG Policies and Procedures 	3	5	15	<ol style="list-style-type: none"> 1. Systems Leadership Group 2. Joint Transformation Board with Frimley Health 3. Audit Committee review 4. Quality Committee 5. Executive and Governing Body reporting 6. Patient Survey results 7. Assurance Framework 8. Annual 360 degree survey of key CCG stakeholders. 9. CCGs have achieved level 2 against the Information Governance toolkit. 	<ol style="list-style-type: none"> 1. External Audit reports 2. Internal Audit reports 3. NHSE CCG Assurance Framework monitors delivery against financial and activity plans 4. NHSE CCG Assurance Framework - domain on leadership and quarterly assurance meetings 	1. Where part of wider collaborative commissioning (eg TV wide) dependent of gaining collective agreement to decisions 2. Assurance Framework under development. 3. CCG constitutional needs updating 4. Some policies out of date	3	4	12	<ol style="list-style-type: none"> 1. Board Assurance Framework to be presented to the Audit Committee and OLT prior to formal adoption by the GB 2. Refreshing the CCG constitutional frameworks 3. Policy development and refreshing CCG policy base 	
RS06	Chief Finance Officer	IF we do not accelerate and embed the adoption of technology and information sharing in clinical and corporate areas THEN we will be unable to transform services and deliver the best possible care for our citizens	<ol style="list-style-type: none"> 1. Jointly agreed IM&T Strategy 2. IM&T Lead Officer 3. Digital Roadmaps 4. Share Your Care Project 5. CSU Contract for IG and ICT 6. IG Toolkit Version 13 7. IM&T Steering Group 	2	4	8	<ol style="list-style-type: none"> 1. Joint Share Your Care Project Board 2. CSU map current Business Intelligence flows to understand where gaps are and what the solution might be 3. IT strategy shared with Exec team and Senior managers 4. IM&T Steering Group reviewing issues as arise 	<ol style="list-style-type: none"> 1. Internal Audit Review 2. HSCIS oversight project 3. NHSE CCG Assurance Framework monitors delivery against financial and activity plans 4. NHSE CCG Assurance Framework - domain on leadership and quarterly assurance meetings 		2	4	8	<ol style="list-style-type: none"> 1. Digital Roadmaps to be completed by March 2016 2. CSU need to map and confirm current Business Intelligence flows 3. Establish an Intranet for all 3 CCGs 	
RS07 GB_23	Chief Finance Officer	IF we do not develop and utilise the local health and local authority estate in the most effective way THEN there may be unacceptable financial and service consequences	<ol style="list-style-type: none"> 1. Estates Strategy Steering Group bringing together partners from CCG, CSU and NHS Property Services to maintain an overview of estate 2. Development of the response to the 5 Year Forward CCG Business Plan to inform the type of estate needed 	3	4	12	<ol style="list-style-type: none"> 1. Executive Team oversight 	<ol style="list-style-type: none"> 1. NHS England 2. NHS Property Services 3. NHSE CCG Assurance Framework monitors delivery against financial and activity plans 4. NHSE CCG Assurance Framework - domain on leadership and quarterly assurance meetings 	<ol style="list-style-type: none"> 1. Estates Strategy in very early stages of development 2. Rules around void costs may impact on future financial decisions 	2	3	6	<ol style="list-style-type: none"> 1. Estates Strategy which includes void costs 	

