

# HSI21/041

## GOVERNING BODY

<b>Title of paper</b>	Governing Body Assurance Framework		
<b>Agenda item</b>	6	<b>Date of meeting</b>	8 September 2021
<b>Director lead</b>	Roshan Patel, Chief Finance Officer		
<b>Clinical lead (if applicable)</b>	N/A		
<b>Author</b>	Normi Cadavieco, Senior Governance Manager		

<b>Purpose</b>	For decision	<input type="checkbox"/>
	To ratify	<input type="checkbox"/>
	To discuss	<input checked="" type="checkbox"/>
	To note/receive	<input checked="" type="checkbox"/>

<b>Link to strategic objective</b>	This paper has links to Objectives:
	<ul style="list-style-type: none"> <li>• 1 – Operational Delivery</li> <li>• 2 – People and Teams</li> <li>• 3 – Service Transformation</li> <li>• 4- Strategy and Planning</li> <li>• 5 – ICS Development</li> </ul>

<b>Executive Summary</b>
<p>The Governing Body Assurance Framework (GBAF) provides the CCG Governing Body with an opportunity to review the risks which may prevent the organisation from achieving its strategic objectives.</p> <p>Following agreement of the strategic risks by the Audit &amp; Risk Committee, the CCG's GBAF has been developed with engagement from the CCG Executive Team to identify mitigations in place, actions required, sources of assurance, risks scores and any associated issues that may have an impact on the identified risk. During this process, several risks were added to the GBAF and others were updated to reflect the current position and focus of the area of work. Each Executive risk lead has reviewed and updated their risks. The current risks as presented within the GBAF are summarised below:</p> <ul style="list-style-type: none"> <li>• <b>01- Covid-19 Restoration &amp; Recovery</b> If services are not restored in an effective and timely manner, then patients may not be able to receive safe and effective care, leading to poorer health outcomes for patients, non-delivery of key targets and potential damage to the CCG's reputation.</li> </ul>

- **02- Achieving Constitutional Targets & Improving Care**  
 If providers of commissioned services are unable to meet constitutional targets, then patients may not receive timely, effective, responsive or high quality care and treatment.
- **03- Financial Performance**  
 If the CCG does not deliver the planned financial position for 2021/22 and meet its running cost allocation, this could impact the CCG and ICS reputation, may result in reduced opportunity to invest in transforming services to better meet the needs of the population through new models of care, impacting on restoration and recovery and impact on the quality of services for patients.
- **04- System Reform and New Ways of Working**  
 If CCG objectives and delivery plans are not aligned across our local systems and partners, then there may be delays in implementing models of care for patients leading to adverse impact on patient care, CCG reputation and inefficient use of resources.
- **05- Staff Development & Workforce**  
 If the CCG and the wider NHS in Hampshire & the Isle of Wight is not able to develop confident and able leaders and maintain sufficient workforce, then we will not be able to deliver our plans and support ongoing system development.
- **06- Planning for the Future**  
 If the CCG does not ensure that commissioned services are future-proof and tailored to the needs of our people, this may have a negative impact on the wellbeing of our population, increase strain on service providers and reduce public trust in the CCG.
- **07- Estates & Sustainability**  
 If our CCG estate, including that of primary care, is not fit for purpose, this may have an impact on patient and staff wellbeing as well as having potential financial impacts in the short and long-term.
- **08- Cyber Security**  
 If cyber security risks are not effectively managed this may result in wide ranging impacts on the CCGs including to data security of both patients and staff and ability to deliver care in an increasingly digital healthcare environment. This could impact in patient care and result in reputational damage and possible financial penalties for the CCGs and provider partners.
- **09- Primary Care Resilience**  
 If Primary Care Services are not adapted, integrated and delivered in a way that is forward-looking, sustainable and resilient, it may lead to poor outcomes for patients and the teams serving them, financial and reputational challenges for the NHS in Hampshire, and a subsequent impact on associated providers.
- **10- Improving Mental Health Care**  
 If the gap between demand and capacity for Mental Health services, particularly CAMHS, grows further, this may result in further assessment and treatment delays which will lead to poorer outcomes for patients and subsequent impact on other providers.
- **11- Planned Care Programme**  
 Patients could come to harm if we fail to maintain our rate of recovery of planned care services (including Cancer Care, Diagnostics and Screening), reduce waiting list size and waiting times for urgent and routine patients in line with NHS performance standards and fail to create closed loop systems ensuring no patients are lost in the system.

- **12- System Workforce Resilience & Sustainability**

If the health & social care workforce across all providers in Hampshire is not resilient and sustainable that will result in impacts on quality of care, accessibility of services, system performance which could lead to negative outcomes for patients and knock-on effects to other providers within the system.

The CCG Executive Team has reviewed the GBAF at its weekly meeting and agreed that these risks as set out are reflective of the current position of the CCG. The GBAF was then presented to the Audit & Risk Committee on 1st September. The report was well received by the Committee and members supported presentation to Governing Body. The Committee highlighted the following areas for consideration:

- Further review of risk scores in context of the CCG priorities
- Need for timescales for completion of identified mitigating actions
- Linkages within the GBAF to other GBAF risks
- Specific detail on risk descriptions and associated issues to be fed back directly to the Executive risk leads.

