

**CCG Assurance Framework and Risk  
Register  
2019 - 2020  
Version 2**

**CCG Governing Body -  
3 September 2019**

## OVERVIEW

### 1 Introduction

- 1.1 Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) Assurance Framework and Risk Register (CAF) sets out the high level organisational risks that could potentially impact upon the CCG and its ability to deliver its responsibilities. The CAF brings together all of the evidence required to support the Annual Governance Statement.
- 1.2 The CAF clearly identifies the controls in place to mitigate the risks, the assurances on these controls (first, second and third line of defence) and the action plans that have been established to address any gaps. The CAF should be seen as a living document which will be updated regularly and reported to the CCG Governing Body and relevant sub-committees for monitoring purposes.

### 2 Alignment against Organisational Priorities

2.1 The CAF is aligned to our organisational priorities namely:-

- CCG Corporate Objectives,
- Meeting Core NHS Standards; and
- Delivery of our Big Ticket 6.

**Picture 1 – CCG Corporate Objectives**



**Picture 2 – Meeting Core NHS Standards**



**Picture 3 – Six Big Ticket Items**



2.2 The 2019/20 CAF is also linked to the relevant domains within the NHS England CCG Improvement and Assessment Framework and our Equality Delivery System Goals. These are described below:

#### Equality Delivery System Goals

- EDS Goal 1 - Better health outcomes for all
- EDS Goal 2 – Improved patient access and experience
- EDS Goal 3 – Empowered, engaged and well supported staff
- EDS Goal 4 – Inclusive leadership at all levels

#### NHS England CCG Assurance Framework

The NHS England CCG Assurance Framework sets out four domains that reflect the key elements of a well led effective clinical commissioner and underpin assurance discussions between CCGs and NHS England, whilst identifying on-going ambitions for CCG development as follows:

IAF 1 Domain 1 - Better Health: this section looks at how the CCG is contributing towards improving the health and wellbeing of its population, and bending the demand curve;

IAF 2 Domain 2 - Better Care: this principally focuses on care redesign, performance of constitutional standards, and outcomes, including in important clinical areas;

IAF 3 Domain 3 - Sustainability: this section looks at how the CCG is remaining in financial balance, and is securing good value for patients and the public from the money it spends;

IAF 4 Domain 4 - Leadership: this domain assesses the quality of the CCG's leadership, the quality of its plans, how the CCG works with its partners, and the governance arrangements that the CCG has in place to ensure it acts with probity for example in managing conflicts of interest.

### **3 Risk Management Framework (Extract from Risk Management Policy (revised and awaiting approval))**

#### **3.1 Risk Assessment**

All risks identified are assessed and given a risk level rating based on the National Patient Safety Agency Risk Rating. The higher the risk level, the greater the likelihood an opportunity or threat will occur and the greater its impact. Please see Appendix A for further information. All risks that are risk rated extreme (red) between 15 and 25 will be escalated to the CCG's CAF. Other risks, where they have an impact on the CCG's key priority areas will be considered for the CAF in line with the Risk Statement. The Governing Body will ensure that plans are put into place to lower the level of risk whenever an extreme risk has been identified. A target risk will be identified to support reducing the risk through the appropriate mitigating actions.

### 3.2 Assurance Mapping

Understanding where assurance comes from will help provide a clearer picture of where the organisation receives assurance and whether it has too much, is duplicated, or has none at all, and whether the coverage of assurances is set at the right level to provide confidence to the Governing Body.

The CCG's Governing Body will ensure that it receives three lines of assurance on the risks which are escalated to the CAF. These assurances can be described as follows:-

**First Line Assurance** - Directorate / Team – the first level of assurance comes from the Directorate / Team that performs the day to day activity

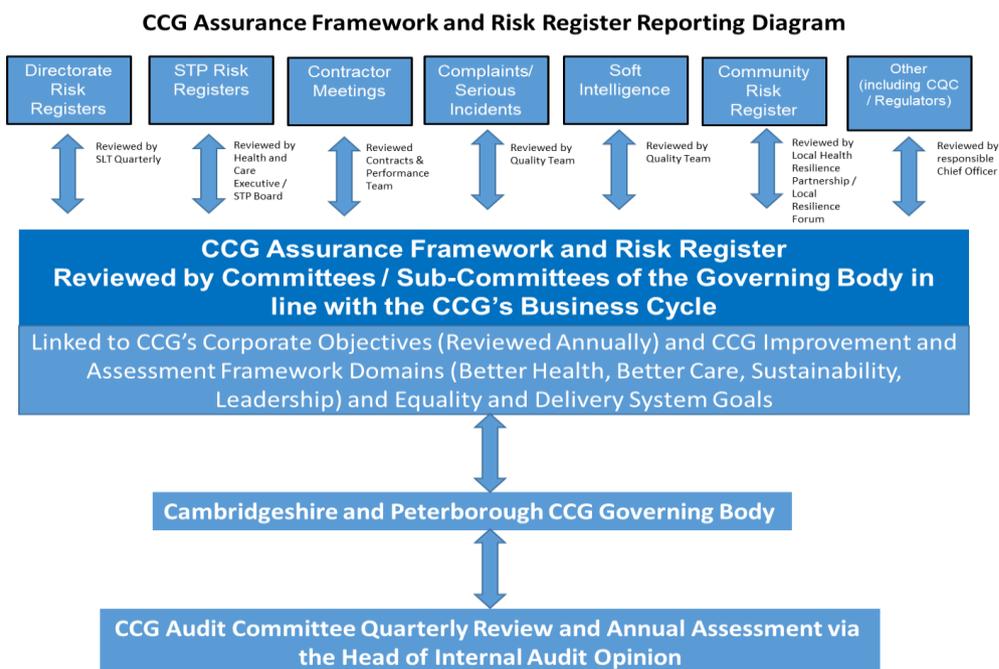
**Second Line Assurance** – Organisational Oversight - Other functions in the organisation such as quality, finance, governance and HR.

**Third Line Assurance** – Independent assurance from outside the organisation such as NHSE/I, Care Quality Commission, Internal and External Assurance.

These assurances will be set out on the CAF, and an assurance mapping tool will be utilised to provide an Assurance Map which captures the levels of assurance on a quarterly basis.

### 3.3 Risk Reporting Framework

The CCG's Risk Reporting Framework is set out below:



### 3.4 Cycle of Business

The CAF will be reviewed by Senior Risk Owners. Oversight and monitoring will be undertaken by the Senior Leadership Team / Chief Officer Team and Committees of the Governing Body, prior to presentation to the GB in each meeting in public. Please refer to the CCG's Business Cycle for more information.

## RISK MATRIX

### CALCULATING RISK SCORES FOR THE CCG ASSURANCE FRAMEWORK AND RISK REGISTERS

The CCG uses the NHS National Patient Safety Agency's Model Risk Matrix to evaluate and score its organisational risks. In short this involves identifying and scoring the potential consequence(s) of a risk and assessing and scoring the likelihood of that risk occurring. These two figures are then multiplied to provide an overall risk score. For reference the guidance that is used to calculate these scores is set out below.