ASSURANCE FRAMEWORK OCTOBER 2015/16





Compliance Linked ID No	Risk Owner	Principle Risk	Contols <i>(Measures in place to mitigate this risk)</i>	Gross Likelihood	Gross Consequences	Gross Risk Exposure	Internal Assurances on Controls <i>(Where this risk is monitored via governance reporting mechanisms)</i>	External Assurances on Controls <i>(Where this risk is monitored via governance reporting mechanisms)</i>	Gaps in Controls / Assurances <i>(where controls are not fully working or further controls are required and limited assurance has been achieved)</i>	Net Likelihood	Net Consequences	Net Risk Exposure	Action Plan	Risk Movement
RS08 GB_02	AD Business Planning & QIPP	IF we do not achieve our QIPP savings and service transformation plans as existing approval process has removed the capacity for further savings THEN we will be unable to meet our financial challenges and the rising demand for services;	<ol style="list-style-type: none"> 1. Contract with GRACe for referral management 2. Individual Funding Request Team via CSU 3. Individual Funding Policy 4. Threshold Dependant Procedures (TDP) 5. All QIPP and investment programs have detailed plans, which where appropriate have been agreed with providers 6. Robust processes in place to ensure delivery of the financial outturn including the QIPP Plan. 7. Operational Leadership team (OLT) in place and meeting every month to ensure QIPP achievement and provider run rate reductions from Verto system outputs 8. Financial Recovery Plan to identify weakness and risk to delivery. 9. Budgetary control system and QIPP Tracker 	4	5	20	<ol style="list-style-type: none"> 1. Quality Comittee receive monthly reports with agreed KPIs 2. Business cases and commissioned pathways reflect good practice. 3. Delivery group reports will monitor the delivery against plan 4. Activity monitoring demonstrates shifts in referral 5. Governing Body performance reports 6. Documented reporting process for the reporting of financial data to the OLT. 7. Minutes of OLT. 8. Minutes of Governing Body demonstrate Board oversight 	<ol style="list-style-type: none"> 1. Internal Audit reports. 2. External Audit reports 3. NHS England assurance process will monitor financial performance 	1. Is QIPP tracker robust	2	5	10	1. Grace now subject to negotiations for 2015/16 contract	
RS09 GB_03 GB_04 GB_05 GB_10	Director of Strategy & Commissioning	IF we do not have the right information to be assured we are meeting the NHS constitutional standards, statutory standards and other key performance targets THEN this will impact on the CCGs quality premium and the quality of the services we commission for our citizens and on our reputation	<ol style="list-style-type: none"> 1. CCG contract with providers includes all NHS constitutional targets including cancer, 18 week target, A&E 4 hour wait. CAMHS 2. 18 week Dashboard 3. 18 week recovery plan 4. QIPP - 115 referral target 5. Situation reports with daily conference calls 6. Systems Resilience Plan 7. Non elective QIPP targets 8. Cancer improvement plan 9. Cancer pathway 10. Performance improvement plans in place 	4	5	20	<ol style="list-style-type: none"> 1. Quality Committee receives reports from the Clinical Quality Review Group 2. Joint Strategic Planning Commttee receives reports from the Systems Resilience Group 3. Performance Review Group monitors actions agreed for outlier practices 4. Regular exception reports and monthly monitoring performance reports 	<ol style="list-style-type: none"> 1. External Service reviews to determine an appropriate way forward. 2. NHS Information Centre. 3. Information Commissioner 	<ol style="list-style-type: none"> 1. Information should operate in realtime. 2. System needs to include bi-monthly or quarterly review processes for early identification of any issues. 	3	5	15	Performance information from 2015/16 should be used to inform future contract negotiations	
RS10	Chief Finance Officer	IF we do not have the right financial, activity and performance information THEN we may not be commissioning value for money services and will be unable to meet our financial challenges	<ol style="list-style-type: none"> 1. Annual Financial Plans 2. Medium term financial plan 3. Monthly financial reporting 4. Planning assumptions in line with best practice recommended by NHS England. 5. Plans scrutinised by Governing Body. 6. Detailed monthly financial reports to Governing Body. 7. CCG has Standing Orders, Prime Financial Policies and other detailed financial policies and procedures 8. Audited accounts. 9. Signed budget book 10. Specification of CSU services 	4	5	20	<ol style="list-style-type: none"> 1. GB and OLT receives monthly financial reporting 2. Stress testing of financial plan in different scenarios 3. Review of business cases 4. Regular CSU meetings 	<ol style="list-style-type: none"> 1. NHSE CCG Assurance Framework 2015/16 2. NHS England review of financial plan and monthly review of in year financial position. 3. Reviews on financial systems/processes by internal and external audit. 4. External audit VFM reviews. 	<ol style="list-style-type: none"> 1. Limited information from BHFT due to block contract. SDIP will improve information and reporting 2. CSU unable to provide timely and appropriate support eg PPM 3. CSU specification refresh 4. No sign off of Budget book 	3	5	15	<ol style="list-style-type: none"> 1. Limited information from BHFT due to block contract. SDIP will improve information and reporting 2. CSU unable to provide timely and appropriate support eg PPM 3. CSU specification refresh 4. No sign off of Budget book 	
RS11	Head of Operations	IF we do not anticipate and respond to future individual health needs THEN we may not commission the right services to meet those needs, reduce health gaps and prevent ill health	<ol style="list-style-type: none"> 1. LA Public Health 2. Annual Public Health Workplan 3. Risk Stratification 4. Local authority health needs assessments <p>Collaborative care for older citizens</p>	2	4	8	<ol style="list-style-type: none"> 1. Transformation Board 2. OLT receives and reviews the annual public health workplan 3. Joint Strategic Planning & Development Committee 	1. JSNA	1. Public health budgets is being cut so there is some uncertainty regarding the on-going service provision	2	4	8	1. Establish a service model and business plan for Public health provision	