This feedback will be considered by the CCG Executive Team during the next review and incorporated within the next report of the GBAF.

The GBAF is a dynamic document and its development is an iterative process that will change as the position of the CCG changes and programmes of work progress. Further work will be completed to link operational risks recorded within the CCG’s operational risk registers to the relevant GBAF risks and to use these linkages to review and moderate risk scores on the GBAF.

<b>Recommendations</b>	<p><b>The Governing Body is asked to:</b></p> <ul style="list-style-type: none"> <li>• <b>Approve the strategic risks as part of the Governing Body Assurance Framework</b></li> <li>• <b>Consider whether risks are articulated accurately and the score reflects the severity and likelihood</b></li> <li>• <b>Note the controls, mitigations and actions in place.</b></li> </ul>
<b>Publication</b>	<b>Include on public website ✓</b>

<b>Please provide details on the impact of following aspects</b>	
Equality and quality impact assessment	None identified in relation to this paper.
Patient and stakeholder engagement	None identified in relation to this paper.
Financial and resource implications / impact	This paper sets out the Governing Body Assurance Framework for the CCG. There is a risk of noncompliance if this programme is not implemented.

<b>Governance and Reporting- which other meeting has this paper been discussed</b>		
<b>Committee Name</b>	<b>Date discussed</b>	<b>Outcome</b>
Audit and Risk Committee	1 <sup>st</sup> September 2021	Verbal feedback and support for presentation to Governing Body

## Hampshire, Southampton and Isle of Wight CCG Governing Body Assurance Framework

September 2021

<b>ID</b>	<b>Risk Description</b>	
<b>01</b>	<p><b>Covid-19 Restoration &amp; Recovery</b></p> <p>If services are not restored in an effective and timely manner, then patients may not be able to receive safe and effective care, leading to poorer health outcomes for patients, non-delivery of key targets and potential damage to the CCG's reputation.</p>	
<b>CCG Objective</b>		
<p><b>Operational service delivery</b></p> <ul style="list-style-type: none"> <li>• Delivery of the Covid-19 vaccination programme</li> <li>• Restoration of elective and cancer care services</li> </ul>		
<b>Risk Owner</b>	<b>Monitoring Committee</b>	<b>Initial rating</b> (impact x likelihood)
Tessa Harvey, Executive Director of Performance Michael Ridgwell, Director of Delivery	Quality, Performance and Finance Committee	<b>16</b> (4x4)
<b>Controls in place</b>	<b>Source of assurance</b>	<b>Current rating</b>
<ul style="list-style-type: none"> <li>• Covid-19 vaccination programme in place with over 1.8 million vaccinations delivered to date across 56 sites</li> <li>• Plan for restoration of access to services in place</li> <li>• Programme workstreams in place covering primary care, urgent care, planned care, diagnostics, mental health, childrens' services, community care.</li> </ul>	<ul style="list-style-type: none"> <li>• Report on Vaccination Programme progress to CCG Governing Body</li> <li>• Restoration and recovery plans are overseen by the HIOW LFR Recovery Coordination Group and the STP/ICS to ensure consistency and deliverability</li> <li>• Restoring access to NHS Services minutes</li> <li>• Restoration and Recovery Board minutes</li> <li>• Restoration updates to Committees &amp; Governing Body</li> <li>• Hampshire &amp; Isle of Wight ICS urgent &amp; elective care analysis report</li> </ul>	<b>16</b> (4x4)
<b>Mitigating action required</b>	<b>Associated issues</b>	<b>Target rating</b>
<ul style="list-style-type: none"> <li>• Continued support for delivery of the Covid-19 vaccination programme, including planning for booster vaccinations</li> <li>• Deep dive into urgent &amp; elective care pressures underway</li> </ul>	<p>Recovery is dependent on a number of factors, including:</p> <ul style="list-style-type: none"> <li>• the R rate in the local area staying at 1 or below</li> <li>• Available capital</li> <li>• Available financial revenue</li> <li>• Workforce challenges</li> <li>• Working within available resources</li> <li>• Existing service backlog in certain areas pre-Covid-19</li> </ul> <p>Additional pressure on providers related to current legislative targets.</p>	<b>6</b> (3x2)

