

Title of Meeting:	Governing Body	Agenda Item: 8.1	
Date of Meeting:	22 December 2020	Session (Tick)	
Paper Title:	Governing Body Assurance Framework	Public	X
		Private	
		Development Session	
Responsible Governing Body Member Lead Julie Warren, Director of Corporate Services, Governance and Performance		Report Author and Job Title Sasha Sencier, Board Secretary and Senior Governance Manager	
Purpose (this paper is for)	Decision	Discussion	Assurance
	X		
Has the report (or variation of it) been presented to another Committee / Meeting? If yes, state the Committee / Meeting: Yes. The GBAF has been reviewed at the Executive Directors Group, at the Audit Committee and also at the development session of the Governing Body.			
Executive Summary As detailed within the NY CCG Constitution, the CCG has delegated authority to the Governing Body to oversee and provide assurance of strategic risk. The aim of this report is to update the Governing Body on progress of the development of the NHS North Yorkshire CCG Governing Body Assurance Framework (GBAF) and to present the final GBAF to the Governing Body for approval.			
Recommendations The Governing Body is being asking to: <ul style="list-style-type: none"> • Note assurance received from the Audit Committee that the GBAF demonstrates that adequately effective systems of internal control are in place to monitor the significant risks that may affect the delivery of the strategic objectives. • Approve the Governing Body Assurance Framework. • Note the next steps to review the Audit Yorkshire benchmarking report and report findings to Audit Committee. 			
Monitoring <ul style="list-style-type: none"> • The Governing Body receives the GBAF twice per year 'in public' and once per year at a development session. • The Audit Committee receives the GBAF twice per year. 			
Any statutory / regulatory / legal / NHS Constitution implications	As detailed within the NY CCG Constitution, the CCG has delegated authority to the Governing Body to oversee and provide assurance of strategic risk. The CCG has a statutory and regulatory obligation to ensure that systems of control are in place to minimise the impact of all types of risk, which could affect patients, staff, public resources, and the function of the CCG.		
Management of Conflicts of Interest	No conflicts of interest have been identified prior to the meeting.		
Communication / Public & Patient Engagement	Not applicable.		

Financial / resource implications	Not applicable.
Significant Risks to Consider	The GBAF contains the significant risks of the organisation that may affect the delivery of the strategic objectives organisation.
Outcome of Impact Assessments completed	Not applicable.

Sasha Sencier
Board Secretary and Senior Governance Manager

NHS North Yorkshire CCG

Governing Body Assurance Framework

1.0 Introduction and Background

The Governing Body Assurance Framework (GBAF) for NHS North Yorkshire CCG aims to identify the main risks to the delivery of the CCGs strategic objectives and its statutory obligations. The GBAF sets out the controls that have been put in place to manage the risks and the assurances that have been received that show if the controls are having the desired impact. It includes an action plan to further reduce the risks.

Risks scored 15 and above that are aligned to the CCGs strategic objectives are included in the GBAF. All other significant risks scored 15 and above are included in the CCGs Corporate Risk Register.

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

2.0 Progress to Date

Following the approval of the Risk Management Strategy by the Governing Body, the Directorates have been carrying out an extensive review of risks across organisation. In the development of the GBAF, the Executive Directors have determined the significant risks that may affect the delivery of the Strategic Objectives of the organisation.

The Governing Body held a development session, led by Internal Audit, on 22 October 2020 focussing on risk management, risk appetite and the GBAF. It was agreed at this session that the risk appetite should be increased from a 12 to a 15, the justification being threefold; the financial position of the CCG is more stable, the CCG received an opinion of High Assurance from Internal Audit for the Governance Audit, and the risk appetite is in line with other CCG's nationally.

Following the development session, further work was completed around the detail of each of the significant risks (scored at 15 and above). In line with the responsibilities set out in the Constitution, the Audit Committee received the GBAF on 24 November 2020 and noted that they are satisfied that effective systems of internal control have been established to monitor the significant risks that may affect the delivery of the CCGs strategic objectives.

3.0 Monitoring of the GBAF

The GBAF is a document that continuously changes according to environment the CCG faces at any one particular time. As such the risks contained within the GBAF are monitored regularly in a number of ways, as detailed within the CCG's Risk Management Strategy:

Monitoring	Frequency
Governing Body Meeting 'In Public'	Twice annually
Governing Body Development Session	Once annually
Audit Committee	Twice annually
Committees: Individual risks aligned to Committees	Quarterly
The Director of Corporate Services, Governance and Performance and the Board Secretary considers all risks, assurances, gaps in control and mitigations within Corporate Risk Register risks that may support the outcome of the GBAF risks.	Monthly

4.0 Next Steps

Due to the timing to finalise the GBAF, and in line with the risk management strategy, the Governing Body is due to receive the GBAF again at the meeting 'in public' in February 2021.

Recently, Audit Yorkshire has viewed the Governing Body Assurance Framework reports of 34 CCG organisations and has developed a benchmarking report. It has been proposed by the Chief Finance Officer and Director of Corporate Services, Governance and Performance to work with the Board Secretary and Audit Chair to consider questions detailed in the report and report any findings to the Audit Committee. As such, the outcome of this review may identify areas of improvement which will potentially form part of the GBAF report to the Governing Body in February 2021.