**Table 1 - IDENTIFYING THE CONSEQUENCE SCORE**

The most appropriate domain that an identified risk may fall under is chosen from the first column on the left-hand side of the table. Then by working along the columns in the relevant row the severity of the risk is assessed on a scale of 1 to 5 to determine the consequence score. This is the number at the top of the column.

	Consequence score (severity levels) and examples of descriptors				
	1	2	3	4	5
<b>Domains</b> Please note: These are examples used in the national model and can be tailored to individual organizations' )	Insignificant	Minor - GREEN	Moderate -YELLOW	Major - AMBER	Catastrophic - RED
<b>Impact on the safety of patients, staff or public (physical/psychological harm)</b>	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  Increase in length of hospital stay by 1-3 days	Moderate injury requiring professional intervention  Requiring time off work for 4-14 days  Increase in length of hospital stay by 4-15 days  RIDDOR/agency 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  Increase in length of hospital stay by >15 days  Mismanagement of patient care with ...	Incident leading to death  Multiple permanent injuries or irreversible health effects  An event which impacts on a large number of patients
<b>Quality/complaints/audit</b>	Peripheral element of treatment or service suboptimal  Informal complaint/inquiry	Overall treatment or service suboptimal  Formal complaint (stage 1)  Local resolution	Treatment or service has significantly reduced effectiveness  Formal complaint (stage 2) complaint  Local resolution (with potential to go to independent review)	Non-compliance with national standards with significant risk to patients if unresolved  Multiple complaints/independent review  Low performance rating	Totally 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
		Single failure to meet internal standards	Repeated failure to meet internal standards	Critical report	

		Minor implications for patient safety if unresolved  Reduced performance rating if unresolved	Major patient safety implications if findings are not acted on		
<b>Human resources/ organisational development/staffing/ competence</b>	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
<b>Statutory duty/ inspections</b>	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
<b>Adverse publicity/ reputation</b>	Rumours    Potential for public concern	Local media coverage – short-term reduction in public confidence  Elements of public expectation not being met	Local media coverage –long-term reduction in public confidence	National media coverage with <3 days service well below reasonable public expectation	National media coverage with >3 days service well below reasonable public expectation. MP concerned (questions in the House)  Total loss of public confidence
<b>Business objectives/ projects</b>	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

<b>Finance including claims</b>	Small loss Risk of claim remote	Loss of 0.1–0.25 per cent of budget  Claim less than £10,000	Loss of 0.25–0.5 per cent of budget  Claim(s) between £10,000 and £100,000	Uncertain delivery of key objective/Loss of 0.5–1.0 per cent of budget  Claim(s) between £100,000 and £1 million  Purchasers failing to pay on time	Non-delivery of key objective/ Loss of >1 per cent of budget  Failure to meet specification/ slippage  Loss of contract / payment by results  Claim(s) >£1 million
<b>Service/business interruption Environmental impact</b>	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 day  Moderate impact on environment	Loss/interruption of >1 week  Major impact on environment	Permanent loss of service or facility  Catastrophic impact on environment

**TABLE 2 – IDENTIFYING THE LIKELIHOOD SCORE**

The table used to determine the likelihood score(s) (L) for those adverse outcomes to a risk is shown below. If possible, the likelihood is scored by assigning a predicted frequency of occurrence of the adverse outcome. If this is not possible, a probability to the adverse outcome occurring within a given time frame is assigned, such as the lifetime of a project. If it is not possible to determine a numerical probability the probability descriptions set out in the table can be used to determine the most appropriate score.

Likelihood score	1	2	3	4	5
<b>Descriptor</b>	Rare	Unlikely - GREEN	Possible - YELLOW	Likely - AMBER	Almost certain - RED
<b>Frequency</b>  How often might it/does it happen	This will probably never happen/recur	Do not expect it to happen/recur but it is possible it may do so	Might happen or recur occasionally	Will probably happen/recur but it is not a persisting issue	Will undoubtedly happen/recur, possibly frequently

**TABLE 3 – CALCULATING THE OVERALL RISK SCORE**

The overall risk score is calculated by multiplying the consequence by the likelihood: C (consequence) x L (likelihood) = R (risk score)

Likelihood	X	Consequence			
		Insignificant = 1	Minor = 2	Moderate = 3	Major = 4
Rare – 1		1	2	3	4
Unlikely – 2		2	4	6	8
Possible – 3		3	6	9	12
Likely – 4		4	8	12	16
Almost Certain – 5		5	10	15	20

**Risk Statement (Extract from CCG Risk Management policy  
– Approved by the CCG Governing Body 05.03.19)**

**Introduction**

This Risk Statement provides guidance as to the level of risk that the CCG is willing to tolerate or expose itself to when managing risks as they arise during day to day business or when embarking on new projects. The Statement provides detail on how the Governing Body will manage and monitor risks in relation to different programmes of work or projects. It also describes the accountability arrangements.

The CCG will ensure that risks are considered in terms of both opportunities and threats and are not confined to the financial consequences of a risk materialising. Risks also impact on the capability of the organisation, its performance and its reputation. This will be influenced by our Strategic Aims and Strategic Priorities, and the Cambridgeshire and Peterborough health economy through the Sustainability and Transformation Plan.

The CCG acknowledges that risk is a component of every day business and improvement programmes and therefore does not expect or consider the absence of risk as necessarily achievable. The organisation will, where necessary, tolerate overall levels of risk where action is not cost effective or reasonably practicable. There will be issues where the benefits deriving from achieving objectives are sufficient to mean that exposure to the risk is seen as necessary. In such cases the risks identified need to be evaluated in terms of likelihood and severity and the decision taken to tolerate the risk in accordance with the CCG's Scheme of Delegation.

**Process**

As set out above, all risks identified are evaluated and given a risk level rating based on the National Patient Safety Agency Risk Rating. The higher the risk level, the greater the likelihood an opportunity or threat will occur and the greater its impact. All risks that are risk rated extreme (red) between 15 and 25 will be escalated to the CCG's CAF. The Governing Body will ensure that plans are put into place to lower the level of risk whenever an extreme risk has been identified. A target risk will be identified to support reducing the risk through the appropriate mitigating actions.

The CCG requires that risk management is seen as everybody's business. Identifying and reporting a risk does not end the responsibility and a major part of risk treatment is control and the control to mitigate the risk may be easily put in place, for example by cleaning up a spillage. The CCG expects that all reported and registered risks will be considered for risk treatment options. Risk treatment includes implementing controls, removing the risk completely, reducing the risk, transferring the uncertainty of the risk (for example by insurance) or making a decision to tolerate the risk in line with the appropriate level of delegation.

**Controls**

The CCG acknowledges that the majority of risks will need to have controls implemented to reduce the likelihood or severity of the risk. The cost-benefit of the control needs to be considered to ensure that the risk reduction benefits outweigh the cost of the control and achieves the desired outcome. Existing control mechanisms/activities and the level of confidence in these existing controls will be considered when identifying options for additional control measures.

