

Governing Body Assurance Framework November 2018

Vision - to deliver the best possible health and wellbeing outcomes for our local community within the resources available.

Strategic Risk If the existing collaborative arrangements around the local health and social care system are not maintained then the CCG's strategic plans for the local population will be at risk. The geographical footprint in which the CCG operates is complex. As STP's gain in strength they may impact on the existing collaborative arrangements.

Description: This risk is about the possible **loss of local autonomy** which may become likely if the CCG does not have an influence in the Frimley Health and Care STP. Integration with Adult Social Care requires strong relationships both locally and also with Surrey County Council.

Underpins CCG achieving Strategic Objective 1 Working together for the best possible outcomes for our local community

KEY RISKS

P23 🟡 If the transformation benefits of the Frimley STP do not bring the required financial and qualitative sustainability to the system then SHCCG local plans will be insufficient to close the sustainability gap in quality, finances and inequalities and will not have a long term future which delivers constitutional and statutory expectations.
P15 🟡 If SHCCG fails to articulate its future service model for urgent and emergency care within an affordable financial envelope then the CCG could be tied into new NHS 111 and GP OOH contracts that fail to delivery urgent and emergency care in the most appropriate setting and creates an additional cost pressure

CONTROLS

Finance control

- Shared control total for ICS in place for 18/19
- Local Joint Delivery Board and Local Joint Commissioning Group monitor impacts of joint working with Adult Social Care

Governance controls

- CCG executive team actively involved in ICS and Surrey Collaborative working closely and influencing plans.
- Regular updates to GB and system partners through the Surrey Heath Alliance
- Executives work with lead commissioners to mitigate any potential risks of changing planning landscape.
- Regular QIPP monitoring including PAD Board and updates to OLT
- SHCCG part of working groups with Hampshire for 111 and OOH procurement

SOURCE of ASSURANCE

- Regular updates to GB
- ICS Leaders Group membership
- Local Joint Commissioning Group and Joint Oversight Group
- Integrated Performance Meeting / OLT

ISSUES including Gaps in controls and assurance

New ICS footprints and leadership models untested.
ICS untested and put additional pressure on senior managers' time.
Funding bids do not always follow ICS footprints
Poor data quality from Frimley means analysis of QIPP delivery problematic

Update since last Governing Body

Governing Body Committees In Common for the Frimley ICS continuing to meet. Revised Surrey Collaborative meetings now taking place

30th January 2019 Transformation Board for Integrated Urgent Care discussed the current position of the co-design of the service. Surrey Heath CCG Governing Body updated in December 2018.

Progress



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Strategic Risk: **If pressure on health care (demand and funding) affects the quality of services then patients will be put at risk and patient safety compromised.** ●

Description: If the current pressure on health care services continues there may be a reduction in the quality of health care. Then the CCG will fail in meeting its statutory responsibilities over patient safety. **NOTE: Each risk listed throughout this GBAF has the potential to adversely affect the quality of services**

Strategic objective 2 Continuously improve the quality of services

SHCCG KEY RISKS

- C6b ● If the CCG fails to establish robust SAFEGUARDING arrangements for ADULTS (includes PREVENT) then vulnerable persons placed at risk
- C6a ● If the CCG fails to establish robust SAFEGUARDING arrangements for CHILDREN (includes PREVENT) then vulnerable persons placed at risk
- C5b ● If the CCG fails to establish robust **patient safety and quality structures** with lead commissioners / host commissioners in line with national recommendations (including Francis, Winterbourne, Mid Staffs, Berwick etc.), the CCG will fail in meeting its statutory responsibilities over patient safety and recognising service failures
- C20 ● If the CCG is not able to commission high quality services for children and young people then children and their families may not get the individual service needed to address their medical, social and educational needs

KEY CONTROLS

- The potential impact on local residents is included in all risk management discussions
- C5b - Recovery plan for SECamb and RSCH being closely monitored and CCG actively involved in process. Strategic oversight of SECamb action plan from regulators (NHSE, NHSI & CQC) with commissioners and provider.
- New Leadership in place for SECAMB
- C6a and C6b – Children and Adult Safeguarding Teams now integrated.
- C20 - CAMHS and Children monthly CQRMs. SHCCG will be part of new Project Board overseeing the delivery of the Interim Plan for CAMHS.
- Integrated Performance Monitoring meeting implemented to ensure formal forum for holistic assessment of performance issues on a monthly basis

SOURCE of ASSURANCE

C5b - GB and QCGC updates on activity with RSCH and SECamb. SECAMB mitigating actions (as recommended). NWS CCG assurance to GB 4 October 2016 for SECAMB following the CQC report publication.
C6b and C6a – Lead commissioner in place (G&WCCG)
 Mental Health MoU in place.
C20 – discussed at Quality Clinical Governance Committee, Audit Committee, Collaborative

ISSUES including Gaps in controls and Assurance

- SECAMB - Significant changes in leadership following publication of Deloitte, independent review and CQC reports. Governance and leadership weaknesses highlighted. CQC report inadequate. Strategic oversight now in place with regulators (NHSE, NHSI & CQC) commissioners and provider.