ID  02	<b>Risk Description</b>	
	<b>Achieving Constitutional Targets &amp; Improving Care</b> If providers of commissioned services are unable to meet constitutional targets, then patients may not receive timely, effective, responsive or high quality care and treatment.	
<b>CCG Objective</b>		
<b>Operational Service Delivery</b> <ul style="list-style-type: none"> <li>Accelerate restoration of elective and cancer care</li> <li>Continue transformation of community and urgent &amp; emergency care</li> <li>Prepare for winter 2021/22, ensuring sufficient capacity to meet demand</li> </ul>		
<b>Risk Owner</b>	<b>Monitoring Committee</b>	<b>Initial rating</b> (impact x likelihood)
<b>Michael Ridgwell, Director of Delivery</b> <b>Julie Dawes, Chief Nursing Officer</b> <b>Tessa Harvey, Executive Director of Performance</b>	<b>Quality, Performance and Finance Committee</b> <b>Primary Care Commissioning Committee</b>	<b>16</b> (4x4)
<b>Controls in place</b>	<b>Source of assurance</b>	<b>Current rating</b>
<ul style="list-style-type: none"> <li>Provider contractual monitoring and assurance.</li> <li>Restoration Plan developed and submitted</li> <li>Hampshire and Isle of Wight Quality of Services Oversight group</li> <li>Mutual aid process in place</li> </ul>	<ul style="list-style-type: none"> <li>Assurance and scrutiny of plans and delivery by Quality Performance and Finance Committee.</li> <li>Escalation of issues to Governing Body</li> </ul>	<b>16</b> (4x4)
<b>Mitigating action required</b>	<b>Associated issues</b>	<b>Target rating</b>
<ul style="list-style-type: none"> <li>Ongoing sourcing of independent sector capacity</li> <li>Management of elective waiting lists with local acute trusts.</li> <li>Development of Winter Plan for 20/21</li> <li>Additional funding for elective work to be allocated</li> <li>Additional resourcing for winter planning team and appointment of a Winter Director</li> </ul>	<ul style="list-style-type: none"> <li>Covid-19 has had a significant impact on elective and diagnostic wait times throughout our system resulting in constitutional targets currently not being met</li> <li>Third wave of Covid-19 further impacting operational delivery</li> <li>Staffing issues impacting on delivery due to hot spot national shortages, impact of Covid-19 on health &amp; wellbeing and increased number of people self-isolating</li> </ul>	<b>9</b> (3x3)

ID  03	<b>Risk Description</b> <b>Financial Performance</b> If the CCG does not deliver the planned financial position for 2021/22 and meet its running cost allocation, this could impact the CCG and ICS reputation, may result in reduced opportunity to invest in transforming services to better meet the needs of the population through new models of care, impacting on restoration and recovery and impact on the quality of services for patients		
<b>CCG Objective</b>			
<b>Strategic Planning and Engagement</b>			
<ul style="list-style-type: none"> <li>Develop a robust financial strategy &amp; capital plan that underpins our system strategy &amp; leads to financial sustainability across Hampshire and the Isle of Wight</li> </ul>			
<b>Risk Owner</b>	<b>Monitoring Committee</b>	<b>Initial rating</b> (impact x likelihood)	
Roshan Patel, Chief Finance Officer	Quality, Performance and Finance Committee	12 (4x3)	
<b>Controls in place</b>	<b>Source of assurance</b>	<b>Current rating</b>	
<ul style="list-style-type: none"> <li>Financial plan prepared using national and local guidance for first 6 months of 21/22 (April 21 – Sept 21) H1, by Governing Body</li> <li>Monthly system forecasts against plan with development of mitigating actions.</li> <li>Scrutiny of plans and delivery by relevant CCG Committees</li> <li>Efficiencies built into place based budgets ensure overall oversight of financial position.</li> <li>Corporate costs budget in place, set as part of overall financial planning process.</li> <li>Efficiency requirement set to ensure costs contained within allocation</li> </ul>	<ul style="list-style-type: none"> <li>Quality, Performance &amp; Finance Committee – oversight and review of financial performance against allocations.</li> <li>Monthly reporting of financial position against plan and scrutiny of financial position both locally at place and strategically at CCG level.</li> <li>Annual internal audit of key finance systems.</li> <li>Interim internal audit around COVID-19 cost governance.</li> <li>Annual external audit of financial statements</li> <li>Finance reports presented to Primary Care Commissioning Committee and CCG Governing Body</li> <li>Monthly review of system financial positions and risks with the ICS CFO and all NHS CFOs</li> <li>Monthly NHS England/Improvement assurance meetings between Regional CFO and ICS CFO.</li> </ul>	12 (4x3)	
<b>Mitigating action required</b>	<b>Associated issues</b>	<b>Target rating</b>	
<ul style="list-style-type: none"> <li>Detailed budget meetings underway with all directors for running cost allocations</li> <li>Planning for second 6 months of 21/22 underway across Hampshire and Isle of Wight with all NHS organisations with financial plans required by October 21.</li> </ul>	<ul style="list-style-type: none"> <li>Upcoming transition to ICS and any related implications on financial management</li> <li>H2 allocations currently unknown and not likely to be known until September 2021</li> </ul>	4 (2x2)	