**Assurances**

Understanding where assurance comes from will help provide a clearer picture of where the organisation receives assurance and whether it has too much, is duplicated, or has none at all, and whether the coverage of assurances is set at the right level to provide confidence to the Governing Body

The CCG's Governing Body will ensure that it receives three lines of assurance on the risks which are escalated to the CAF. These assurances can be described as follows:-

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These assurances will be set out on the CAF, and an assurance mapping tool will be utilised to provide an Assurance Map which captures the levels of assurance on a quarterly basis.

**Accountability**

The CCG Governing Body has determined its accountability and treatment of risk as follows:-

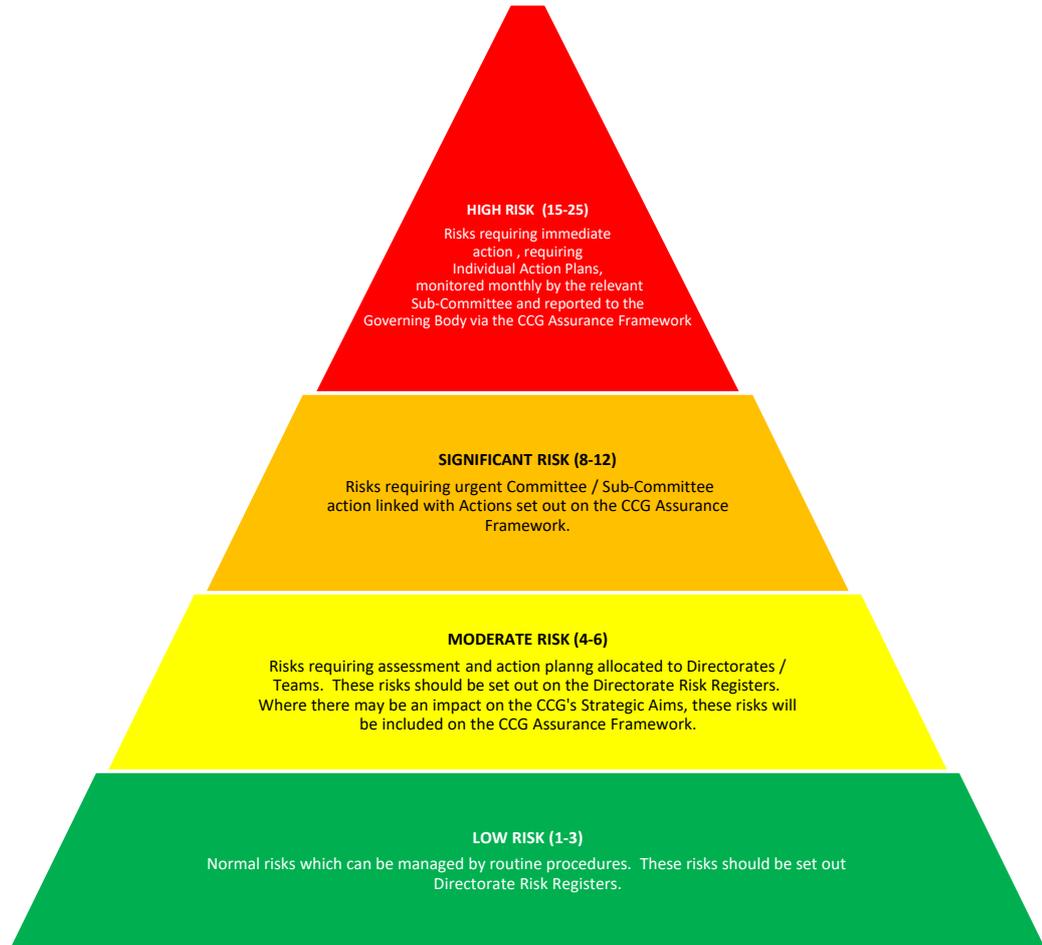
**RED - HIGH RISK (15-25).** Risks which will require immediate action, with clear actions developed by a Senior Risk Owner who will be held to account for progress to manage, mitigate and reduce the risk. Timescales for delivery will be set by the Senior Risk Owner and agreed by the appropriate Sub-Committee. The Action will be monitored by the relevant Sub-Committee and progress will be reported to the Governing Body via the CCG Assurance Framework.

**AMBER - SIGNIFICANT RISK (8-12).** These risks will require urgent Committee / Sub-Committee action linked with Actions set out on the CCG Assurance Framework. These will also have a Senior Risk Owner who will be held to account for the actions and timescales set out on the CCG Assurance Framework. The actions will be monitored by the relevant Sub-Committee and will be reported to the Governing Body via the CCG Assurance Framework.

**YELLOW - MODERATE RISK (4-6).** These risks will require assessment and action planning allocated to Directorates / Teams. These risks should be set out on Directorate Risk Registers. Where there may be an impact on the CCG's Strategic Aims, these risks will be included on the CCG Assurance Framework. A Risk Owner will be held to account for the actions linked to the risk.

**GREEN - LOW RISK (1-3).** These are normal risks which can be managed by routine procedures. These risks should be set out on Directorate/Team Risk Registers. A Risk Owner will be held to account for the actions linked to the risk.

The narrative above is also depicted in the Risk Triangle set out below.



**CCG ASSURANCE FRAMEWORK (CAF) RISKS - SUMMARY: 2019-20 : August 2019**

Ref	Risk (Note: Risk are currently being reviewed by SROs alongside the review of Directorate/Team risk requirements)	Year Start Risk Score (April 19)	Current Risk Score (Aug 19)	Target Risk Score 2019/20	Movement since last review	Senior Risk Owner (SRO)
CAF01	Risk to maintaining robust CCG Governance Arrangements	12 3x4 Amber	16 4x4 Red	4 1x4 Yellow	→	CCG Secretary
CAF02	Failure to achieve the 2019/20 planned deficit of £75m as agreed with NHS England	20 4x5 Red	20 4x5 Red	12 3x4 Amber	→	Chief Finance Officer
CAF03	Risk to Delivery of the CCG's six key areas of Transformation - Diabetes; Falls; Cancer; Urgent Care; Primary Care and Financial Stability	20 4x5 Red	20 4x5 Red	10 2x5 Amber	→	Chief Operating Officer
CAF04	Potential for poor quality, safety and patient experience in the services that the CCG commissions in acute care	16 4x4 Red	16 4x4 Red	6 2x3 Yellow	→	Chief Nurse
CAF05	Potential for poor quality, safety and patient experience in the services that the CCG commissions in primary, community and integrated care	16 4x4 Red	16 4x4 Red	9 3x3 Amber	→	Chief Nurse
CAF06	Failure to meet National Framework for NHS Continuing Healthcare and NHS funded Nursing Care compliance	16 4x4 Red	16 4x4 Red	12 3x4 Amber	→	Chief Nurse
CAF07	Failure to deliver Operational Plan Objectives (Excluding QIPP & Finance)	16 4x4 Amber	16 4x4 Amber	8 2x4 Amber	→	Chief Operating Officer
CAF08	Failure to address patient flow in hospitals and meet the locally mandated length of stay targets	16 4x4 Red	12 3x4 Amber	8 2x4 Amber	↓	Director of Performance & Delivery
CAF09	Risk to patient care at Hinchingsbrooke Hospital due to lack of capacity to see all breast cancer patients referred their Breast Cancer 2 week wait service	16 4x4 Red	16 4x4 Red	4 1x4 Yellow	→	Chief Operating Officer
CAF 10	Risk that GP providers will fail to engage with the proposed system changes and development of neighbourhoods across the STP footprint.	6 2x3 Yellow	4 2x2 Yellow	2 1x2 Green	→	Medical Director
CAF11	Risk that the business models for delivering primary care services become unsustainable.	12 3x4 Amber	12 3x4 Amber	8 2x4 Amber	→	Medical Director
CAF 12	Failure to deliver the System Control total of £192m	4x4 16 Red	4x5 20 Red	3x4 12 Amber	New Risk	Chief Finance Officer
CAF 13	Failure to adequately prepare for EU Exit	12 3x4 Amber	12 3x4 Amber	9 3x3 Amber	Escalated Risk	CCG Secretary