5.0 Recommendations

The Governing Body is asked to:

- Note assurance received from the Audit Committee that the GBAF demonstrates that effective systems of internal control are in place to monitor the significant risks that may affect the delivery of the strategic objectives of the organisation.
- Approve the Governing Body Assurance Framework.
- Note the next steps to review the Audit Yorkshire benchmarking report and report findings to Audit Committee

Sasha Sencier
Board Secretary and Senior Governance Manager

Governing Body Assurance Framework

V1.0



Governing Body Assurance Framework

The Governing Body Assurance Framework (GBAF) for NHS North Yorkshire CCG aims to identify the main risks to the delivery of the CCGs strategic objectives and its statutory obligations. The GBAF sets out the controls that have been put in place to manage the risks and the assurances that have been received that show if the controls are having the desired impact. It includes an action plan to further reduce the risks.

Risks scored 15 and above that are aligned to the CCGs strategic objectives are included in the GBAF. All other risks scored 15 and above are included in the CCGs Corporate Risk Register.

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

For the Risk Scoring Matrix Methodology, see Appendix A.

For Closed Risks, See Appendix B.

Governing Body Assurance Framework

“Working Together for Healthier Lives in North Yorkshire”

North Yorkshire CCG Strategic Objectives

- 1 Strategic Commissioning:**
 - To take the lead in planning and commissioning care for the population of North Yorkshire by providing a whole system approach and to support the development of general practice.
 - To make the best use of resources by bringing together other NHS organisations, local authorities and the third sector to work in partnership on improving health and care.
 - To develop alliances of NHS providers that work together to deliver care through collaboration rather than competition.
- 2 Acute commissioning:**

We will ensure access to high quality hospital-based care when needed.
- 3 Engagement with patients and stakeholders:**

We will build strong and effective relationships with all our communities and partners.
- 4 Financial sustainability:**

We will work with partners to transform models of care to deliver affordable, quality and sustainable services.
- 5 Integrated / Community Care:**

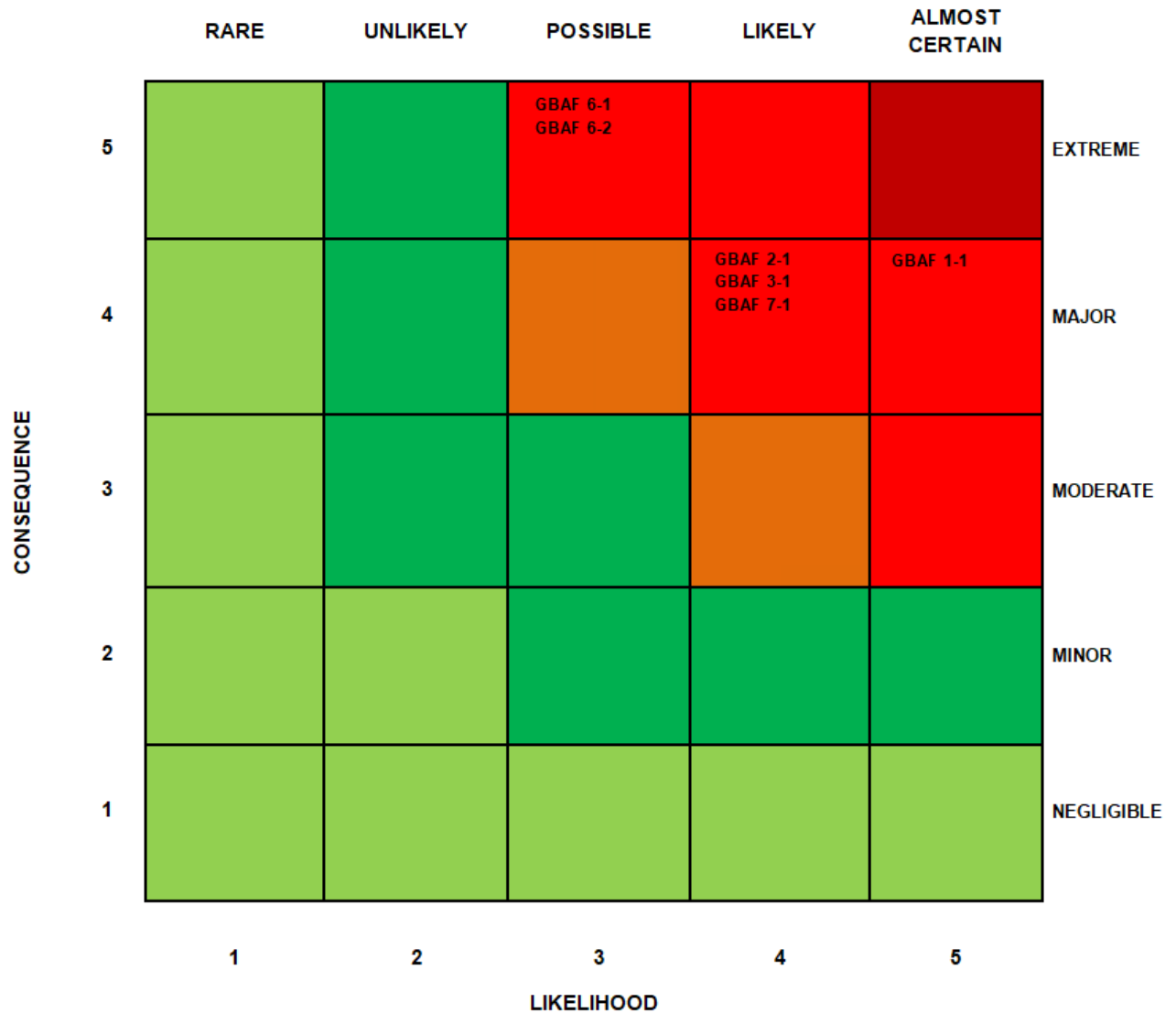
With our partners and people living in North Yorkshire we will enable healthy communities through integrated models of care.
- 6 Vulnerable People:**