ID  04	<b>Risk Description</b>	
<b>System Reform and New Ways of Working</b> If CCG objectives and delivery plans are not aligned across our local systems and partners, then there may be delays in implementing models of care for patients leading to adverse impact on patient care, CCG reputation and inefficient use of resources.		
<b>CCG Objective</b>		
<b>Developing our Integrated Care System</b> <ul style="list-style-type: none"> <li>Design the Hampshire &amp; Isle of Wight Integrated Care System (ICS) operating model needed to enable partners to work together effectively</li> <li>Manage the transition to the new model &amp; statutory Integrated Care System body by April 2022 (subject to legislation)</li> </ul>		
<b>Risk Owner</b>	<b>Monitoring Committee</b>	<b>Initial rating</b> (impact x likelihood)
Paul Gray, Director of Strategy	Quality, Performance and Finance Committee	16 (4x4)
<b>Controls in place</b>	<b>Source of assurance</b>	<b>Current rating</b>
<ul style="list-style-type: none"> <li>Hampshire and Isle of Wight Integrated Care System Operating Plan</li> <li>CCG priorities and objectives in place</li> <li>ICS oversight board, Health and Care Leadership Group and other ICS wide meetings in place to develop relationships and ways of working in partnership</li> <li>Health &amp; Care leadership group meets regularly with a focus on ICS development</li> <li>Joint CCG Technical Project Board with Portsmouth CCG established</li> </ul>	<ul style="list-style-type: none"> <li>CCG Merger Programme Closure Report to Audit Committee</li> </ul>	12 (4x3)
<b>Mitigating action required</b>	<b>Associated issues</b>	<b>Target rating</b>
<ul style="list-style-type: none"> <li>Development of ICS structures in preparation for transition from April 2022</li> <li>Continued monitoring of benefits realisation following the CCG merger</li> <li>Development of ICS &amp; NHS Strategy</li> <li>Developing sustainable Partnerships with non-NHS partners e.g. Police, voluntary sector, fire &amp; rescue</li> </ul>	<ul style="list-style-type: none"> <li>CCG transition to ICS by April 2022</li> <li>Local variation at place, however each area maturing as submissions and oversight is continued via the Hampshire &amp; Isle of Wight ICS framework</li> <li>Possible differences between the ICS and the current CCG geography</li> </ul>	6 (3x2)

<b>ID</b>  <b>05</b>	<b>Risk Description</b> <b>Staff Development &amp; Workforce</b> If the CCG and the wider NHS in Hampshire & the Isle of Wight is not able to develop confident and able leaders and maintain sufficient workforce, then we will not be able to deliver our plans and support ongoing system development.
<b>CCG Objective</b>	
<b>Supporting People and Teams</b> <ul style="list-style-type: none"> <li>Support the health &amp; wellbeing of our staff</li> <li>Accelerate workforce transformation &amp; grow the NHS workforce for the future</li> <li>Support and equip leaders, enhancing talent management across the system</li> </ul>	
<b>Risk Owner</b>	<b>Monitoring Committee</b>
<b>Fiona White, Chief of Staff</b> <b>Helen Ives, Executive Director of Workforce</b>	<b>Quality, Performance and Finance Committee</b>
<b>Controls in place</b>	<b>Source of assurance</b>
<ul style="list-style-type: none"> <li>CCG People Plan &amp; Smarter Working People Plan</li> <li>Leadership Development Programme</li> <li>Ongoing staff wellbeing programme</li> <li>Coaching programme in place with further development planned and expansion to the full executive team and beyond</li> <li>New set of values for the organisation launched and being embedded through a programme of activity</li> <li>Regular review of resourcing and budget and development of regular management report.</li> <li>CSU SLA account management process established and weekly progress meetings held on ESR (electronic staff record)/pay and systems</li> </ul>	<ul style="list-style-type: none"> <li>Internal Audits on HR processes including recruitment</li> <li>Smarter Working weekly updates to Executive Team</li> <li>Weekly recruitment and establishment control process updates to Executive team</li> </ul>
<b>Mitigating action required</b>	<b>Associated issues</b>
<ul style="list-style-type: none"> <li>Human Resources policies continue to be reviewed and streamlined across the new CCG</li> <li>Developing skills within the team to create a framework for internal talent management and succession planning for senior posts and working with other partners on a systematised approach to talent management and succession planning</li> <li>Quality improvement plan being developed to streamline processes and enable HR and OD teams to focus on developmental work</li> <li>Values to be embedded throughout HR processes including recruitment</li> <li>Further development of our line managers in line with cultural goals</li> <li>Implementation of the NHS People Plan across Hampshire and the Isle of Wight</li> </ul>	<ul style="list-style-type: none"> <li>Resources and capacity to support the ongoing CCG transformation process.</li> <li>Running cost reductions</li> <li>Clinical workforce sustainability and resilience</li> <li>CSU Service and quality</li> </ul>
<b>Initial rating</b> <small>(impact x likelihood)</small>	
<b>15</b> <b>(5x3)</b>	
<b>Current rating</b>	
<b>12</b> <b>(4x3)</b>	
<b>Target rating</b>	
<b>6</b> <b>(3x2)</b>	