ASSURANCE FRAMEWORK OCTOBER 2015/16

Compliance Linked ID No	Risk Owner	Principle Risk	Contols <i>(Measures in place to mitigate this risk)</i>	Gross Likelihood	Gross Consequences	Gross Risk Exposure	Internal Assurances on Controls <i>(Where this risk is monitored via governance reporting mechanisms)</i>	External Assurances on Controls <i>(Where this risk is monitored via governance reporting mechanisms)</i>	Gaps in Controls / Assurances <i>(where controls are not fully working or further controls are required and limited assurance has been achieved)</i>	Net Likelihood	Net Consequences	Net Risk Exposure	Action Plan	Risk Movement
RS12	Accountable Officer	<p>IF we do not have the right information about the impact of legislation and regulatory requirements on health and social care</p> <p>THEN we may not commission the right services to meet these requirements</p>	<ol style="list-style-type: none"> 1. Annual Governance Statement 2. Corporate Risk register 3. CSU has mandatory training included in SLA. 4. Specification of CSU services 5. Work with the CSU to clarify what is covered within SLA for business continuity plans, complaints management and contingency management arrangements by senior managers/lead Directors 	3	3	9	<ol style="list-style-type: none"> 1. Regular contracts and CSU meetings 2. CCG management review of transferred functions and options to adapt structure to accommodate non-CSU provided functions 	<ol style="list-style-type: none"> 1. Internal Audit 2. External Audit 3. NHS England 	1. CSU specification refresh	2	3	6	1. CSU specification refresh	
RS13	Director of Strategy & Commissioning	<p>IF we do not appropriately manage and stimulate the healthcare market</p> <p>THEN the social, voluntary and commercial providers may not be able to effectively respond to our commissioning intentions and therefore we may not be able to transform services in the way we intend</p>	<ol style="list-style-type: none"> 1. Joint voluntary care strategy with the local authorities 2. Performance management review to inform commissioning intentions 3. Communications plan 4. Market management plan 5. Capacity planning 	3	4	12	<ol style="list-style-type: none"> 1. Communications Strategy 2. Review the process to identify and manage demands for outsourcing and review market capacity 		<ol style="list-style-type: none"> 1. Development of market intelligence 2. Communications plan 3. Market management plan 4. Capacity planning 	2	4	8	<ol style="list-style-type: none"> 1. Development of market intelligence 2. Communications plan 3. Market management plan 4. Capacity planning 	

Risk Rating Matrix

Net Imp	5	Red	Red	Red	Orange	Yellow
	4	Red	Red	Orange	Orange	Yellow
	3	Red	Orange	Orange	Yellow	Green
	2	Orange	Orange	Yellow	Yellow	Green
	1	Yellow	Yellow	Green	Green	Green
		5	4	3	2	1
		Frequent	Likely	Possible	Occasional	Rare
		Net Likelihood				

Key Risk Exposure	
	Extreme
	High
	Medium
	Low