We will support everyone to thrive [in the community].
- 7 Well-Governed and Adaptable Organisation:** In supporting our objectives we will be a well-governed and transparent organisation that promotes a supportive learning environment.

Governing Body Assurance Framework

Heat Map of Current Governing Body Assurance Framework Risks

Strategic Objective	Risks
1: Strategic Commissioning	1-1
2: Acute Commissioning	2-1
3: Engagement with patients and stakeholders	3-1
4: Financial Sustainability	-
5: Integrated / Community Care	-
6: Vulnerable People	6-1 6-2
7: Well-Governed and Adaptable Organisation	7-1



Governing Body Assurance Framework

Summary of Risks

Strategic Commissioning

REF	Strategic Objective	Principle Risk	Link to Other SOs	Risk Owner	Assurance Committee	Initial Risk			Current Risk			Risk Target		
						L	C	Rating L x C	L	C	Rating L x C	L	C	Rating L x C
1-1	1: STRATEGIC COMMISSIONING	1: The COVID19 pandemic and further risk of a second wave of occurring could seriously impact on the delivery of health services for the NY population.	2 5 6	Director of Strategy & Integration	FPCCC	5	4	20	5	4	20	2	1	2

Acute Commissioning

REF	Strategic Objective	Principle Risk	Link to Other SOs	Risk Owner	Assurance Committee	Initial Risk			Current Risk			Risk Target		
						L	C	Rating L x C	L	C	Rating L x C	L	C	Rating L x C
2-1	2: ACUTE COMMISSIONING	1: Sustainability and transformation of services to meet capacity and in acute settings across NY does not keep pace required leading to compromised quality of services and issues with capacity and demand.	1 6	Director of Acute Commissioning	FPCCC	4	4	16	4	4	16	2	1	2

Engagement with Patients and Stakeholders

REF	Strategic Objective	Principle Risk	Link to Other SOs	Risk Owner	Assurance Committee	Initial Risk			Current Risk			Risk Target		
						L	C	Rating L x C	L	C	Rating L x C	L	C	Rating L x C
3-1	3: ENGAGEMENT WITH PATIENTS & STAKEHOLDERS	1: Insufficient system wide engagement and decision making of partner organisations could impact on the CCGs ability to work effectively to transform the way services are commissioned for the local population.	1 2 7	Director of Corporate Services, Governance & Performance	Executive Directors	4	4	16	4	4	16	2	2	4

Financial Sustainability

Currently no risks to consider

Governing Body Assurance Framework

Summary of Risks

Integrated / Community Care

Currently no risks to consider

Vulnerable People

REF	Strategic Objective	Principle Risk	Link to Other SOs	Risk Owner	Assurance Committee	Initial Risk			Current Risk			Risk Target		
						L	C	Rating L x C	L	C	Rating L x C	L	C	Rating L x C
6-1	6: VULNERABLE PEOPLE	1: Limited external oversight of care and treatment for people who are most at risk i.e. those at home alone; and in care facilities with compromised staffing and with an increase in restrictive practices, will lead to an increased risk of abuse and neglect to vulnerable groups.		Chief Nurse	QCGC	5	5	25	5	5	25	2	2	4
6-2	6: VULNERABLE PEOPLE	2: Due to the government advice re social distancing/isolation there are reduced opportunities for health providers and other partner agencies to have face to face contact with vulnerable children and their families, therefore there is a greater risk that safeguarding children issues will not be identified and addressed.		Chief Nurse	QCGC	5	5	25	3	5	15	2	2	4

Well Governed and Adaptable Organisation

REF	Strategic Objective	Principle Risk	Link to Other SOs	Risk Owner	Assurance Committee	Initial Risk			Current Risk			Risk Target		
						L	C	Rating L x C	L	C	Rating L x C	L	C	Rating L x C
7-1	7: WELL GOVERNED AND ADAPTABLE ORGANISATION	1: Insufficient workforce, talent management and succession planning system wide could lead to inability to deliver statutory duties and organisational objectives and priorities.	All	Director of Corporate Services, Governance & Performance	Executive Directors / PCCC	5	4	20	4	4	16	2	2	4