ID  06	<b>Risk Description</b>	
	<b>Planning for the Future</b> If the CCG does not ensure that commissioned services are future-proof and tailored to the needs of our people, this may have a negative impact on the wellbeing of our population, increase strain on service providers and reduce public trust in the CCG.	
<b>CCG Objective</b>		
<b>Transforming Services</b>		
<ul style="list-style-type: none"> <li>Accelerate digital transformation to improve efficiency and effectiveness of NHS services</li> <li>Progress the Hampshire Together programme</li> <li>Tackle inequalities which have been exacerbated by Covid-19</li> <li>Establish a service improvement approach which will lead to improved outcomes</li> <li>Plan to extend the partnerships between NHS, local government and other partner agencies to better serve our communities</li> </ul>		
<b>Risk Owner</b>		<b>Monitoring Committee</b>
Michael Ridgwell, Director of Delivery Paul Gray, Director of Strategy Tessa Harvey, Director of Performance		Quality, Performance and Finance Committee Primary Care Commissioning Committee
		<b>Initial rating</b> (impact x likelihood)
		<b>16</b> (4x4)
<b>Controls in place</b>		<b>Sources of assurance</b>
<ul style="list-style-type: none"> <li>Primary Care GP resilience programme of work underway</li> <li>Project team assigned to Hampshire Together Programme to work with partners to progress this project.</li> <li>Integrated working through ICS development including focus on place to provide the infrastructure to address health inequalities</li> </ul>		<ul style="list-style-type: none"> <li>Performance reports from partner providers</li> <li>Primary Care Commissioning Committee closely monitors resilience in primary care</li> <li>Regular updates on Hampshire Together programme to governing body</li> </ul>
		<b>Current rating</b>
		<b>12</b> (4x3)
<b>Mitigating action required</b>		<b>Associated issues</b>
<ul style="list-style-type: none"> <li>Further engagement with staff, GPs and wider stakeholders, including consideration of 'place' versus 'scale'</li> <li>Governing body deep dive on Primary Care, to include a discussion on primary care resilience, scheduled for July 2021.</li> <li>Begin consultation on Hampshire Together Programme</li> <li>Review of digital transformation programme</li> <li>Review the role of the ICS in relation to promoting and supporting service improvement in system partners (providers)</li> </ul>		<ul style="list-style-type: none"> <li>ICS and reformed CCG to be in place by 1st April 2021</li> <li>Delay to Hampshire Together programme planned consultation</li> <li>Primary care workforce resilience</li> <li>Potential impact of Hampshire County Council's budget consultations on certain services in Hampshire.</li> </ul>
		<b>Target rating</b>
		<b>9</b> (3x3)

<p>ID 07</p>	<p><b>Risk Description</b> <b>Estates &amp; Sustainability</b> If our CCG estate, including that of primary care, is not fit for purpose, this may have an impact on patient and staff wellbeing as well as having potential financial impacts in the short and long-term.</p>	
<p><b>CCG Objective</b> <b>Operational Service Delivery</b></p> <ul style="list-style-type: none"> <li>Expand Primary Care Capacity to improve access &amp; local health outcomes for people in Hampshire &amp; the Isle of Wight</li> <li>Continue transformation of community and urgent &amp; emergency care</li> </ul> <p><b>Supporting People and Teams</b></p> <ul style="list-style-type: none"> <li>Support the health &amp; wellbeing of our staff</li> </ul>		
<p><b>Risk Owner</b></p> <p>Roshan Patel, Chief Finance Officer</p>	<p><b>Monitoring Committee</b></p> <p>Quality, Performance and Finance Committee Primary Care Commissioning Committee</p>	<p><b>Initial rating</b> (impact x likelihood)</p> <p><b>12</b> (4x3)</p>
<p><b>Controls in place</b></p> <ul style="list-style-type: none"> <li>Agreed system capital investment plan in place for 21/22 including primary care</li> <li>Draft Primary Care Estates Strategy developed</li> <li>Completed review of all CCG estate as part of our Workspaces of the Future and opportunities on what we can do with each building.</li> </ul>	<p><b>Source of assurance</b></p> <ul style="list-style-type: none"> <li>Regular review of primary care estates by Primary Care Commissioning Committee</li> <li>Review of overall capital progress through ICS Capital Board</li> <li>Monthly NHS England/Improvement assurance meetings between Regional CFO and ICS CFO.</li> </ul>	<p><b>Current rating</b></p> <p><b>12</b> (4x3)</p>
<p><b>Mitigating action required</b></p> <ul style="list-style-type: none"> <li>Workspaces of the future 'pilot' scheme to commence July 2021</li> <li>CCG Estate Group and Sustainability Group in place which combines with the ICS Sustainability Group</li> <li>Development of the 5 year ICS Capital Investment Strategy.</li> <li>Develop a carbon Net Zero Plan by the end of April 22.</li> </ul>	<p><b>Associated issues</b></p> <ul style="list-style-type: none"> <li>Overall review of how primary care estate is used to support Primary Care Networks</li> <li>Further enhance and embed sustainability into strategic planning.</li> </ul>	<p><b>Target rating</b></p> <p><b>8</b> (4x2)</p>