**NHS Cambridgeshire and Peterborough Clinical Commissioning Group  
CCG Assurance Framework and Risk Register 2019/20 - August 2019 - Version 2**

CAF Ref	Original date Risk Added to CAF	Risk Description	Cause	Effects	Inherent Risk Score (as at 01.04.19)	Links to other Goals/Priorities. Includes NHSE CCG Assurance Framework IAF 1 - Better Health IAF 2 - Better Care IAF 3 - Sustainability IAF 4 - Leadership  2019-20 Core Objectives:	Existing Mitigations / Controls	First Line of Assurance	Second Line of Assurance	Third Line of Assurance	Current Risk Score	2019/20 Target Risk Score	Gaps Identified	Planned Actions	Timescale	Progress on actions / latest Update	SRO	Responsible Ctte	Review History Date by GB/Sub-Com etc.
CAF 1	1.04.2016	<b>Risk to maintaining Robust CCG Governance arrangements</b>	<p>Non-compliance with the Health and Social Care Act and other legislation</p> <p>Non-compliance with mandatory training requirements</p> <p>Breach of CCG statutory duty to achieve financial balance</p> <p>Breach of CCG statutory duty to ensure full consultation and engagement with patients and the public.</p> <p>Non-compliance with the Civil Contingencies Act 2004 and NHSE EPRR Framework</p>	<p>Breach of statutory duties</p> <p>Potential legal claims</p> <p>Requires Improvement Rating from CCG Improvement and Assessment Framework for 2018-2019. Legal Directions remain</p> <p>Potential judicial review</p> <p>Inadequate response / management of an incident.</p>	<p><b>12</b> <b>3x4</b> <b>Apr 19</b> <b>Amber</b></p>	<p>EDS Goals 1-4 IAF 3 &amp; 4 CO 5</p>	<p>CCG Risk Management Framework Health &amp; Safety Specialist Advice Corporate Policies CCG-appointed Legal Advisors  COI Policy  Annual Audit of Col arrangements Reasonable Assurance 18-19  CCG Constitution (V11) ratified by NHSE Mar 19)  GDPR Policies in place DSPT Standards met 2018/19 Policies Database maintained  Substantial compliance with EPRR Standards  HoIAO 2018/19 - Reasonable Assurance CCG Decom Policy and Strategy and associated Com &amp; Eng Plan  Reviewed effectiveness of new pilot Committee and agreed permanent structure. .</p>	<p>CCG Governance Team Corporate Services &amp; Governance Team  Comms &amp; Engagement Team Policies Group IG, BI &amp; IM&amp;T Equality &amp; Diversity Steering Group EPRR Working Group COT &amp; SLT Delivery &amp; Governance Oversight Group Mandatory on-line training - various</p>	<p>Governing Body Audit Committee IPAC COT Rem Com. Internal Audit Head of Audit Opinion 18-19  Internal Audit - Annual Risk Management &amp; Assurance Audit Planned October 2019  Internal Audit - Data Security &amp; Protection Toolkit Audit - planned November 2019 Internal Audit - Annual Conflicts of Interest Audit - planned Dec 19</p>	<p>Cambrid Fire &amp; Rescue Insp – Lockton House  NHSE - Qtr Col returns  NHSE/ CCG Imp &amp; Asses Framework  External Audit - Ann Accounts &amp; Report process - VFM conclusion  Hth Overview &amp; Scrutiny Committees oversight &amp; view of consultation processes  Local Health Resilience Partnership and Local Resilience Forum</p>	<p><b>16</b> <b>4x4</b> <b>Aug 19</b> <b>Amber</b> <b>→</b></p>	<p><b>4</b> <b>1x4</b> <b>Yellow</b></p>	<p>STP Gov Framework under review</p> <p>Risk Mge actions to be completed</p> <p>V12 Constitution to be ratified by NHSE</p> <p>Finalisation of Big Conversation doc. Comms and Engage Plan and relevant impact assessments linked to Disinvestment and Decommissioning Programme Proc Strategy &amp; Policy review outstanding EPRR Core Standards Self-Assessment 2019 – July/August. Peer Review September 2019.</p> <p>Continue to effectively manage relationships with stakeholders</p>	<p>Milestone plan to be monitored by GB</p> <p>CCG and system approval of revised STP Gov Framework</p> <p>Imp of new Directorate risk process (SLT Review)</p> <p>Member Practices Consultation – ends 23 July 2019.</p> <p>Follow-up with identified individuals not completed COI Mandatory Training – Finalise new (NHSE) Model Constitution - consult with member practices on proposed changes. Report outcomes to Aug GB. Commence Big Conversation with public. Citizens Panel with Healthwatch. Implement Phase 2 – Disinvestment and Decommissioning Clinical Eng Programme. Regular review of Impact Assessments as process progresses Procurement Strategy and Policy to be finalised. EPRR Core Standards Review</p>	<p>Ongoing</p> <p>Oct 19</p> <p>Sep19</p> <p>Aug 19</p> <p>Completed</p> <p>Oct 19</p> <p>Aug 19</p> <p>Completed</p> <p>Aug-Oct 19</p> <p>Sep 2019</p> <p>Ongoing</p> <p>August 2019</p>	<p>Milestone Plan presented to GB – 2.07.2019. Regular update to GB via AO Report.</p> <p>Review of Directorate Risk Registers to commence end of Aug 2019</p> <p>GB approved proposed changes. Subject to Member Prac consul. Present outcomes to GB 6.08.2019. Request to NHSE to vary Const.</p> <p>Discussion taken place with HR. Commence reminders to all staff to complete 19-20</p> <p>Approach confirmed with Hth Scrutiny Ctte.</p> <p>JCG held. Eight week programme commenced. Workshops being arranged.</p>	CCG Secretary	Audit	Audit Ctte 16.07.19
CAF02	01.04.16	<b>Failure to achieve the 19/20 planned deficit of £75M as agreed with NHS England</b>  <b>(Given the planned deficit of £75M, the CCG will be in breach of the statutory requirement to achieve a breakeven position. This CCG plan has been agreed with NHSE)</b>	<p>Significant volatility remains in CHC and QIPP delivery below target.</p> <p>Achieving the £75 Deficit requires the CCG to deliver £32.7M of savings in 19/20. The current forecast is significantly below target.</p> <p>Main Acute Providers will be on Guaranteed Income Contracts. A number of smaller Acute contracts are still on PBR Contracts with the risk of over performance.</p> <p>Failure to deliver the required underlying exit deficit position of £45M will have in impact on future years.</p> <p>Robust contract negotiation skills, relationship management</p>	<p>Increased level of reporting to/scrutiny from Regulators and loss of credibility</p> <p>CCG remain under Legal Directions for an extended period</p> <p>Adverse impact on Value for Money Conclusion</p> <p>Adverse impact on STP financial position and potential impact on £81M of additional money available to the system</p>	<p><b>20</b> <b>4x5</b> <b>Apr 19</b> <b>Red</b></p>	<p>EDS Goals 1, 3 &amp; 4 Values 1-4 IAF 3 CO 2 &amp; 3</p>	<p>Monthly monitoring of the financial position.  Budgetary control, scrutiny and accountability through: 1) FRPDM - Financial Recovery Planning, Delivery and Monitoring Meeting (Weekly) 2) FRDB - Financial Recovery, Planning and Delivery Board (Meeting monthly with Chief Officer Team in attendance) 3) IPAC - Integrated Performance and Assurance Committee (Monthly)  Actioning internal and external audit recommendations.  Financial Recovery Plan in development</p>	<p>FRPDM FRDB Chief Officer Team (COT) Senior Leadership Team (SLT) Finance Team, BI, Contracting and PMO Teams</p>	<p>IPAC - monthly reporting  Governing Body  Internal Audit - Financial Planning &amp; Delivery including QIPP Audit  Internal Audit - Financial Feeder System Audit - Planned November 2019</p>	<p>NHSE / NHSI  External Audit - Annual Accounts process</p>	<p><b>20</b> <b>4x5</b> <b>Aug 19</b> <b>Red</b> <b>→</b></p>	<p><b>12</b> <b>3x4</b> <b>Amber</b></p>	<p>Contacts with main (STP) providers not yet signed</p> <p>CHC - financial risk to be fully quantified and understood</p> <p>QIPP Delivery - significantly behind target, currently being reviewed.</p> <p>System wide deficit</p>	<p>Conclude negotiations with main STP providers</p> <p>Continue STP discussions to agree system wide solutions</p> <p>Maintain focus on CHC and QIPP delivery position</p> <p>Strengthen organisational development plan; secure additional resource to support delivery</p> <p>Finalise Financial Recovery Plan and execute</p>	<p>Aug 19</p> <p>Ongoing</p> <p>July 19</p> <p>Ongoing</p> <p>Aug 19</p>	<p>In progress</p>	Chief Finance Officer	IPAC	IPAC 25.06.19 27.08.19  SRO 21.08.19