Governing Body Assurance Framework

GBAF Ref: 1-1

STRATEGIC OBJECTIVE 1: STRATEGIC COMMISSIONING

Executive Risk Owner: Director of Strategy & Integration

Assurance Committee: FPCCC

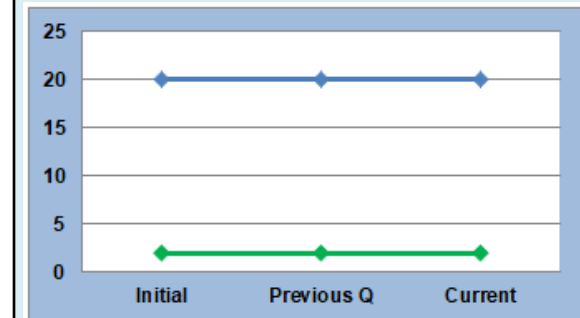
Date Added to GBAF: June 2020

Principle Risk 1: The COVID19 pandemic and further risk of a second wave of occurring could seriously impact on the delivery of health services for the NY population.

Positive Assurance and Existing Controls in Place

- Robust infection prevention and control measures in place across all health settings.
- System Silver Command membership widened to provide increased focus on managing winter pressures and impacts from a second surge. Membership includes representatives from all care sectors and providers.
- Comprehensive daily information and reporting on system activity.
- Winter plans from health providers completed and operational from 2 November 2020.
- Surge plans for 2020/21 prepared and enacted by acute providers, aligned with winter plans.
- Surge plans being finalised for mental health, primary care and community care.
- Primary care OPEL system agreed
- Confirmed discharge pathways and operational models/ co-ordinators all agreed
- Vaccination programme being planned with first priority groups including elderly and at risk and front line staff in health and social care.
- Lessons learned from first peak (clinical and operational)
- Recovery reporting to Governing Body, including Quality & Performance Dashboard to QCGC.
- EPRR, Business Continuity Plan and Major Incident Plan approved by Governing Body.

Initial Risk			Current Risk			Risk Target		
L	C	Rating L x C	L	C	Rating L x C	L	C	Rating L x C
5	4	20	5	4	20	2	1	2



Gaps in Control and Assurance

- Consistent programme of patient engagement ensuring clear and concise communications from a system wide approach (NY&Y)
- Clinical confirmation of services and working practices that can be safely escalated or de-escalated to respond to surge pressures.
- Clear understanding of cross-organisational impact of individual surge plans.

— Risk Score
— Risk Target

TIME	Q1 (2020)	Q2 (2020)	Q3 (2020)	Q4 (2021)
Initial Risk Rating	20	20	20	20
Current Risk Rating	20	20	20	
Target Risk Rating	2	2	2	2

Mitigating Action

Target Date

Action Lead

Confirm communications and engagement plan and lead for surge planning

31/01/21

Dep Director of Business Change & Planning

Clinical confirmation of services and working practices that can be safely escalated or de-escalated to respond to surge pressures.

31/01/21

Dep Director of Primary Care & Integration

Cross-organisational impact of individual surge plans

31/01/21

Dep Director of Business Change & Planning

Governing Body Assurance Framework

GBAF Ref: 2-1

STRATEGIC OBJECTIVE 2: ACUTE COMMISSIONING

Executive Risk Owner: Director of Acute Commissioning

Assurance Committee: FPCCC

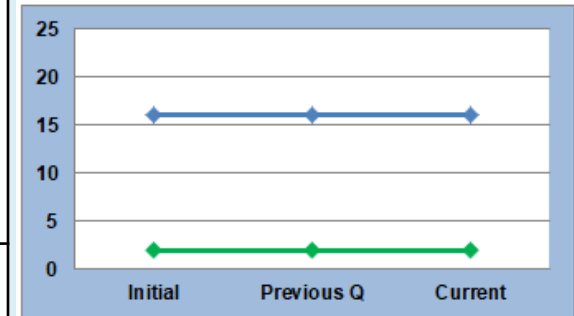
Date Added to GBAF: June 2020

Principle Risk 1: Sustainability and transformation of services to meet capacity and demand in acute settings across NY does not keep pace required leading to compromised quality of services and issues with capacity and demand.

Positive Assurance and Existing Controls in Place

- Transformation of planned care delivery including diagnostics and outpatient services across HCV footprint. Aligning work streams with national Adopt and Adapt initiatives as well as exploring prime provider and re-structuring of services at scale. Acute provider working groups feed into HCV Transformation Board.
- Acute Trusts using clinical prioritisation of elective waiting list in line with national guidance. ICSs looking at clinical risk review so that common guidance is used. Maximise capacity through elective and cancer care hubs and virtual hubs.
- Working with both acute and Independent Sector Providers (ISP) to clearly understand the amount of activity and clinical threshold required to maximise capacity now that the Increasing Capacity Framework has been published.
- The NY & Y Cancer Recovery Plan and assurance report includes services at HDFT, YHT and STHT. Reported through Governing Body Performance Report and monthly to SLE via Clinical Network Lead.