<b>ID</b>  <b>08</b>	<b>Risk Description</b> <b>Cyber Security</b> If cyber security risks are not effectively managed this may result in wide ranging impacts on the CCGs including to data security of both patients and staff and ability to deliver care in an increasingly digital healthcare environment. This could impact in patient care and result in reputational damage and possible financial penalties for the CCGs and provider partners.		
<b>CCG Objective</b>			
<b>Transforming Services</b> <ul style="list-style-type: none"> <li>Accelerate digital transformation to improve efficiency and effectiveness of NHS services</li> </ul>			
<b>Risk Owner</b>	<b>Monitoring Committee</b>	<b>Initial rating</b> <small>(impact x likelihood)</small>	
<b>Roshan Patel, Chief Finance Officer (as CCG SIRO)</b>	<b>Audit &amp; Risk Committee</b>	<b>12</b> <b>(4x3)</b>	
<b>Controls in place</b>	<b>Source of assurance</b>	<b>Current rating</b>	
<ul style="list-style-type: none"> <li>Information Governance Training Programme- All staff are required to undertake Data Protection Awareness training on a yearly basis.</li> <li>Cyber security concerns from IT, IG and Counter Fraud cascaded to staff via email</li> <li>Cyber Security Strategy and associated action plan</li> </ul>	<ul style="list-style-type: none"> <li>Cyber security exception reports</li> <li>Data Security Protection (DSP) Toolkit</li> <li>Counter Fraud and Security reports</li> <li>Internal Audit on Cyber Security Risk and Data Security Protection Toolkit compliance</li> <li>Updates on information governance breaches from the IG team</li> <li>Information Governance Training data</li> </ul>	<b>8</b> <b>(4x2)</b>	
<b>Mitigating action required</b>	<b>Associated issues</b>	<b>Target rating</b>	
<ul style="list-style-type: none"> <li>Cyber security awareness programme being developed for CCG staff.</li> <li>Data Security &amp; Protection toolkit to be completed for 21/22</li> </ul>	<ul style="list-style-type: none"> <li>Challenges related to increased remote working and a more agile/digital workforce.</li> <li>IT services for the CGG are provided by third parties- South Central and West CSU and IOW NHS Trust, therefore any technical mitigations are with these providers rather than the CCG.</li> <li>IT services for Isle of Wight based staff provided by the IOW Trust- IT provision not consistent across entire CCG</li> </ul>	<b>4</b> <b>(2x2)</b>	

ID  09	<b>Risk Description</b>	
	<b>Primary Care Resilience</b> If Primary Care Services are not adapted, integrated and delivered in a way that is forward-looking, sustainable and resilient, it may lead to poor outcomes for patients and the teams serving them, financial and reputational challenges for the NHS in Hampshire, and a subsequent impact on associated providers.	
<b>CCG Objective</b>		
<b>Operational Service Delivery</b>		
<ul style="list-style-type: none"> <li>Expand Primary Care Capacity to improve access &amp; local health outcomes for people in Hampshire &amp; the Isle of Wight</li> </ul>		
<b>Risk Owner</b>	<b>Monitoring Committee</b>	<b>Initial rating</b> (impact x likelihood)
<b>Michael Ridgwell, Director of Delivery</b> <b>Nicola Decker, Clinical Leader</b>	<b>Primary Care Commissioning Committee</b>	<b>25</b> <b>(5x5)</b>
<b>Controls in place</b>	<b>Sources of assurance</b>	<b>Current rating</b>
<ul style="list-style-type: none"> <li>The CCG, practices and wider health &amp; care system are working in an integrated and transparent way to proactively support each other.</li> <li>Primary Care GP resilience programme of work underway</li> <li>Hampshire and Isle of Wight Primary Care Work Programme 21/22 in place</li> <li>CCG Governing Body fully supportive of Primary Care resilience programme following the deep dive into Primary Care in June 2021.</li> </ul>	<ul style="list-style-type: none"> <li>Regular reports to Primary Care Commissioning Committee on primary care resilience</li> <li>Regular updates to Governing Body</li> </ul>	<b>20</b> <b>(5x4)</b>
<b>Action required</b>	<b>Associated issues</b>	<b>Target rating</b>
<ul style="list-style-type: none"> <li>Further engagement with staff, GPs and wider stakeholders, including consideration of 'place' versus 'scale'</li> <li>Comms and Engagement plan to improve the way our communities access primary care under development.</li> <li>Development of Primary Care Networks and the 'Additional Roles Reimbursement Scheme' including integration of these new roles into existing teams.</li> <li>Further development of the Hampshire and Isle of Wight Primary Care Work Programme is planned, including the enabling workstreams- workforce, digital and estates.</li> </ul>	<ul style="list-style-type: none"> <li>Primary care workforce resilience- GPs retiring or leaving Primary Care quicker than new GPs can be recruited, shortages in other clinical and practice support staff.</li> <li>Potential impact of Hampshire County Council's budget consultations on certain services in Hampshire.</li> <li>The widening scope of Primary Care including the complexity and competing priorities.</li> </ul>	<b>12</b> <b>(4x3)</b>