CAF03	22.07.19	<b>Risk to Delivery of the CCG's six key areas of Transformation</b> - Urgent Care - Community Contracts Review - Elective Care - Outpatients - High Cost Patients - Medicines Optimisation - GP Services at Scale	CCG approach fails to deliver required standards and or levels of transformation	Increased level of reporting to/scrutiny from Regulators and loss of credibility  CCG remain under Legal Directions for an extended period	<b>20</b> 4x5  July 19  Red	EDS Goals 1-4 IAF 3 CO1,2 &3	Scrutiny & Challenge at weekly Chief Officer Team Meetings.  Integrated Performance Report - focused section on priority metrics for some of the six areas  Regular reporting to Governing Body on progress via SROs.  Urgent Care Round Table  Decommissioning Strategy and Policy  Clinical Engagement – 8 Week Plan  Big Conversation – draft documents in place	Business Intelligence Team  Finance Team	Governing Body  IPAC - monthly reporting  COT  Internal Audit - Financial Planning & Delivery including QIPP Audit - planned for Q2 2019  Primary Care Commissioning Committee	NHS England  External Audit (Value For Money) review	<b>20</b> 4x5  Aug 19  Red	<b>10</b> 2x5  Amber	Availability of benchmarking data for all elements	Explore further opportunities for benchmarking data with peer CCGs -  Community Services Review – Clinical Engagement to commence 2.09.2019  Big Conversation – documents to be finalised.	Oct 19	<b>In progress</b>	Chief Operating Officer	IPAC	IPAC 25.06.19 27.08.19
CAF04	Jun-19	<b>Risk of potential poor quality, safety and patient experience in the services that the CCG commissions in Acute Care.</b>	- That provider fails to meet required performance and quality standards  That the necessary workforce is not in place/do not have capacity/capability  That the provider is not 'well-led'  That triangulated information indicates areas of concern	Possible catastrophic harm to patients Patients are not seen within national guidelines/evidence base which has consequences re: patient outcomes  That there is insufficient resources to ensure staff are able to work safely and effectively  That there is not learning from ward to board	<b>16</b> Red 4x4  Apr 19  →	EDS Goals - 1 - 4 Values 1 - 4 IAF1 & 2 CO 1, 3 & 4	<b>NWAF:</b> CCG attendance at quality and contract meetings; TQIP RAP in key areas of concern inc; Ophthalmology, Breast 2ww, ED, Diagnostics, Neurotropic sepsis, RTT Support and monitoring Breast 2ww, Holly ward, IP&C <b>CUH:</b> CCG attendance at quality and contract meetings RAP/risk stratification in place, ophthalmology Attendance at weekly SI review <b>QEH:</b> NHS England/Improvement Oversight and Assurance process in place with agreed support Quality meeting to be reinstated by West Norfolk CCG attendance at contract meeting <b>Royal Papworth:</b> CCG attendance at quality and contract/quality meetings NHSSE Spec Comm Lead Commissioner <b>EEAST:</b> Joint CCG approach to quality and patient safety Regular monitoring re workforce inc: mandatory training	Chief Officers Team  Quality Directorate SMT  Contract Overview Group	IPAC Governing Body	NHS England/ Improvement  CQC	<b>9</b> 3x3 Amber Aug 19	<b>6</b> Yellow 2x3	<b>NWAF:</b> Backlog in key performance areas leading to poor outcomes, experience, SIs, CQC Remedial Action Requirements in Maternity <b>CUH:</b> Backlog Ophthalmology Timeliness of SIs Maternity Subcontracts <b>QEH:</b> Specific performance and quality concerns Culture and Leadership Norfolk STP facing West Norfolk CCG Lead Commissioner <b>Cross Organisational Concerns:</b> Non Emergency Patient Transport (NEPTs) Discharge of patients Stroke pathway	Increase staffing in CCG Quality and Patient Safety team Programme of quality visits and attendance at key provider meetings Greater inclusion of patient experience Thematic reviews to IPAC Reinstate process to review Community/Smaller contracts  The top clinical risks to be identified and reflected in CAF risk	Oct 19          Aug 19	<b>ALL:</b> Executive to Executive and Board to Board Meeting to discuss concerns and seek assurance on delivery of actions <b>NWAF:</b> Escalation of concerns to NHS England/Improvement <b>QEH:</b> New exec team in place; improvement plan agreed and positive oversight	Chief Nurse	IPAC	IPAC 25.06.19 27.08.19  SRO - Aug 2019
CAF05	Jun 19	<b>Risk of potential of poor quality, safety and patient experience in the services that the CCG commissions in primary, community and integrated care and Mental Health</b>	That provider fails to meet required performance and quality standards  That the necessary workforce is not in place/do not have capacity/capability  That the provider is not 'well-led'  That triangulated information indicates areas of concern  That joint working with LA not in place	Possible catastrophic harm  Patients are not seen within national guidelines/evidence base which has consequences re: patient outcomes  That there is insufficient resources to ensure staff are able to work safely and effectively  That there is not a process to support learning	<b>16</b> 4x4  Apr 19  Red	EDS Goals 1 - 4 IAF 3 CO 4	<b>Primary Care:</b> QA framework in place Concerns identified and risk escalation in place Regular information sharing CQC Clinical engagement in key areas inc: LES/DES, workforce Report to PCCC/IPAC inc: CQC rating <b>Care Homes and Dom Care:</b> Quality monitoring of providers in place based on concerns escalation Regular information sharing CQC/LA Care Homes Support Team to support improvement Report to IPAC/QSG <b>CPFT (Mental Health Services):</b> Eating Disorders - external review SIs, external review pathway RCPsych, monthly m/w CPFT Lead Clinician Access Standards - Deep Dive	Quality Directorate SMT Internal PC Surveillance meeting	IPAC PCCC	NHS England/ Improvement  CQC	<b>16</b> 4x4  Aug 19  Red	<b>9</b> 3x3 Amber	<b>Primary Care:</b> Primary Care Strategy Key workforce gaps inc: GPs/GPNs Clinical Governance and Professional Leadership in PCNs/practices at scale <b>Care Homes and Dom Care:</b> Strategy for aligned working <b>Eating Disorders:</b> Medical Monitoring	<b>Primary Care:</b> Strategy in progress, quality and nurse lead contribution made <b>Care Homes and Dom Care:</b> NHS Standard Contract in place for all providers Documented QA Framework linked to CCG Concerns Escalation Discussion CCG/LA	In progress	<b>CPFT:</b> Executive to Executive and Board to Board in place to challenge and seek assurance on delivery of actions RCPsych review undertaken awaiting final report <b>Care Homes:</b> Extensive quality visits undertaken, additional support from Care Home team when issues identified <b>Primary Care:</b> work in progress to develop encompassing quality framework. Extensive support offered where practices have identified or have been identified as requiring additional support including tailored package from RCGP.	Chief Nurse	IPAC	IPAC 25.06.19 SRO-Aug 2019