Initial Risk			Current Risk			Risk Target		
L	C	Rating L x C	L	C	Rating L x C	L	C	Rating L x C
4	4	16	4	4	16	2	1	2



Gaps in Control and Assurance

- Absence, isolation of both staff and patients along with PPE requirements and distancing required for recovery present challenges to capacity. Lateral flow testing may exacerbate staff absence
- Wave 2 of CV19 has presented significant risk to the workforce required to undertake transformational work as deployment to support acute services and the vaccination programme has taken priority.
- Non-urgent elective care recovery has been compromised as a result of capacity constraints due to wave 2 along with patient availability to attend appointments or procedures.

TIME	Q1 (2020)	Q2 (2020)	Q3 (2020)	Q4 (2021)
Initial Risk Rating	16	16	16	16
Current Risk Rating	16	16	16	
Target Risk Rating	2	2	2	2

Mitigating Action

Consultant led triage and additional diagnostics e.g FIT/capsule endoscopy being utilised/rolled out to triage referrals into secondary care managing capacity constraints and risk associated with extended waits.

Action Target Date

Action Lead

Clinical prioritisation of elective waiting list scoring to mitigate risk on the extended waiting list. Urgent and cancer surgery is being prioritised.

Ongoing

Vanessa Burns

Allocation of ISP capacity to acute providers to maximise elective activity in place and at system level

24.12.20

Vanessa Burns

Cancer waiting times actively monitored and discussed at place, system and alliance level with mutual aid offered where possible.

Ongoing

John Hancock

Governing Body Assurance Framework

GBAF Ref: 3-1

STRATEGIC OBJECTIVE 3: ENGAGEMENT WITH PATIENTS AND STAKEHOLDERS

Executive Risk Owner: Director of Corporate Services, Governance and Performance

Assurance Committee: QCGC

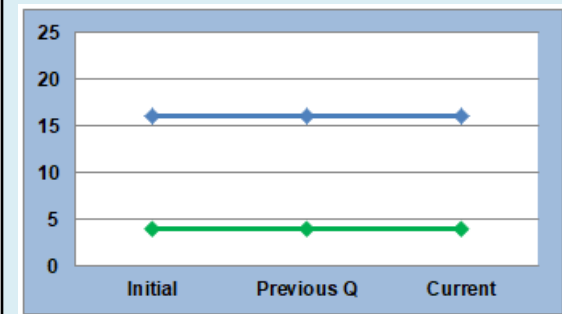
Date Added to GBAF: June 2020

Principle Risk 1: Insufficient system wide engagement and decision making of partner organisations could impact on the CCGs ability to work effectively to transform the way services are commissioned for the local population.

Positive Assurance and Existing Controls in Place

- Regular meetings with system partners at all levels, led by VSMS
- Cooperative working through ICS structures
- Strong professional relationships and interorganisation intelligence sharing in place
- MoUs and ToR for Joint Committees and joint commissioning arrangements.
- Council of Members / Member Practice meetings
- Trust workplace plans in place
- Regular contract monitoring
- Regular reporting of any developments through formal committees and to the Governing Body

Initial Risk			Current Risk			Risk Target		
L	C	Rating L x C	L	C	Rating L x C	L	C	Rating L x C
4	4	16	4	4	16	2	2	4



— Risk Score
— Risk Target

TIME	Q1 (2020)	Q2 (2020)	Q3 (2020)	Q4 (2021)
Initial Risk Rating	16	16	16	16
Current Risk Rating	16	16	16	
Target Risk Rating	4	4	4	4

Gaps in Control and Assurance

- Some relationships still need to mature, ie there is no Joint Committee for HCV HCP
- Clinical Chair has requested that a Governance structure is developed to include key partners, detailing relationships / VSM attendance at meetings / voting rights / etc

Mitigating Action

Governance Structure of ICS relationships with NY CCG to be developed

Action Target Date

January 2021

Action Lead

Board Secretary and Snr Governance Mgr

Governing Body Assurance Framework

GBAF Ref: 6-1

STRATEGIC OBJECTIVE 6: VULNERABLE PEOPLE

Executive Risk Owner: Chief Nurse

Assurance Committee: QCGC

Date Added to GBAF: June 2020

Principle Risk 1: Limited external oversight of care and treatment for people who are most at risk i.e. those at home alone; and in care facilities with compromised staffing and with an increase in restrictive practices, may lead to an increased risk of abuse and neglect to vulnerable groups.

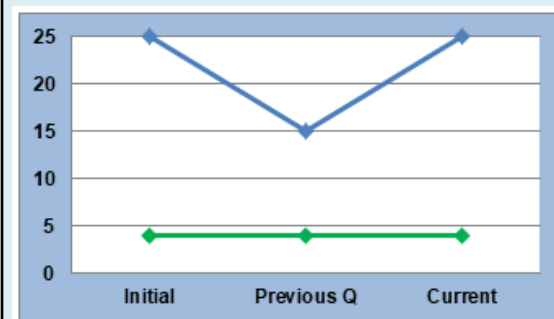
Positive Assurance and Existing Controls in Place