<p>ID 10</p>	<p><b>Risk Description</b> <b>Improving Mental Health Care</b> If the gap between demand and capacity for Mental Health services, particularly CAMHS, grows further, this may result in further assessment and treatment delays which will lead to poorer outcomes for patients and subsequent impact on other providers.</p>	
<p><b>CCG Objective</b> <b>Operational service delivery</b></p> <ul style="list-style-type: none"> <li>Managing increasing demand on mental health services, with a focus on Children and Adolescent Mental Health Services (CAMHS)</li> </ul>		
<p><b>Risk Owner</b>  <b>Michael Ridgwell, Director of Delivery</b></p>	<p><b>Monitoring Committee</b>  <b>Quality, Performance and Finance Committee</b></p>	<p><b>Initial rating</b> (impact x likelihood) <b>16</b> (4x4)</p>
<p><b>Controls in place</b></p> <ul style="list-style-type: none"> <li>£33m Mental Health Investment plan approved - £14m baseline growth, £11m Service Development Funding and £8m Spending Review Funding; £14m of the £33m investment is in CAMHS</li> <li>Clear delivery plans in place against all investments</li> <li>Recruitment and service transformation underway</li> <li>Strategic workforce plan agreed with short, medium and long term actions</li> <li>Mental Health Needs Assessment currently out to tender led by Public Health to understand current and future demand</li> <li>Process in place with CCGs and providers to assess and reallocate slippage each month to ensure the available funding is delivering the maximum value to meet in year demand</li> </ul>	<p><b>Source of assurance</b></p> <ul style="list-style-type: none"> <li>Quality, Performance &amp; Finance Committee – oversight and review of performance against plans</li> <li>Monthly scrutiny of delivery and financial position against plan to Mental Health Operational Delivery Group (ICS wide Executive / Director level group) with escalation to the Mental Health Partnership Board</li> <li>Contract review meetings</li> <li>NHS England/Improvement assurance meetings where required</li> </ul>	<p><b>Current rating</b>  <b>12</b> (4x3)</p>
<p><b>Mitigating action required</b></p> <ul style="list-style-type: none"> <li>Implement the workforce plan to address the significant recruitment challenge across all programmes, particularly for nursing</li> <li>CCG sign off of the Children and Young People Local Transformation Plans in September 2021 to agree 2022/23 investment in CAMHS in line with the NHS Long Term Plan</li> <li>Proposals to address spike in Children and Young People's Eating Disorders urgent demand to be considered by ICS Executives in September 2021</li> <li>Scope additional actions with Hampshire CAMHS to address the current waiting list times - the availability of workforce is the limiting factor</li> <li>Complete a strategic review of Hampshire CYP community counselling services</li> </ul>	<p><b>Associated issues</b></p> <ul style="list-style-type: none"> <li>The full impact of COVID-19 on mental health service demand remains unknown</li> <li>South East CAMHS Tier 4 capacity commissioned by NHS England can't meet the demand and is significantly under the modelled capacity requirement, this puts additional pressure on Tier 3 community services and acute hospitals</li> <li>Potential impact of Hampshire County Council's budget consultations on mental health services in Hampshire</li> </ul>	<p><b>Target rating</b>  <b>9</b> (3x3)</p>

<p>ID 11</p>	<p><b>Risk Description</b> <b>Planned Care Programme</b> Patients could come to harm if we fail to maintain our rate of recovery of planned care services (including Cancer Care, Diagnostics and Screening), reduce waiting list size and waiting times for urgent and routine patients in line with NHS performance standards and fail to create closed loop systems ensuring no patients are lost in the system.</p>		
<p><b>CCG Objective</b></p>			
<p><b>Operational service delivery</b></p> <ul style="list-style-type: none"> <li>High quality elective, cancer care and screening services</li> </ul>			
<p><b>Risk Owner</b></p>	<p><b>Monitoring Committee</b></p>	<p><b>Initial rating</b> (impact x likelihood)</p>	
<p>Michael Ridgwell, Director of Delivery Tessa Harvey, Director of Performance</p>	<p>Quality, Performance and Finance Committee</p>	<p><b>20</b> <b>(5x4)</b></p>	
<p><b>Controls in place</b></p>	<p><b>Source of assurance</b></p>	<p><b>Current rating</b></p>	
<ul style="list-style-type: none"> <li>Continue to work with local leaders and programme sponsors to ensure elective delivery plans and accelerator plans are delivered</li> <li>Work with all Providers to ensure transformational delivery plans in place</li> <li>Management of all hospital capacity to minimise elective cancellations</li> <li>Detailed action plan in place</li> <li>Financial plans in place</li> <li>Robust reporting in place</li> <li>Reviewed health inequality impacts</li> </ul>	<ul style="list-style-type: none"> <li>Restoration and recovery plans are overseen by the Planned Care Board</li> <li>Restoring access to NHS Services minutes.</li> <li>Restoration updates to Committees &amp; Governing Body</li> <li>HIOW ICS Urgent &amp; elective care analysis report</li> </ul>	<p><b>20</b> <b>(5x4)</b></p>	
<p><b>Mitigating action required</b></p>	<p><b>Associated issues</b></p>	<p><b>Target rating</b></p>	
<ul style="list-style-type: none"> <li>Continue to work with local leaders and programme sponsors to engage local leaders</li> <li>Development of Community Diagnostic Hubs</li> <li>Continue Speciality reviews and delivery of the investment plans Create strategic plan for future use of the Independent Sector</li> <li>Development of Elective Activity Coordination Hub</li> <li>Ensure Elective Recovery Fund gateways are achieved</li> <li>Continued monitoring of weekly and monthly data</li> <li>HHFT action plan in place for lost to follow up</li> </ul>	<p>Planned Care Programme is dependent on a number of factors, including:</p> <ul style="list-style-type: none"> <li>COVID Surges</li> <li>UEC admissions</li> <li>Workforce challenges</li> <li>Working within available resources</li> <li>Digital Transformation</li> <li>Existing service backlog in certain areas pre-Covid-19</li> <li>Changes to national financial regime</li> </ul> <p>Additional pressure on providers related to current legislative targets.</p>	<p><b>10</b> <b>(5x2)</b></p>	