Update since last Governing Body

- Engagement on Childrens Emotional Health and Wellbeing Strategy commenced.
- SECAMB – Implementation of the recommendations from the demand and capacity review are ongoing and progressing
- Increased capacity for quality monitoring or provider contracts achieved through matrix working with Commissioning partners

Progress



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Strategic Risk: If the CCG financial position worsens (planning a deficit in 17/18) it may lead to decisions being made in the short term which compromise the Medium and Longer Term benefits of the population.

Description: Despite making investments to support people in the community the CCG continues to see increasing activity at acute providers. Under a PbR contract this activity will need to be paid for and as such will put further strain on the financial position of the CCG. Quality and Performance targets will also become more difficult to achieve if planned expenditure has to be diverted due to increased activity in acute sector..

Strategic objective 3 To deliver our strategic plan within the resources available.

KEY RISKS

F16 If plans don't deliver anticipated financial benefits or there is a reduction in expected allocation then the CCG may become financially challenged; this may lead to a reduction in assurance by NHSE and affect the CCGs ability to achieve strategic objectives.

F19 If contracts are not monitored and enforced then the CCG may pay inappropriately for activity nor hold the providers to account effectively as agreed in the contract.

CONTROLS

Finance control

- PbR contract with Frimley Health NHS FT for 2018/19

Governance controls

- Performance and Delivery Board escalating to Operational Leadership Team
- Regular finance and activity reports to GB.

SOURCE of ASSURANCE

Updates to Governing Body. Discussed at OLT. Monthly 1:1 with South (South East) NHSE Finance Director.

Finance Reference Group for ICS which reports to ICS Leaders Group

ISSUES including Gaps in Controls/ Assurance

- The CCG is likely to enter into deficit early next financial year if support funding is repaid
- Support funding is from ICS transformation pot and is to be repaid in 18/19. Equity regarding organisation financial positions needs to be transparent

Update since last Governing Body

Year end payment agreed by CCGs and Frimley Heath Foundation Trust. Residual risk to delivering Integrated Care System Control Total being mitigated. SHCCG confident that a balanced financial position will be achieved.

QIPP reporting shows SHCCG are on track to deliver QIPP in 18/19

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Strategic Risk: If the high risks associated with transforming local models of care are not balanced by the proposed opportunities and improvements for local people then the CCG may not be able to sustain the investment in services, and may lead to the cessation of some services.

Description: The CCG has to be able to continue business as usual while developing new models of care. Finance, workforce, estates, governance structures in the CCG may not be able to deliver the vision and plans for the new models of care.

Strategic Objective 4 Shape an effective, clinically owned and sustainable organisation

KEY RISKS

F21 If the local health economy does not have sufficient, appropriate estate available then the operational delivery of services (including New Models of Care) may be compromised

If the Surrey Heath Care System (includes Providers and Commissioners) does not have the appropriate skill mix and capacity then the New Model of Care delivery may be compromised. This includes addressing the recruitment and retention risks in Primary Care / GP Surgeries

KEY CONTROLS

- Report on plans and progress to OLT and GB.
- S75 for integrated health and adult social care AGREED Oct 2016.
- LJCG review s75 metrics

SOURCE of ASSURANCE

- Estates strategy submission to NHSE
- Governance framework agreed in principle with GB and SCC
- Update to June 2017 GB on estates strategy.
- Surrey Heath Care Alliance meeting

ISSUES and GAPS in controls and assurance

- NHS Property Services stretched to support all CCGs in Estates Strategy. Community services disaggregation
- Pressure on senior management time to develop and agree ICS
- Workforce and OD plans not developed – will need to fit the New Model of Care

Update since last Governing Body

Estate support has been secured from ICS. Next steps being developed

Workforce will form part of the ICS 2019 /2020 Planning.

Progress



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Risk scoring = consequence x likelihood (C x L)

	Likelihood score				
Consequence score	1 (rare)	2 (unlikely)	3 (possible)	4 (likely)	5 (almost Certain)
5 Catastrophic	5	10	15	20	25
4 Major	4	8	12	16	20
3 Moderate	3	6	9	12	15
2 Minor	2	4	6	8	10
1 Negligible	1	2	3	4	5

SHCCG Risk Appetite¹

The CCG recognises that decisions about the exposure to levels of risk must be taken in context. The CCG is committed, however, to a proactive approach and will take risks where it is persuaded that there is potential for benefit to patient outcomes experience, service quality and/or value for money. The CCG will not compromise patient safety; where the CCG engages in risk strategies it will ensure that they are actively monitored and managed. The CCG will not hesitate to withdraw exposure if benefits fail to materialise.