- SI reports / never event reports to the Chief Nurse and QCGC.
- Ongoing contact with partners including NYC Quality and Assurance Team and CQC to pick up any early indicators of concerns and to provide support
- Advice and guidance to providers when needed; telephone support; webinars; email contact; training; links to guidance and support with supplies.
- Regular virtual meetings with NYS Quality Assurance Team, CQC and CCG to discuss intelligence pertaining to care providers.
- Domestic Abuse support services have altered support arrangements to continue to provide a service to victims of Domestic Abuse.
- Daily multi provider command calls provides assurance regarding any issues with care homes and domiciliary care providers
- Acute provider trust and TEWV meetings in place
- Contract meetings: TEWV Clinical quality meeting and Harrogate quality meeting
- Links with safeguarding teams
- CRRG monthly monitoring of risks

Gaps in Control and Assurance

- Limited external oversight from CQC, temporary cessation of Local Authority Quality Assurance visits, reduced Primary Care visits and CCG/CHC visits; reduction in external support services to carers and vulnerable individuals living in the community all due to Covid19 restrictions. Low staffing levels in care homes due to recruitment difficulties and sickness levels increases the risk of harm to residents with finite staffing resource.
- Limited oversight from family members visiting Care Homes.

Initial Risk			Current Risk			Risk Target		
L	C	Rating L x C	L	C	Rating L x C	L	C	Rating L x C
5	5	25	5	5	25	2	2	4



— Risk Score
— Risk Target

TIME	Q1 (2020)	Q2 (2020)	Q3 (2020)	Q4 (2021)
Initial Risk Rating	25	25	25	25
Current Risk Rating	25	15	25	
Target Risk Rating	4	4	4	4

Mitigating Action

The CCG Quality Team is working in partnership with the Local Authority to identify issues early and support where possible. The CCG Safeguarding Adults Team is working with the Local Authority Safeguarding Teams and NYSAB in the early identification and support, making safeguarding enquiries and making safeguarding personal to improve safeguarding outcomes for individuals where possible.

Action Target Date

Ongoing

Action Lead

Designated Nurses

Utilise all available data that will provide assurance or highlight any concerns and act accordingly

Ongoing

Chief Nurse

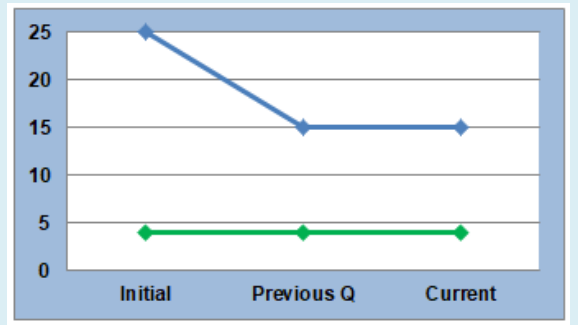
Governing Body Assurance Framework

GBAF Ref: 6-2	STRATEGIC OBJECTIVE 6: VULNERABLE PEOPLE	Executive Risk Owner: Chief Nurse
		Assurance Committee: QCGC
		Date Added to GBAF: June 2020

Principle Risk 2: Due to the government advice re social distancing/isolation there are reduced opportunities for health providers and other partner agencies to have face to face contact with vulnerable children and their families, therefore there is a greater risk that safeguarding children issues will not be identified and addressed.

- Positive Assurance and Existing Controls in Place**
- 'The Designated Nurses have worked with the LA and other partner agencies to agree temporary arrangements whereby key meetings regarding children subject to child protection plans and children in need take place virtually. This will provide the opportunity to review existing multi-agency plans and agree future actions. The Designated Nurses have also liaised with the 0-19 Healthy Child Service across North Yorkshire with regard to arrangements for ongoing support and contact with vulnerable children and families.
 - * Close monitoring in partnership with Police and Social Care and other partner agencies such as IDAS (Independent Domestic Abuse Service).
 - * Continuation of domestic abuse notifications from police to midwives and 0-19 practitioners to support targeted interventions. Also working with relevant agencies to ensure that staff working in swabbing stations are provided with information in relation to domestic abuse services so that they can support any members of the public who approach them with disclosures. Parents encouraged to continue to access health care for children as needed - RCPCH 'Traffic Light' guidance distributed to all parents via text messaging from 0-19 service.
 - Working with Primary Care (finding/contacting vulnerable families).
 - Consider additional work using Covid money.
 - Vulnerable families RAG rated by Social Care to target support.
 - Primary Care identifying vulnerable families.
 - Continue to meet weekly with partners to mitigate risks.

Initial Risk			Current Risk			Risk Target		
L	C	Rating L x C	L	C	Rating L x C	L	C	Rating L x C
5	5	25	3	5	15	2	2	4



- Gaps in Control and Assurance**
- Both NY & York LAs have RAG rated their vulnerable children and families in order to prioritise their most vulnerable children however this RAG rating has not yet been shared with health providers due to legal issues around consent etc.