ID  12	<b>Risk Description</b>	
	<b>System Workforce Resilience &amp; Sustainability</b> If the health & social care workforce across all providers in Hampshire is not resilient and sustainable that will result in impacts on quality of care, accessibility of services, system performance which could lead to negative outcomes for patients and knock-on effects to other providers within the system.	
<b>CCG Objective</b>		
<b>Supporting People and Teams</b>		
<ul style="list-style-type: none"> <li>Support the health &amp; wellbeing of our staff</li> <li>Accelerate workforce transformation &amp; grow the NHS workforce for the future</li> <li>Support and equip leaders, enhancing talent management across the system</li> </ul>		
<b>Risk Owner</b>	<b>Monitoring Committee</b>	<b>Initial rating</b> (impact x likelihood)
Helen Ives, Director of Workforce	Quality, Performance and Finance Committee	<b>25</b> (5x5)
<b>Controls in place</b>	<b>Source of assurance</b>	<b>Current rating</b>
<ul style="list-style-type: none"> <li>Hampshire and Isle of Wight People Board established</li> <li>Attendance at weekly Health and Social care Cell</li> <li>Attendance at weekly Maintaining Hospital Capacity Cell</li> <li>Attendance at weekly Community Capacity Cell</li> <li>Weekly H1/ H2 Ops planning</li> </ul>	<ul style="list-style-type: none"> <li>Exception report from Hampshire and Isle of Wight People Board</li> <li>Weekly absence reporting from NHS England regional team</li> <li>Annual staff survey results</li> </ul>	<b>16</b> (4x4)
<b>Mitigating action required</b>	<b>Associated issues</b>	<b>Target rating</b>
<ul style="list-style-type: none"> <li>Data/ intelligence to be sourced and reviewed – data analyst now in post</li> <li>Further triangulation at Hampshire and Isle of Wight level to understand workforce/finance/ activity</li> <li>Further work to understand governance in ICS structure (i.e. People Board reporting to Governing Body for financial decisions, etc.)</li> <li>Resourcing to support system workforce resilience cell</li> </ul>	<ul style="list-style-type: none"> <li>Lack of monitoring/reporting on workforce across the system</li> <li>National workforce shortages in key clinical roles</li> <li>Covid-19 impact on workforce</li> <li>Organisational restructuring</li> <li>National directives (i.e. Covid vaccinations for workforce)</li> </ul>	<b>12</b> (4x3)

## CCG Objectives

As Agreed by CCG Governing Body June 2021

### 1 Operational Service Delivery

- a) Deliver the Covid-19 vaccine programme for people in Hampshire & Isle of Wight
- b) Accelerate restoration of elective and cancer care services in Hampshire & Isle of Wight
- c) Manage increasing demand on mental health services in Hampshire & Isle of Wight, with a particular focus on CAMHS
- d) Expand primary care capacity to improve access & local health outcomes for people in Hampshire & Isle of Wight
- e) Continue the transformation of community and urgent & emergency care services in Hampshire & Isle of Wight
- f) Prepare for winter 2021/22, ensuring sufficient capacity to meet demand

### 2 Supporting people and teams

- a) Support the health & wellbeing of NHS staff in HIOW, looking after our people, helping them to recover and supporting workforce inclusion
- b) Accelerate workforce transformation: embedding new ways of working, growing the NHS workforce for the future
- c) Build the ICS team and functions, with the culture, ways of working & capabilities needed. Re-align CCG, STP and CSU people to support new ways of working – in places, provider alliances and across the Integrated Care System
- d) Support & equip leaders, enhancing talent management in Primary Care Networks, places, provider collaboratives & across the system as a whole

### 3 Transforming services

- a) Agree & implement next phase of our plans to deliver sustainable health & care for the Isle of Wight population
- b) Progress the Hampshire Together programme, and begin public consultation on the new hospital programme
- c) Accelerate digital transformation to improve efficiency and effectiveness of NHS services
- d) Agree and begin to implement priority actions to tackle inequalities, which have been exacerbated by Covid-19
- e) Establish a service improvement approach which reduces unwarranted variation and leads to improved outcomes, experience & efficiency
- f) Agree and begin implementation of a plan to extend the partnerships between NHS, local government and other agencies to enhance our ability to meet the needs of the population

### 4 Strategic planning and engagement

- a) Agree an operational plan for the NHS in Hampshire & Isle of Wight for April – Sept 2021
- b) Refresh our strategic plan for Hampshire & Isle of Wight, and the agreed system priorities to deliver improvements in health services and health outcomes
- c) Develop & begin implementation of further community and patient engagement for Hampshire & Isle of Wight to transform how we involve our communities in our work
- d) Develop a robust financial strategy & capital plan that underpins our system strategy & leads to financial sustainability in Hampshire & Isle of Wight

### 5 Developing our Integrated Care System

- a) Design the Hampshire & Isle of Wight Integrated Care System architecture needed to enable partners to work together effectively, responsive to local needs & able to deliver change at scale, including place based partnerships, and provider collaboratives.
- b) Manage the transition to the new model & statutory Integrated Care System body by April 2022 (subject to legislation)
- c) Ensure the ongoing development of the culture and ways of working needed in the ICS to ensure success
- d) Develop and agree a framework for collectively managing and distributing financial resources in the Integrated Care System
- e) Develop arrangements to oversee & assure quality, operational and financial performance within the system.
- f) Agree and begin implementation of a plan to build the digital & data infrastructure & business intelligence needed to support strategic decision making & performance assurance.