CAF 06	14.04.16	<b>Failure to meet National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care compliance.</b>	National Outlier for volume of referrals received into Complex Cases team that initially screen in and positive checklist for further eligibility review.  Failure to provide accurate data on activity and finance  Risk to achieving financial target on spend	Volume of referrals causing greater demand to respond to eligibility assessment within 28 day time frame	<b>16</b> <b>4x4</b> <b>Red</b>  <b>Apr 19</b>	EDS Goals 1-4 IAF 2, 3 & 4 Sign up to Safety Pledge, 1, 2, 3, 4, 5 CO 1,2,3,4 & 6	Improvement Plan in place for transformation of Complex Cases Team and to improve service delivery, this includes a number of high priority areas and key actions/milestones: Recruitment and Retention of staff to ensure operational delivery, training of system partners to educate on referral criteria, Care Needs Test Pathway implementation and system review, Commencement of Review programmes, implementation of CHC training programme including Nursing home referral and completion of checklists, Established regular face-to-face with LA (CCG and PCC) to manage risks and enhance joint working Working with Healthwatch to improve comms and complaint management Robust patient level tracking of 28-day case:fast track, CNT and fast track to enable to identify every patient in the CHC process Daily (M-F) DToC teleconferences with CUH/PCH/Hinch/ brokerage to discuss every DToC case aligned to CHC (CNT and fast tracks), representation on discharge programme board and ops meeting and provision of RN in Acutes planned to be CHC interface. Trackers in place for DToC and case management to support timely and appropriate clinical oversight and risk management Authorisation levels for spend agreed and appropriate escalation and oversight in place	Weekly meeting with CHC SMT to establish risk and support delivery of improvement plan  Quality Directorate SMT  Monthly meeting with CCG finance directorate to deep dive into activity and financial performance	Governing Body  IPAC  COT  Weekly dashboard and performance monitoring  Integrated Care Board and Discharge Programme Delivery Board	NHSE CCG	<b>16</b> <b>4x4</b> <b>Red</b>  <b>Aug 19</b>  →	<b>12</b> <b>3x4</b> <b>Amber</b>	Clinical and administrative gaps identified in pilot organisational structure (in place from 05/03/18); currently filled by agency admin and clinical staff supported by active recruitment campaign.  System sign off for CNT - pending  Review of patients in accordance with NHS CHC National Framework guidance - work has commenced  Joint Funding Toolkits-current versions not approved through CCG governance, fit for purpose and no agreed process  S75 agreement with CCC/PCC.  Cost of care continues	Recruitment of all current, vacant substantive posts and additional posts in order to meet current level of activity, deliver a clinically safe service to patients of C&PCCG and enable CCG to meet statutory responsibilities for CHC  Continuous review of weekly and monthly activity and finance dashboard, including analysis of performance and benchmarking against comparable CCGs  Audit of cases authorised to ensure compliance and rigor applied  Joint working between Complex Cases Team and CCG/PCC to develop appropriate JF toolkits and processes for CCG Exec approval  Joint working with CCG/ CCC/PCC to identify issues with s75 agreement and identify areas for improvement/resolution	Action plan reviewed on rolling basis, as a live document  Care Needs Test formal review Sept 2019 Active recruitment 'live on NHS jobs'  Escalation meeting with LA in place on a monthly basis work commenced on agreeing a revised funding tool agreement for jointly funded cases to be established by End of September 2019	<b>In progress:</b>	Chief Nurse	IPAC	IPAC 25.06.19 27.08.19  SRO-Aug 2019
CAF 07	1.04.2016	<b>Failure to deliver Operational Plan Objectives (Excluding QIPP and Finance)</b>	Failure to engage in proactive dialogue with provider colleagues and in turn ensure assurance on delivery of plans is on track as a system collectively. Failure to analyse in time data, trends and rising risks	CCG remains in legal directions for longer. Escalated monitoring with regulators. Impact on patient safety and wellbeing where objectives relate to waiting times specifically for cancer care .	<b>16</b> <b>4x4</b> <b>Apr 19</b>  <b>Red</b>  →	EDS Goals 1-4 IAF 1,2,3 & 4 CO 1 &3	CCG Operational Delivery Plan Monthly Reporting	Senior Leadership Team	Governing Body  IPAC  COT  Internal Audit - Delivery of the Operational Plan Planned - August 2019	NHSE Check point Assurance Meetings	<b>16</b> <b>4x4</b> <b>June 19</b>  <b>Red</b>  →	<b>8</b> <b>2x4</b> <b>Amber</b>	<b>Key Performance Challenges</b> - Set out in monthly Integrated Performance report reported to IPAC and Governing Body  - waiting lists and long waiters - Reducing 52 wk waits by at least 50% - Patients not waiting for inpatient treatment are treated within 18 weeks - delivering contracted activity volumes managing elective demand  A&E & RTT Performance at NWAFT (PCH) to be addressed	Address NHSE expectations around elective activity and their expectations for regarding the delivery of 18-week constitutional standards: 5 Key area.  2019-20	<b>In progress</b> NHSE Check-point Assurance meetings now re-instated	Chief Operating Officer	IPAC	IPAC 25.06.19 27.08.19	
CAF 08	Feb-17	<b>Failure to address patient flow in hospitals and meet the locally mandated length of stay targets</b>	Ineffective systems in place, lack of beds in the community	Delayed Transfers of Care (DToC), poor patient and carer experience.	<b>16</b> <b>4x4</b> <b>Apr 19</b>  <b>Red</b>	EDS Goals 1-4 IAF 1 & 3 CO 3 & 4	Review DToC weekly  Review of DTOC's in Community Hospital Beds with CPFT  Robust review of new referrals to CHC / s117 from social care  Robust process in place to agree funding splits for individual children & young people  4Qs pathway needs to be approved and implemented	Contract meetings with CPFT  Continuing Care Panels	DToC Transformation Board  IPAC  Internal Audit - Continuing healthcare Audit Planned July 2019  Internal Audit - S117 Audit Planned - July 2019	CGC  Completed  Completed	<b>12</b> <b>3x4</b> <b>Aug 19</b>  <b>Amber</b>  ↓	<b>8</b> <b>2x4</b> <b>Amber</b>	Process for discharge to access does not link to need to service provision robustly  DZA pathway 1 review and transformation required to improve access to the pathway and support a discharge to assess model	Mar 20	<b>In progress</b>	Director of Perf & Delivery	IPAC	IPAC 25.06.19 27.08.19  SRO 29.08.19	
CAF 09	19.02.19	<b>Risk to patient care at Hinchingsbrooke Hospital due to lack of capacity to see all breast cancer patients referred their Breast Cancer 2 week wait service</b>	Surge in referrals in October created backlog.  Staffing gaps at HH led to capacity problem	Patients waiting up to 6 weeks to be seen in 2ww clinic  Drift of referrals to CUH	<b>16</b> <b>4x4</b> <b>Apr 19</b>  <b>Red</b>	EDS Goal 4 IAF 3 & 4 CO All 7	Fortnightly meetings set up between CCG Contracts, CCG Cancer Team and Trust Cancer Management Team  Recovery Action Plan in place	Contracts Overview Group  Quality Directorate SMT  Senior Leadership Team	Governing Body  IPAC  COT	NHS England	<b>16</b> <b>4x4</b> <b>Aug 19</b>  <b>Red</b>  →	<b>4</b> <b>1x4</b> <b>Yellow</b>	Capacity issue is due to radiographer vacancies  Unable to recruit locums  CUH do not have capacity to support	New radiographer is due to start at Hinchingsbrooke in September 19. RAP in place.  Stratified high risk patients  Speaking to every delayed patient	Oct 19	<b>In Progress</b>	Chief Operating Officer	IPAC	IPAC 25.06.19 27.08.19  SRO 29.08.19

CAF 10	June19	<b>There is a risk that GP providers will fail to engage with the proposed system changes and development of neighbourhoods across the STP Footprint</b>	Competing priorities for GPs as providers of independent businesses and the system requirement for this change to be GP led, resulting in a GP's feeling like they have an ever increasing unfunded workload to reduce secondary care activity and spend across the system.	The STP's vision of integrated neighbourhoods is built around primary care networks. Although GP practices are signing up to the PCN DES there is a risk some may not engage with the integrated neighbourhood agenda thus putting this at risk.	6 2x3 May 19 Yellow	EDS Goals 1-4 IAF 4	Engagement with PCNs and their clinical directors- Annual Stakeholder survey - Quarterly meetings with Member practices - Practice Visits - Demand management and prescribing. - Quality & Engagement Framework  STP Governance processes includes GPs as members of all decision making groups.  Primary Care Network Mapping completed	Comms & Engagement Team	Primary Care Commissioning Committee (PCCC)  Integrated Performance & Assurance Committee (IPAC)  CCG Governing Body	NHSE England (NHSE) - Check point assurance meetings	4 2x2 Aug 19 Yellow	2 1x2 Green	STP Governance Framework to be finalised and approved	CCG Engagement Plan - Key actions - Closer alignment of clinical leadership - Strengthen clinical leadership	<b>In Progress</b> PCN Mapp completed - PCNs went live from 1 July 2019  PCCC confirmed (13.08.19) current risk score appropriate.	Medical Director	IPAC / PCCC	PCCC 13.08.19  IPAC 25.06.19 27.08.19	
CAF 11	01.04.16	<b>Risk that the business models for delivering primary care services become unsustainable.</b>	Changes to workforce, workload and financial constraints that are placing a burden on the traditional partnership model, and are resulting in difficulties recruiting and retaining staff. Independent contractors are considering options to ensure their business remains sustainable and financially viable delivering quality services for their patients.	General practice is cornerstone of NHS. Practices that are unsustainable affect patient care.	12 3x4 May 19 Amber	EDS Goals 1-4 IAF3 & IAF4 CO 1 - 6	Investment plan approved by PCCC May 2018 to support transformation ambitions/priorities through a GPFV programme of work which identified programmes of support for primary care workforce, workload and change programmes related to new models of care  Delivery Plans agreed for the main themes that address key concerns, pressures and challenges linked to workforce, workload and new models of care - shared with NHSE GPFV PMO  Opportunities to address issues in Time to Care programme (phase 2) & New Models of Care/Primary Care at Scale programme	CCG dedicated Primary Care Team in place to support transformation programme with named leads responsible for specific elements	PCCC  GPFV Delivery & Engagement group aligned with STP wider system planning priorities  Internal Audit Review - Primary Care Development & Engagement - Planned May 19	GPFV EAST PMO Oversight group  NHSE	9 3x3 Aug 19 Amber	6 2x3 Yellow	CCG Issues Estates expertise and resource to deliver priorities in primary care team  GP Practice issues GP Practices have variable engagement with support programmes	Complete recruitment process (delayed)  Promote opportunities for GP Practices to access support via transformation funding (£.3per head)	Delayed  Commence June  PCCC also confirmed current risk score appropriate.	Medical Director	PCCC	PCCC 13.08.19	
CAF 12	Aug-19	<b>Failure to deliver the System Control total of £192.7m</b>	Delivering the STP deficit position of £192.7M is dependant on delivering significant savings at CCG level and Provider level. The financial position also depends on demand being in line with the planning assumptions.	If the STP fails to deliver the control total of £192.7M, it may not receive all of the £81M of additional PSF/FRF funding. The system will lose credibility and receive additional scrutiny on future plans.	16 4x4 Apr 19 Red		Monthly monitoring of the financial position.  Scrutiny and accountability through: 1) FPPG (system) - Financial Performance & Planning Group 2) HCE (system) - Health Care Exec 3) IPAC (CCG)- Integrated Performance and Assurance Committee (Monthly)  System Financial Recovery Plan in development	FPPG  HCE  IPAC	NHSE/NHSI	External Audit	20 4x5 Aug 19 Red	12 3x4 Amber	For CCG as reflected in CAF 02  Provider risks on savings programmes and additional demand	For CCG as reflected in CAF 02  Strengthen system working and transparency on risk and mitigations.  Develop system Financial Recovery Plan.	Aug 19  Ongoing  Sep 19	<b>In progress</b>  <b>New Risk</b> - Requested by IPAC 30.07.19	Chief Finance Officer	IPAC	IPAC 27.08.19  SRO 21.08.19
CAF 13	Jul-19	<b>Failure to adequately prepare for an EU Exit</b>  Risk escalated back up to the CAF from the Corporate Services & Corporate Governance Team Risk Register - 31.07.19	To be populated	To be populated	12 3x4 Apr 19 Amber		EU Exit Risk Register compiled and overseen by the EU Exit Task & Finish Group	EU Exit Task & Finish Group	Governing Body  IPAC  COT	NHSE  LHRP EU Exit Preparedness Steering Group	12 3x4 Aug 19 Amber	9 3x3 Amber	Unknown associated with the impact of EU Exit  Awaiting further guidance.	To be populated	<b>Failure to adequately prepare for an EU Exit</b>  Risk escalated back up to the CAF from the Corporate Services & Corporate Governance Team Risk Register - 31.07.19	CCG Secretary	IPAC	IPAC 27.08.19  SRO Aug 19	

ARCHIVED RISKS 2019-20

CAF03	01.04.18	<p><b>Failure to deliver QIPP Plan for 2019/20</b></p> <p><b>22.07.19: The Delivery &amp; Governance Oversight Group has proposed that this risk be incorporated within CAF02 above.</b></p> <p><b>Separate risk to be archived</b></p>	Workstreams failing to deliver planned £32.7M of savings on out of hospital expenditure in 2019/20	Increased level of reporting to/scrutiny from Regulators and loss of credibility  CCG remain under Legal Directions for an extended period	<p><b>12</b> <b>4x5</b> <b>Red</b></p> <p><b>Apr 19</b></p>	EDS Goals 1, 3 & 4 Values 1-4 IAF 3 CO 1, 2 & 3	<p>PMO process in place</p> <p>Budgetary control, scrutiny and accountability through:</p> <p>1) FRPDM - Financial Recovery Planning, Delivery and Monitoring Meeting (Weekly)</p> <p>2) COT - Review of Financial Recovery, Planning and Delivery with Chief Officer Team in attendance (Monthly)</p> <p>3) IPAC - Integrated Performance and Assurance Committee (Monthly)</p> <p>Director Operations and Performance Director in place</p> <p>CCG Improvement &amp; Delivery Plan - approved by NHSE</p> <p>Financial Recovery Plan in place</p> <p>Ongoing generation of additional ideas/pipeline schemes</p>	<p>PMO Team</p> <p>Finance Team</p> <p>Senior Leadership Team (SLT)</p> <p>Chief Operating Team (COT)</p>	<p>Governing Body</p> <p>IPAC - monthly reporting</p> <p>COT</p> <p>Internal Audit - Financial Planning &amp; Delivery including QIPP Audit - planned June 2019</p>	NHS England	<p><b>20</b> <b>4x5</b> <b>Amber</b></p> <p><b>June 19</b></p> <p>→</p>	<p><b>3</b> <b>1x3</b> <b>Green</b></p>	Additional QIPP Plans to be identified/delivered for 2019/20	<p>Identify &amp; implement additional QIPP plans/savings</p> <p>Complete planning &amp; development of 19/20 QIPP Programme</p>	<p>Monthly review</p> <p>July 19</p>	<p><b>In-Progress</b></p> <p><del>PMO Update/QIPP position is reported through the Integrated Performance Report (IPR)</del></p>	<p>Chief Finance Officer</p>	IPAC	<p>IPAC</p> <p>25.06.19</p>
CAF 08	19.04.16	<p><b>Failure to provide accurate data on activity and finance for complex cases - Continuing Healthcare</b></p> <p><b>22.07.19: The Delivery &amp; Governance Oversight Group has proposed that this risk be incorporated within CAF07 above</b></p> <p><b>Separate Risk to be archived</b></p>	Delays in administration process due to recruitment gaps and high level of activity with contracts, invoice approval	Delay in provision imputed into finance system limits transparency and limited ability to forecast expenditure impacting on increased risk of high expenditure	<p><b>16</b> <b>4x4</b></p> <p><b>Apr 19</b></p> <p><b>Red</b></p>	EDS Goals 1 - 4 IAF 3 CO 1 & 2	<p>Agreed roles and responsibilities of all staff aligned to finance and information both within the Complex Cases Team and wider CCG finance and BI directorates. Process maps in place for all administration staff</p> <p>Management of s117 Function split from CHC</p>	<p>Senior Leadership Team</p>	<p>Governing Body</p> <p>IPAC</p> <p>COT</p> <p>Internal Audit - S117 Audit Planned - July 2019</p>	NHS England	<p><b>16</b> <b>4x4</b></p> <p><b>June 19</b></p> <p><b>Red</b></p> <p>→</p>	<p><b>3</b> <b>1x3</b> <b>Green</b></p>	<p>Administration support to support throughput and volume</p> <p>Manual process in place for IPA agreements resulting in manual chasing and reduced efficiency</p> <p>Financial risk concerning s117 not yet fully quantified</p>	<p>Rapid development of robust monthly activity and finance dashboard, including analysis of performance and benchmarking against comparable CCGs</p> <p>Explore options of Electronic signature for IPAs enabling efficiency and timely process to enable provisions and finance transparency</p>	<p>Robust action Plan in place to deliver evolving transformation programme</p>	<p><b>In progress:</b></p>	<p>Chief Nurse / Chief Operating Officer</p>	IPAC	<p>IPAC</p> <p>25.06.19</p>