TIME	Q1 (2020)	Q2 (2020)	Q3 (2020)	Q4 (2021)
Initial Risk Rating	25	25	25	25
Current Risk Rating	15	15	15	
Target Risk Rating	4	4	4	4

Mitigating Action	Action Target Date	Action Lead
The Designated Nurses will work with the LAs to support a shared understanding of the most vulnerable children and agree how they are being identified and responded to across the partnership, including health provider organisations. Weekly surveillance at this meeting.	Ongoing	Designated Nurses

Governing Body Assurance Framework

GBAF Ref: 7-1

STRATEGIC OBJECTIVE 7: WELL GOVERNED AND ADAPTABLE ORGANISATION

Executive Risk Owner: Director of Corporate Services, Governance and Performance

Assurance Committee: Executive Directors Group / PCCC

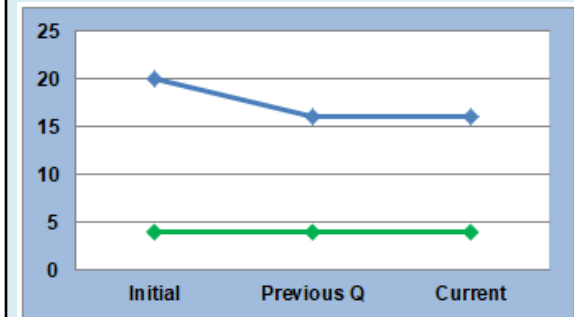
Date Added to GBAF: June 2020

Principle Risk 1: Insufficient workforce, talent management and succession planning system wide could lead to inability to deliver statutory duties and organisational objectives and priorities.

Positive Assurance and Existing Controls in Place

- Publication of The People's Plan – aims to tackle the range of workforce challenges in the NHS, recognising that this is one of the strategic risks for the NHS.
- Appraisal process in place with a focus on talent management and succession planning
- CCG's working together on a wider footprint to align resources and functions where possible.
- Establishment of the Communication and Engagement Group which includes elements of staff engagement.
- Establishment of Primary Care Networks building on resilience within PC services.

Initial Risk			Current Risk			Risk Target		
L	C	Rating L x C	L	C	Rating L x C	L	C	Rating L x C
5	4	20	4	4	16	2	2	4



Gaps in Control and Assurance

- GP International Recruitment programme will not realise full expected potential
- Skilled workforce not available to recruit
- Action Plan from the People's Plan for CCG's to engage with is not published until 2021
- Organisational Development Plan not yet approved

— Risk Score
— Risk Target

TIME	Q1 (2020)	Q2 (2020)	Q3 (2020)	Q4 (2021)
Initial Risk Rating	20	20	20	20
Current Risk Rating	16	16	16	
Target Risk Rating	4	4	4	4

Mitigating Action

The People's Plan – Local Action Plan to be developed with a focus on talent management and succession planning

Quarter 4

HR&OD Team

Organisational Development Plan to be approved by the Governing Body

Quarter 4

HR&OD Team

Appendix A: Risk Scoring Matrix Methodology

	LIKELIHOOD	Descriptor of Frequency	Time Framed Descriptors of Frequency
1	Rare	This will probably never happen	Not expected to occur for years
2	Unlikely	Do not expect it to happen or recur	Expected to occur at least annually
3	Possible	Might happen or recur occasionally	Expected to occur at least monthly
4	Likely	Is likely to happen or recur but is not a presisting issue	Expected to occur at least weekly
5	Almost Certain	Will undoubtedly happen or recur. Possible frequently.	Expected to occur at least daily

Likelihood Score (L)
Choose the most appropriate level for the identified risk of the probability.

	Consequence score (severity levels) and examples of descriptors				
Domains	1 Negligible	2 Minor	3 Moderate	4 Major	5 Extreme
Patient and staff safety (Physical / Psychological)	Minimal injury requiring no / minimal intervention or treatment. No time off work.	Minor injury or illness, requiring minor intervention. Requiring time off work for >3 days.	Moderate injury requiring professional intervention. Requiring time off work for 4-14 days. RIDDOR reportable incident. An event which impacts on a small number of patients.	Major injury leading to long-term incapacity / disability. Requiring time off work for >14 days. Mismanagement of patient care with long-term effects.	Incident leading to death. Multiple permanent injuries or irreversible health effects. An event which impacts on a large number of patients.
Quality / Complaints / Audit	Peripheral element of treatment or service suboptimal. Informal complaint / inquiry.	Overall treatment or service suboptimal. Formal complaint. Local resolution. Single failure to meet internal standards. Minor implications for patient safety if unresolved. Reduced performance rating if unresolved.	Treatment or service has significantly reduced effectiveness. Local resolution (with potential to go to independent review). Repeated failure to meet internal standards. Major patient safety implications if findings are not acted on.	Non-compliance with national standards with significant risk to patients if unresolved. Multiple complaints / independent review. Low performance rating. Critical report.	Unacceptable level or quality of treatment / service. Gross failure of patient safety if findings not acted on. Inquest / ombudsman inquiry. Gross failure to meet national standards.
Human Resources / Organisational Development / Staffing / Competence	Short-term low staffing level that temporarily reduces service quality (<1 day)	Low staffing level that reduces the service quality	Late delivery of key objective/ service due to lack of staff. Unsafe staffing level or competence (>1 day). Low staff morale. Poor staff attendance for mandatory/key training.	Uncertain delivery of key objective/service due to lack of staff. Unsafe staffing level or competence (>5 days). Loss of key staff. Very low staff morale. No staff attending mandatory/ key training.	Non-delivery of key objective/service due to lack of staff. Ongoing unsafe staffing levels or competence. Loss of several key staff. No staff attending mandatory training/key training on an ongoing basis.

Consequence Score (C)
Choose the most appropriate domain for the identified risk from the left hand side of the table. Then work along the columns in same row to assess the severity of the risk on the scale of 1 to 5 to determine the consequence score, which is the number given at the top of the column.

Appendix A: Risk Scoring Matrix Methodology

Domains	1 Negligible	2 Minor	3 Moderate	4 Major	5 Extreme
Statutory duty / inspections	No or minimal impact or breach of guidance/ statutory duty	Breach of statutory legislation. Reduced performance rating if unresolved.	Single breach in statutory duty. Challenging external recommendations / improvement notice.	Enforcement action. Multiple breaches in statutory duty. Improvement notices. Low performance rating. Critical report.	Multiple breaches in statutory duty. Prosecution. Complete systems change required. Zero performance rating. Severely critical report.
Adverse publicity / Reputation	Rumours. Potential for public concern / media interest. Damage to an individuals reputation.	Local media coverage – short-term reduction in public confidence. Elements of public expectation not being met. Damage to a teams reputation.	Local media coverage – long-term reduction in public confidence. Damage to a services reputation.	National media coverage with <3 days service well below reasonable public expectation. Damage to the organisations reputation.	National media coverage with >3 days service well below reasonable public expectation. MP concerned (questions in the House). Total loss of public confidence (NHS reputation).
Business Objectives / Projects	Insignificant cost increase / schedule slippage	<5 per cent over project budget. Schedule slippage.	5–10 per cent over project budget. Schedule slippage.	Non-compliance with national 10–25 per cent over project budget. Schedule slippage. Key objectives not met	Incident leading >25 per cent over project budget. Schedule slippage. Key objectives not met.
Finance - including claims	Small loss / Risk of claim remote / up to £100,000	Claims / Loss between £100,000 and £250,000	Claims / Loss between £250,000 and £500,000	Claims / Loss between £500,000 and £1m. Purchasers failing to pay on time	Non-delivery of key Objective. Claims / Loss exceeds £1m. Failure to meet specification/ slippage. Loss of contract / payment by results
Service / Business Interruption	Loss/interruption of >1 hour. Minimal or no impact on the environment.	Loss/interruption of >8 hours. Minor impact on environment.	Loss/interruption of >1 day1. Moderate impact on environment.	Loss/interruption of >1 week. Major impact on environment.	Permanent loss of service or facility. Extreme impact on environment.
Environmental Impact					
Data Loss / Breach of Confidentiality	Potential serious breach. Less than 5 people affected or risk assessed as low, eg files were not encrypted.	Potential serious breach and risk assessed as high, eg unencrypted clinical records. Up to 20 people affected.	Serious breach of confidentiality. Up to 100 people affected.	Serious breach with either Particular sensitivity, eg sexual health details, or up to 1000 people affected.	Serious breach with potential for ID theft or over 1000 people affected.
Reputational	Event, incident, or CCG change which could lead to a one-off negative media report, limited to a single entity (either media organization or group).	Event, incident, or CCG change which could lead to one-off negative media interest pursued by multiple media entities and communities.	Event, incident, or CCG change with the potential to lead to negative media coverage and adverse community reaction over the course of a number of weeks.	Event, incident, or CCG change with the potential to lead to negative media coverage, adverse community reaction and parliamentary interest over a prolonged period of time which restrains the ability of the CCG to carry out its functions and/or results in disciplinary action for senior staff.	Event, incident, or CCG change with the potential to destroy the reputation of the CCG and undermine all future actions, such as incident leading to death, multiple permanent injuries or irreversible health effects impacting on a large number of patients.

Consequence Score (C)

Choose the most appropriate domain for the identified risk from the left hand side of the table. Then work along the columns in same row to assess the severity of the risk on the scale of 1 to 5 to determine the consequence score, which is the number given at the top of the column.

Appendix B: Closed Risks

GBAF Ref: X-X	STRATEGIC OBJECTIVE X: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Executive Risk Owner: XXXXXXXXXXXXX
		Assurance Committee: XXXXXXXXXXXXX

Principle Risk:
Reason for Closure:
Closure Recommended by: [INSERT COMMITTEE]
Date Approved for Closure by Governing Body:

GBAF Ref: X-X	STRATEGIC OBJECTIVE X: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Executive Risk Owner: XXXXXXXXXXXXX
		Assurance Committee: XXXXXXXXXXXXX

Principle Risk:
Reason for Closure:
Closure Recommended by: [INSERT COMMITTEE]
Date Approved for Closure by Governing Body:

GBAF Ref: X-X	STRATEGIC OBJECTIVE X: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Executive Risk Owner: XXXXXXXXXXXXX
		Assurance Committee: XXXXXXXXXXXXX

Principle Risk:
Reason for Closure:
Closure Recommended by: [INSERT COMMITTEE]
Date Approved for Closure by Governing Body: