

# HSI22/054

## GOVERNING BODY

<b>Title of paper</b>	<b>Governing Body Assurance Framework</b>		
<b>Agenda item</b>	7	<b>Date of meeting</b>	22 June 2022
<b>Director lead</b>	Roshan Patel, Chief Finance Officer		
<b>Author</b>	Steve Cummins, 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. Following agreement of the strategic risks 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.</p> <p>This Governing Body Assurance Framework document was received and reviewed by the Audit and Risk Committee as part of the CCG’s organisational closedown process</p> <p>Over the past year, the Audit and Risk Committee and Governing Body have regularly provided feedback on the GBAF, including:</p> <ul style="list-style-type: none"> <li>• Acknowledging that some risks (such as Achievement of Constitutional Targets and System Workforce) will take many years to achieve. The committee requested that targets should reflect what our expectations are for each of the next three years. This would then enable the Committee to assess and monitor progress and the effectiveness of our mitigating strategies.             <ul style="list-style-type: none"> <li>○ In response to this feedback, for this iteration of the GBAF, target ratings now reflect the expectations for each of the next three years.</li> </ul> </li> <li>• The scores for Achieving Constitutional Targets &amp; Improving Care, System Reform, Planning for the Future, Estates &amp; Sustainability, Cyber Security and System Workforce were all thought to be too low at certain stages through the year. In addition, a need for risk scores to be regularly reviewed to ensure they were still representative was highlighted as, over many months, some risks remained unchanged. The committee noted this may be an indication that mitigating actions were proving ineffective.             <ul style="list-style-type: none"> <li>○ Scores have been reviewed and updated with mitigating actions reviewed.</li> </ul> </li> </ul>

- Some listed controls and mitigating actions comprised a schedule of meetings or Boards.
  - Where this was the case, for example, on system workforce, this has been removed and revised, making reference to the People Board's terms of reference.
- Some controls attempt to draw assurance from other areas within the BAF that are themselves high risk. - For example: planning for the future shows 'framework for the delivery of mental health reforms across the ICS is in place'. Improving Mental Health Care is currently showing a high risk score of 16.
  - In terms of 'Planning for the Future', having the framework for mental health reforms does act a control and is not linked directly to the risk related to Improving delivery of Mental Health Care. The two are distinct issues.
- The committee noted that some risks have more than one lead director and suggested that it would make lines of accountability clearer if only one director took overall responsibility.
  - Where risks sit across more than one directorate, it is important to understand the interplay between them. As such, it is necessary to engage with both Directors where this is the case to ensure we continue to work in a joined up, holistic, manner.
- It was important to be able to see progress, particularly on those risks where delivery or improvement may take several years.
  - A 'Progress Update' section has been included to highlight developments since the last iteration.

As a reminder, the GBAF will not address every risk across the CCG. It is helpful to think of the Strategic Risks as headlines, informed by the risks in each domain.

Following discussions with the ICS Director of Mental Health Transformation and Delivery, an additional risk has been included on Learning Disabilities, that 'If Learning Disabilities and/or Autism Programme (LDAP) is not delivered 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, impacting on young people and adults right to have the same opportunities as anyone else to live healthy, safe and rewarding lives, and have a home within the community.'

A summary of the risks as at June 2022 is presented below.

Risk	May Score	June score	Movement over time
01- Covid-19 Restoration & Recovery	16 (4x4)	16 (4x4)	↔
02- Achieving Constitutional Targets & Improving Care	16 (4x4)	20 (5x4)	↔
03- Financial Performance	4 (2x2)	16 (4x4)	↓
04- System Reform and New Ways of Working	9 (3x3)	9 (3x3)	↔
05- Staff Development & Workforce	12 (4x3)	12 (4x3)	↔
06- Planning for the Future	12 (4x3)	12 (4x3)	↔
07- Estates & Sustainability	12 (4x3)	12 (4x3)	↔
08- Cyber Security	8 (4x2)	15 (5x3)	↓
09-Primary Care Resilience	20 (5x4)	20 (5x4)	↔

10- Improving Mental Health Care	16 (4x4)	16 (4x4)	↔
11- Planned Care Programme	20 (5x4)	25 (5x5)	↓
12- System Workforce Resilience & Sustainability	16 (4x4)	20 (5x4)	↓
13 - Learning Disabilities		12 (4x3)	New

### Closedown Risk Review

The final meetings of the CCG's Quality, Performance, Finance and Workforce Committee and Primary Care Commissioning Committee were held on 18<sup>th</sup> May 2022. As part of the closedown process, risks were considered in each meeting including discussions on carrying risks forward.

### Developing an assurance framework for the Integrated Care Board (ICB)

The board assurance framework for the Integrated Care Board will set out the key risks to achievement of the ICB's strategic objectives as the statutory body. Because the nature of the ICB will differ from that of the CCG and will continue to evolve after transition on 1<sup>st</sup> July 2022, there is a need for the framework to be both agile and responsive.

The current Governing Body Assurance Frameworks from Hampshire, Southampton and Isle of Wight CCG and Portsmouth CCG will form the basis for the development of the ICB assurance framework. An exercise to review both alongside each other and draw out key similarities will be carried out in order to develop a draft assurance framework for the ICB. This draft will then be reviewed in detail by assigned executive leads and the wider executive team prior to initial review by the ICB Audit Committee. The ICB Board Assurance Framework will then be reviewed and presented to the ICB at meetings in public in order to provide assurance to the Board that the significant strategic risks are being appropriately and effectively managed.

### System-wide risk framework

There is a need to develop a process for managing risk across the wider system as part of the development of the ICB. In order to support this, a separate system risk framework will be developed to outline system-wide risks and provide a framework for linking related risks from different partner organisations. Executive leaders from across the system will be asked to support identification of key system risks alongside appointed members of the ICB.

### Operational Risk Management and Corporate risk register

The CCG's operational risk registers are currently under review and a corporate risk register report highlighting all risks scoring 15+ will be prepared as part of the handover process. All open operational risks will transfer to the ICB as the statutory body from 1<sup>st</sup> July 2022. The risk management process will continue as outlined in the CCG risk management policy, which will be reviewed and transfer to the ICB on 1<sup>st</sup> July 2022.

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

<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>		
Committee Name	Date discussed	Outcome
Audit and Risk Committee	16 June 2022	Received for onward submission to the Governing Body

**Hampshire, Southampton and Isle of Wight CCG Governing Body Assurance Framework**  
June 2022

ID	Risk Description	
01	<p><b>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.</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> <small>(impact x likelihood)</small>
Tessa Harvey, Executive Director of Performance	Quality, Performance and Finance Committee	<b>16</b> <b>(4x4)</b>
<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 4.1 million vaccination doses delivered to date across 56 sites. Commenced summer pausing to allow vaccine providers to both rest and ensure that they are focusing on other clinical priorities.</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>• Performance reports, including updates to the Quality, Performance and Finance Sub-Committee</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> <b>(4x4)</b>
<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 any further booster vaccinations</li> <li>• Workforce planning in medium term – gap analysis and development strategy needed (link to #5)</li> <li>• Monitoring of Covid infection rates through remainder of the year, with appropriate infection control mechanisms in place</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> <li>• Additional pressure on providers related to current legislative targets.</li> <li>• Concurrent incidents</li> </ul>	<p><b>2022/23</b> <b>6</b> <b>(3x2)</b></p> <p><b>2023/24</b> <b>6</b> <b>(3x2)</b></p> <p><b>2024/25</b> <b>6</b> <b>(3x2)</b></p>
<b>Progress Update</b>		
<ul style="list-style-type: none"> <li>• Vaccine update: Currently 86% of all eligible people have had at least one dose of a vaccine. To ensure we continue to protect our population, we are continuing our spring booster programme having completed 78% of all spring vaccinations while having commenced planning for the autumn/winter vaccine roll out, where we are prepared to vaccinate all over 50's and all eligible cohorts in an emergency scenario. The vaccine programme has further initiated a summer pausing, to allow primary care, pharmacies, and other providers to focus on their other clinical needs to support the restoration of services.</li> <li>• National incident response level has reduced to level three with regional co-ordination supported by Hampshire and Isle of Wight operational meetings. This has reduced incident response from seven days week to four and relevant sit-reps</li> </ul>		

ID	Risk Description		
02	<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, mental health and urgent &amp; emergency care</li> <li>Prepare for winter 2022/23, ensuring sufficient capacity to meet demand</li> </ul>			
<b>Risk Owner</b>		<b>Monitoring Committee</b>	<b>Initial rating</b> <small>(impact x likelihood)</small>
Julie Dawes, Chief Nursing Officer Tessa Harvey, Executive Director of Performance		Quality, Performance and Finance Committee Primary Care Commissioning Committee	<b>20</b> <b>(5x4)</b>
<b>Controls in place</b>		<b>Source of assurance</b>	<b>Current rating</b>
<ul style="list-style-type: none"> <li>Provider tripartite and local delivery system assurance.</li> <li>Restoration Plan developed and submitted</li> <li>3 year elective recovery plan developed</li> <li>Elective recovery oversight board/group to oversee delivery of recovery trajectories for elective, diagnostic and cancer care.</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>Tripartite and local delivery system assurance</li> <li>Assurance and scrutiny of plans and delivery by Quality Performance and Finance Committee.</li> <li>Escalation of issues to Governing Body</li> <li>Met the standard for 104 weeks by end of 21/22. Continue to be one of highest performing ICSs for Cancer performance.</li> </ul>	<b>20</b> <b>(5x4)</b>
<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>Delivery of the 3-year elective recovery plan</li> <li>Continued iteration of winter and surge plans</li> <li>Delivery of PSEH Improvement plan</li> <li>Develop a unified ICS-wide UEC/NEL improvement strategy, subdivided by delivery systems that would give the ICB the broad view and mitigate the issue of single-system focus. This will support delivery of UEC transformation and NEL operating plan requirements-June</li> <li>Additional resourcing for UEC programme</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>Unknown impact of covid 19 in winter 22/23</li> <li>increased demand for urgent &amp; emergency care adding pressure to already stretched services</li> <li>Insufficient capacity to meet demands for onward care resulting in delays in discharging patients who no longer need to be in hospital</li> <li>increased pressure could result in ambulance handover delays leading to significant minutes lost for SCAS</li> </ul>	2022/23 <b>12</b> <b>(4x3)</b>  2023/24 <b>9</b> <b>(3x3)</b>  2024/25 <b>9</b> <b>(3x3)</b>
<b>Progress Update</b>			
<ul style="list-style-type: none"> <li>Provider tripartite and local delivery system sessions in place- quarterly</li> <li>Transformation programme board established and overseeing key priorities workstreams including Non elective/UEC and Elective-monthly</li> <li>Work underway with Local Delivery System and Programme teams to develop UEC/NEL transformation plan for 22/23. Work being supported by McKinsey's with a view to identifying gaps in initiative delivery and considering opportunities for at scale/whole system development. First draft plans presented to Transformation Board 26/5. Final draft plans due w/c 13/5- this will support the revised and updated operating plan submission 20/6.</li> <li>Year 1 elective recovery programme in development</li> </ul>			

ID	Risk Description	
03	<p><b>Financial Performance</b>            If the CCG does not deliver the planned financial position for 2022/23 and meet its running cost allocation, this could impact the CCG and ICB 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</p>	
<b>CCG Objective</b>		
<p><b>Strategic Planning and Engagement</b></p> <ul style="list-style-type: none"> <li>Develop a robust financial plan for 2022/23 for the CCG and ICB including efficiency programmes. To then develop a financial strategy and multi year longer term financial plan (once guidance and allocations issued in October 2022) &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, Finance and Workforce Committee	16 (4x4)
<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, but revised plan required to meet break even plan requirements</li> <li>Monthly financial management accounting and assurance process in place</li> <li>forecasts against plan with development of mitigating actions.</li> <li>Scrutiny of plans and delivery by relevant CCG Committees, Executive Directors and Local MD teams</li> <li>Efficiencies built into place-based and programme budgets to ensure overall oversight of financial position.</li> <li>Corporate costs budget in place, set as part of overall financial planning process, including efficiency required to meet running costs allocation</li> <li>Efficiency requirement set to ensure costs contained within allocation</li> </ul>	<ul style="list-style-type: none"> <li>Quality, Performance, Finance and Workforce 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 and through Executive Director review process</li> <li>Annual internal audit of key finance systems (Substantial Assurance received).</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 HIOW NHS CFOs and regular briefings to ICS CEOs</li> <li>Monthly NHS England/Improvement assurance meetings between Regional CFO and ICS CFO, and tripartite meetings with providers</li> </ul>	16 (4x4)
<b>Mitigating action required</b>	<b>Associated issues</b>	<b>Target rating</b>
<ul style="list-style-type: none"> <li>Series of meetings arranged with MDs and programme leads to ensure robust efficiency plans in place</li> <li>Detailed budget meetings undertaken with all directors for running cost allocations</li> <li>Due diligence process has been undertaken for the additional primary care delegated functions (Dental, Optometry and Community Pharmacy services), but no significant financial risk identified.</li> </ul>	<ul style="list-style-type: none"> <li>Preparing for the delayed ICB constitution to ensure a safe transfer of the financial assets and liabilities coincides with the preparation of the 2022/23 financial planning together with year end accounts, which will have a significant impact on the finance team. Special dispensation given by the NHSEI Chief Finance Officer to deploy additional funds to support extra source to help CCGs through this period.</li> <li>HDP programmes have not been curtailed in line with budget presenting a financial risk to delivering break even position</li> </ul>	2022/23 4 (2x2)  2023/24 4 (2x2)  2024/25 4 (2x2)
<b>Progress Update</b>		
<p>Meetings taking place with MDs and Programme leads to review the M1/2 financial position and receive progress update on development of efficiency programmes and any support required, Financial Delegations, Governance and Assurance paper agreed at Executive Meeting for implementation. Safer Transfer Finance Programme in place, Regional NHSEI conversation on readiness to operate as an ICB with no concerns raised. Current and target ratings amended.</p>		

ID	Risk Description	
04	<p><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.</p>	
<b>CCG Objective</b>		
<p><b>Developing our Integrated Care System</b></p> <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>System priorities and objectives in place</li> <li>Health and Care Leadership Group and other ICS wide meetings in place to develop relationships and ways of working in partnership. From Early July, the Integrated Care Board and Integrated Care Partnership will be formally established, bringing together system partners in key Governance fora</li> <li>ICS programme refreshed to be more focused on development, with programme board and programme structure in place</li> <li>Joint CCG Technical Project Board with Portsmouth CCG in place</li> <li>Continued monitoring of benefits realisation following the CCG merger</li> <li>Continued development of at-scale mental health and acute provider collaboratives across Hampshire and Isle of Wight</li> <li>Ongoing identification of additional provider collaboratives</li> </ul>	<ul style="list-style-type: none"> <li>ICS programme board report to CCG Board and ICS leadership.</li> <li>Focus groups have taken place with place leaders to confirm and agree initial place arrangements from 1<sup>st</sup> July</li> </ul>	9 (3x3)
<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 July 2022</li> <li>Finalisation of appointments to Integrated Care Board including Partner Members.</li> <li>Development of refreshed ICS strategy by December 2022</li> <li>Developing sustainable Partnerships with non-NHS partners including through the establishment of the Integrated Care Partnership</li> <li>Development and formation of provider collaboratives across HIOW footprint</li> </ul>	<ul style="list-style-type: none"> <li>National timeline to establish ICSs as statutory bodies deferred to 1 July 2022 due to Covid pandemic</li> <li>Initial arrangements for each local area to operate as an integral part of the ICB from 1 July to be finalised in Q1 2022/23</li> </ul>	2022/23 6 (3x2)  2023/24 6 (3x2)  2024/25 6 (3x2)
<b>Progress Update</b>		
<ul style="list-style-type: none"> <li>Provider collaboratives established for acute and mental health and in development for Primary and community care provider collaboratives</li> <li>ICS system development plan submitted and received good feedback from SE regional team. ICS development programme is now being further refined to deliver on these priorities.</li> <li>Appointments to ICB Board are well progressed with partner members to be confirmed</li> <li>Through a series of joint focus groups with our upper-tier and unitary local authorities and broader partners we have developed the initial principles and approach for our Integrated Care Partnership.</li> </ul>		

ID	Risk Description		
05	<b>Staff Development &amp; Workforce</b> If the CCG and the ICS 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>Initial rating</b> (impact x likelihood)	
Helen Ives, Executive Director of Workforce	Quality, Performance and Finance Committee	15 (5x3)	
<b>Controls in place</b>	<b>Source of assurance</b>	<b>Current rating</b>	
<ul style="list-style-type: none"> <li>CCG People Plan &amp; OD programme</li> <li>Leadership Development Pathways and Programme</li> <li>Ongoing staff wellbeing programme</li> <li>Established networks for staff with protected characteristics and EDI steering group focused on improvements in inclusion and belonging and diverse talent</li> <li>Coaching programme in place with further development planned and expansion to the full executive team and beyond</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> <li>Social partnership working with trade unions and staff side</li> </ul>	<ul style="list-style-type: none"> <li>Internal Audits on HR processes including recruitment</li> <li>Annual workforce report to Remuneration Committee</li> <li>Regular recruitment and establishment control process updates to Executive team</li> <li>Joint reporting with finance on workforce budget and expenditure</li> </ul>	12 (4x3)	
<b>Mitigating action required</b>	<b>Associated issues</b>	<b>Target rating</b>	
<ul style="list-style-type: none"> <li>Organisation Design and Development programme and board required for transformation to ICB</li> <li>Leadership Development programme required</li> <li>Employee experience and change readiness programme required</li> <li>Human Resources policies continue to be reviewed and streamlined</li> <li>People Partner structure being embedded</li> <li>Developing 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>Implementation of the NHS People and Plan People Promise</li> <li>Review of Future of HR &amp; OD Report and recommendations</li> <li>Further work with finance on establishment control processes and budgets</li> </ul>	<ul style="list-style-type: none"> <li>Resources and capacity to support the ongoing CCG transformation process.</li> <li>Running cost reductions against a growing establishment</li> <li>Clinical workforce sustainability and resilience</li> <li>CSU Service and quality</li> <li>Cost of living increases (including utilities, fuel) – this has been raised to NHSE</li> <li>Relationship with Portsmouth CCG and integration into the ICB</li> <li>Need to build better links with ICS Development and strategy team and wider system workforce team (link to #12)</li> </ul>	2022/23 6 (3x2)  2023/24 6 (3x2)  2024/25 6 (3x2)	
<b>Progress Update</b>			
<ul style="list-style-type: none"> <li>Organisational Design programme underway.</li> <li>ICB workshops undertaken developing themes and structural plans developing.</li> <li>A consultancy been commissioned to support change readiness. 2 of 3 People partners recruited and HR team resource increasing to allow those roles to become fully embedded.</li> <li>2 Senior OD leads now appointed into the ICB will drive through the OD plans and cultural change and an improvement plan for HR and OD.</li> <li>New OD lead has significant focus on inclusion and belonging and has a shared system role.</li> <li>HR policies continued to be reviewed and agreed. alignment with Portsmouth policies also underway.</li> <li>First meeting with Portsmouth next week now that data is available to map integration of teams.</li> </ul>			

ID	Risk Description		
06	<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>	<b>Initial rating</b> <small>(impact x likelihood)</small>
Tessa Harvey, Director of Performance Paul Gray, Director of Strategy		Quality, Performance and Finance Committee Primary Care Commissioning Committee	<b>16</b> <b>(4x4)</b>
<b>Controls in place</b>		<b>Sources of assurance</b>	<b>Current rating</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>Transformation Programme Board established, chaired by Chief Medical Officer, to lead and provide oversight to whole system service improvement and NHS Long Term Plan delivery, this includes health inequalities, digital and all other clinical transformation programmes</li> <li>Framework for delivery of Mental health reforms across ICS in place</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>Updates on Hampshire Together programme to governing body</li> <li>Transformation Programme Board</li> </ul>	<b>12</b> <b>(4x3)</b>
<b>Mitigating action required</b>		<b>Associated issues</b>	<b>Target rating</b>
<ul style="list-style-type: none"> <li>Primary care plan implementation</li> <li>Begin consultation on Hampshire Together Programme</li> <li>Review of digital transformation programme</li> <li>Develop clinical leadership role/function at scale</li> <li>Development on 3 year NHS plan for Hampshire &amp; Isle of Wight and five year Integrated Care Strategy for the ICS</li> <li>Development of 3 year Digital Transformation Plan</li> </ul>		<ul style="list-style-type: none"> <li>Transition to ICS by July 2022</li> <li>Delay to Hampshire Together programme planned consultation</li> <li>Primary care workforce resilience</li> <li>Workforce capability and capacity requirements not fully understood or planned for yet</li> </ul>	2022/23 <b>9</b> <b>(3x3)</b>  2023/24 <b>9</b> <b>(3x3)</b>  2024/25 <b>9</b> <b>(3x3)</b>
<b>Progress Update</b>			
<ul style="list-style-type: none"> <li>Hampshire Together - Pre-Consultation Business Case produced in preparation for NHSEI Stage 2 Assurance in July</li> <li>Independent review of community and mental health services undertaken, with agreement to take forward the recommendations to address unwarranted variation in service provision, access and outcomes across HIOW</li> <li>ICS Oversight Committee established to develop strategic plans to achieve clinical and financial sustainability for IOW</li> <li>Work underway with Local Delivery System and Programme teams to develop UEC/NEL transformation plan for 22/23. Work being supported by McKinsey's with a view to identifying gaps in initiative delivery and considering opportunities for at scale/whole system development. First draft plans presented to Transformation Board 26/5. Final draft plans due w/c 13/5- this will support the revised and updated operating plan submission 20/6.</li> <li>Year 1 elective recovery programme in development</li> <li>Transformation Board established and overseeing delivery on a monthly basis. Agreement to establish ICS wide PMO secured. McKinsey's support secured short term to aid capacity and develop a number of tools to support PMO oversight</li> <li>Discussions underway re: clear and coherent health inequalities programme and associated resourcing to deliver. CMO lead and Exec sponsor</li> </ul>			

ID	Risk Description	
07	<p><b>Estates &amp; Sustainability</b>            If our CCG estate, including that of primary care, is not fit for purpose or insufficient, this may have an impact on patient and staff wellbeing as well as having potential financial impacts in the short and long-term.</p>	
<b>CCG Objective</b>		
<p><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>		
<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 Primary Care Commissioning Committee	12 (4x3)
<b>Controls in place</b>	<b>Source of assurance</b>	<b>Current rating</b>
<ul style="list-style-type: none"> <li>Agreed system capital investment plan in place for 22/23 including primary care and mental health</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> <li>CCG Estate Group and Sustainability Group in place which link in with the ICS Sustainability and Estate Strategy Groups</li> <li>ICS Draft Greener NHS Plan in draft, supported by organisational Plans</li> </ul>	<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> <li>Delivery of the Green Plan action plan</li> </ul>	12 (4x3)
<b>Mitigating action required</b>	<b>Associated issues</b>	<b>Target rating</b>
<ul style="list-style-type: none"> <li>Office rationalisation process to be developed</li> <li>Development of the 5 year ICS Capital Investment Strategy.</li> <li>Finalise Primary Care Estate Strategy by supporting PCNs to develop their local strategies using the "PCN Toolkit"</li> <li>Need to build on and enhance existing relationships with LAs and the wider public sector</li> </ul>	<ul style="list-style-type: none"> <li>Understand affordability issues relating to the developing and updating the primary care estate</li> <li>Further enhance and embed sustainability into strategic planning.</li> <li>There is an interrelationship between estates sustainability and primary care resilience, in particular the ability to recruit GPs and serve the community from buildings which are in a poor condition. (link to #9)</li> </ul>	2022/23 8 (4x2)  2023/24 8 (4x2)  2024/25 8 (4x2)
<b>Progress Update</b>		
<ul style="list-style-type: none"> <li>The CCG Office review has been completed and an action plan is being drawn up re future use of our offices.</li> <li>Community Health Partnerships are supporting us to implement their Toolkit to support PCNs in drawing up their local estates strategies.</li> <li>The "Star Chamber" prioritisation process has completed an initial review of all known potential primary care estate developments.</li> <li>The draft ICS Green Plan has been prepared and submitted to Region.</li> </ul>		

<b>ID</b>	<b>Risk Description</b>	
<b>08</b>	<p><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.</p>	
<b>CCG Objective</b>		
<p><b>Transforming Services</b></p> <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</b> (as CCG SIRO)	<b>Audit &amp; Risk Committee</b>	<b>15</b> <b>(5x3)</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 and on StayConnected.</li> <li>Cyber Security Strategy and associated action plan.</li> <li>IT provider (CSU) hold Cyber Essentials Plus certification.</li> <li>Cyber Security Working Group formed in April 2022 to review/act upon cyber controls, reporting and events.</li> </ul>	<ul style="list-style-type: none"> <li>Cyber security exception reports.</li> <li>Data Security Protection (DSP) Toolkit – updated version contains additional awareness on cyber security.</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> <li>Cyber Security audit in May 2022.</li> </ul>	<b>15</b> <b>(5x3)</b>
<b>Mitigating action required</b>	<b>Associated issues</b>	<b>Target rating</b>
<ul style="list-style-type: none"> <li>Cyber Security Strategy action plan completion to be achieved in 22/23.</li> <li>Data Security &amp; Protection toolkit to be completed for 22/23 in readiness for ICB inception on 1/7/2022.</li> <li>Plans to migrate the IT provision for Isle of Wight based staff from the IOW Trust to SCW CSU to ensure consistency across all CCG staff.</li> <li>Review recent Internal Audit of Cyber Security and implement appropriate recommendations.</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>2022/23</b> <b>12</b> <b>(4x3)</b>  <b>2023/24</b> <b>8</b> <b>(4x2)</b>  <b>2024/25</b> <b>8</b> <b>(4x2)</b>
<b>Progress Update</b>		
<ul style="list-style-type: none"> <li>Current and target ratings amended.</li> <li>Internal Audit undertook a cyber security audit in May 2022. Four recommendations have been made which are accepted for further investigation and will be actioned in quarter 2 (under the ICB).</li> <li>The Cyber Security Working Group was formed in April 2022, the group includes representatives from the following teams; digital (including primary care), EPRR, data protection, fraud and security. The group will review CSU reports of cyber events and changes to cyber controls.</li> <li>Renewed agreement with SCW CSU to provide the CCG with quarterly cyber reporting.</li> <li>Currently building a proposal to migrate the IT provision for IOW based staff from the IOW Trust to SCW CSU. This will ensure a consistent level of IT provision and cyber security across the entire organisation.</li> <li>Job Description for new Corporate IT role has been expanded to include a greater emphasis on cyber security – which will ensure that the CCG can be assured that the CSU's plans and reports are suitable and appropriate.</li> <li>All CCG PCs/laptops have been updated to prevent unencrypted USB drives (ie personal USB sticks) from working on them.</li> </ul>		

ID	Risk Description		
09	<p><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.</p>		
<b>CCG Objective</b>			
<p><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> </ul>			
<b>Risk Owner</b>		<b>Monitoring Committee</b>	<b>Initial rating</b> (impact x likelihood)
Tessa Harvey, Executive Director Performance Nicola Decker, Clinical Leader		Primary Care Commissioning Committee	<b>20</b> <b>(5x4)</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 22/23 in place with two key objectives:               <ul style="list-style-type: none"> <li>Strengthen primary care capacity to improve access to services with the aim of improving our populations' overall health outcomes and reducing health inequalities</li> <li>Adapt and integrate care across all our Primary Care Networks - transforming the delivery of services</li> </ul> </li> <li>Communications and Engagement plan in place to improve the way our communities access primary care</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> <li>Fully utilising the additional roles re-imburement scheme available to Primary Care</li> <li>Fully utilising national funding to recruit and retain General Practice staff</li> <li>Implementation of the communication and engagement plan which includes practice engagement with patients</li> <li>Winter Access Fund plans continue to benefit General Practice, for example introduction of Cloud telephony systems.</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' and primary care leadership in the emerging integrated care system</li> <li>Implementation and delivery of the Hampshire and Isle of Wight Primary Care Work Programme, including the enabling workstreams- workforce, digital and estates.</li> <li>Develop indicators of partnership working and patient experience to reflect on integrated working</li> <li>Utilise demand and capacity tool to capture General Practice activity</li> </ul>		<ul style="list-style-type: none"> <li>Primary care workforce resilience - GPs retiring or leaving at a faster rate than new GPs can be recruited, shortages in other clinical and practice support staff.</li> <li>The widening scope of Primary Care including the complexity and competing priorities, including non-elective recovery programme.</li> <li>Recovery following Covid-19 pandemic</li> <li>Impact of political and public pressure on primary care morale and delivery models</li> <li>There is an interrelationship between estates sustainability and primary care resilience, in particular the ability to recruit GPs and serve the community from buildings which are in a poor condition. (link to #7)</li> </ul>	<p><b>2022/23</b> <b>16</b> <b>(4x4)</b></p> <p><b>2023/24</b> <b>12</b> <b>(4x3)</b></p> <p><b>2024/25</b> <b>12</b> <b>(4x3)</b></p>
<b>Progress Update</b>			
<ul style="list-style-type: none"> <li>Current and target ratings amended.</li> <li>Winter Access Fund and Regional underspend fully utilised to support general practice resilience between November 2021 and March 2022. Some of the projects will have longer term benefits such as patient self monitoring tools and practice communication and engagement work undertaken.</li> <li>Primary Care Workplan has been drafted and is starting to be implemented. As an example, the demand and capacity tool is being rolled out which will give a more accurate assessment of the pressures in general practice.</li> <li>Digital, workforce and communication &amp; engagement workstreams have aligned plans. Primary care estates strategy is in development with immediate work being undertaken to identify space for the extra ARRS roles which have been recruited</li> </ul>			

ID	Risk Description		
10	<p><b>Improving Mental Health Care</b>            If the gap between demand and capacity for Mental Health services, 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. As a consequence of the current access delays into CAMHS Tier 4 Beds there is a risk CYP may potentially be coming to harm.</p>		
<b>CCG Objective</b>			
<p><b>Operational service delivery</b>            Managing increasing demand on mental health services across all age services - with an additional focus on Children and Adolescent Mental Health Services (CAMHS)</p>			
<b>Risk Owner</b>	<b>Monitoring Committee</b>	<b>Initial rating</b> (impact x likelihood)	
Tessa Harvey, Executive Director Performance	Quality, Performance and Finance Committee	20 (5x4)	
<b>Controls in place</b>	<b>Source of assurance</b>	<b>Current rating</b>	
<ul style="list-style-type: none"> <li>2022/23: HIOW ICB plan £37m Mental Health Investment plan approved delivering the MHIS target - £17m baseline growth, £20m Service Development Funding . There is a £0.5m agreed risk relating to investment priorities.</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 underway led by Public Health to understand current and future demand</li> <li>Draft MOU to detail process in place with CCGs and providers to allocate investments on delivery of service changes and reallocate slippage each month to ensure the available funding is delivering the maximum value to meet in year demand</li> <li>CAMHS Tier 4 call-to-action response plan in place with a particular focus on eating disorders (with oversight at ICS Steering Group)</li> <li>Joint Health/LA CYPMH complex escalation panel in place providing a forum for joint accountability, risk holding and commitment to problem solving</li> <li>CCG team now reconfigured and vacant posts filled to include ICS wide support roles which will further drive transformation needs.</li> </ul>	<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> <li>System owned oversight– via ICS Operational Delivery Group (ODG) and MH Programme Board</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 – delivery in progress – overseen by the HIOW CAMHS Transformation board.</li> </ul>	16 (4x4)	
<b>Mitigating action required</b>	<b>Associated issues</b>	<b>Target rating</b>	
<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>Identity solution(s) with system leaders to safely re-mobilise commissioned CAMHS T4 capacity that is currently closed</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> <li>£0.5m financial risk associated with the agreed finance plan which is expected to be mitigated through slippage - Clear delivery plans in place against all investments to be finalised</li> </ul>	<ul style="list-style-type: none"> <li>The full impact of COVID-19 on mental health service demand remains unknown</li> <li>Wessex &amp; Dorset CAMHS T4 capacity can't meet the demand due to the significant number of closed beds resulting from workforce shortages and level of CYP acuity/needs, 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> <li>Acuity of adult mental health needs increasing – AMH bed pressures rising with limited capacity</li> <li>Capacity in MH/LD teams to deliver pathway review (ADHD and Autism)</li> </ul>	2022/23 12 (3x4)  2023/24 9 (3x3)  2024/25 9 (3x3)	
<b>Progress Update</b>			
Whilst on a slightly improving trajectory there are still a small number of highly complex CYP waiting in community & acute settings for Tier 4 beds that may be coming to potential harm. There is a response plan in place which focusses on improving our supportive & therapeutic management of these CYP and reducing the need for T4 beds in the medium to long term, however no solution(s) is in place to address the immediate Tier 4 availability issue.			

ID	Risk Description	
11	<p><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>	
<b>CCG Objective</b>		
<p><b>Operational service delivery</b></p> <ul style="list-style-type: none"> <li>High quality elective, cancer care and screening services</li> </ul>		
<b>Risk Owner</b>	<b>Monitoring Committee</b>	<b>Initial rating</b> (impact x likelihood)
Tessa Harvey, Director of Performance	Quality, Performance and Finance Committee	20 (5x4)
<b>Controls in place</b>	<b>Source of assurance</b>	<b>Current rating</b>
<ul style="list-style-type: none"> <li>Planned Care Board, chaired by ICS CMO, reporting to the ICS Transformation Board</li> <li>Senior leadership in place for the programme, engaged Trust CMOs and COOs</li> <li>Management of all hospital capacity to minimise elective cancellations</li> <li>1 year and 3-year plan created</li> <li>Financial plans in place with new TIF and ERF+ funding</li> <li>Reviewed health inequality impacts</li> <li>Providers have agreed to provide mutual aid for patients</li> <li>Regional harm review for urgent Cardiac Patients</li> </ul>	<ul style="list-style-type: none"> <li>Restoration and recovery plans are overseen by the Planned Care Board</li> <li>Restoration updates to Committees &amp; Governing Body</li> <li>HIOW ICS Urgent &amp; elective care analysis report</li> <li>Performance reports, including updates to the Quality, Performance and Finance Sub-Committee</li> <li>Delivery of the 104 week target and Cancer remains as one of the top performing ICSs</li> </ul>	25 (5x5)
<b>Mitigating action required</b>	<b>Associated issues</b>	<b>Target rating</b>
<ul style="list-style-type: none"> <li>Development of the elective hub</li> <li>A plan for the current ISTCs and tier 2 services will be developed</li> <li>Development of Community Diagnostic Centres</li> <li>July Workshop to create a delivery methodology for the 3 year plan</li> <li>Deliver actions linked to the Regional Cardiac Harm Review</li> <li>Development of Elective Activity Coordination Hub</li> <li>HHFT action plan in place for lost to follow up</li> <li>Ongoing work to meet the requirements of the operating plan in 22/23</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>2022/23</p> <p>20 (5x4)</p> <p>2023/24</p> <p>20 (5x4)</p> <p>2024/25</p> <p>10 (5x2)</p>
<b>Progress Update</b>		
<p>We continue to make good progress, but patients continue to come to harm as they are not being seen in a timely manner. We have now reduced waiting times to a maximum of 104 weeks and a robust plan to reduce this to 78 weeks in 22/23. The 3-year plan will see waits fall even further and certainly below 52 weeks. Cancer waits remain one of the best in the Country and there is a well-developed plan to maintain this position. Diagnostic waits are rising beyond the 6 week maximum, this is a cause for concern and currently being addressed.</p>		

ID	Risk Description		
12	<p><b>System Workforce Resilience &amp; Sustainability</b>            If the health &amp; 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.</p>		
<b>CCG Objective</b>			
<p><b>Supporting People and Teams</b></p> <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	20 (5x4)	
<b>Controls in place</b>	<b>Source of assurance</b>	<b>Current rating</b>	
<ul style="list-style-type: none"> <li>HIOW People Board Terms of Reference signed off (April 22)</li> <li>Launch of the HIOW People plan (May 22), which is available on request.</li> <li>People Plan outlines key challenges, programmes of transformation, governance arrangements and inter-dependencies across the ICB and ICS</li> <li>Enhanced occupational health and wellbeing programme</li> <li>Nursing and clinical workforce programme board</li> <li>Turning the Tide Oversight Board</li> <li>Workforce cell now joining each of 4 LDS meetings to determine local variation and workforce needs</li> </ul>	<ul style="list-style-type: none"> <li>Workforce report to QPFW</li> <li>Exception report from Hampshire and Isle of Wight People Board</li> <li>Bi-weekly absence reporting from NHS England regional team and monthly regional workforce dashboard reporting</li> <li>Annual staff survey results</li> <li>Quarterly tripartite meetings</li> <li>Reporting through health education England 'Education Collaborative'</li> <li>Monthly People Plan reporting to Region</li> <li>Regional People Board</li> <li>SOF Metrics to be launched shortly</li> </ul>	20 (5x4)	
<b>Mitigating action required</b>	<b>Associated issues</b>	<b>Target rating</b>	
<ul style="list-style-type: none"> <li>Establish workforce planning and intelligence regime</li> <li>Workforce performance reporting to be established – continued engagement with NHSE/I and HEE Workforce colleagues to understand access to data post 1<sup>st</sup> July.</li> <li>Development of assurance framework to include SOF and regional workforce dashboard</li> <li>Ongoing development of Operational planning 22/23 which includes triangulation of workforce/activity and finance.</li> <li>Substantively resource the ICS workforce function</li> <li>Review of Future of HR &amp; OD Report and recommendations – (link to #5)</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>Organisational restructuring</li> <li>Continued rise in demand causing workforce burnout and decreased resilience due to chronic excessive workload</li> <li>Cost of living increases (including utilities, fuel) – this has been raised to NHSE</li> <li>Potential impact of local financial deficit on workforce growth and transformation</li> <li>Increased number of staff signalling that they will be requesting early retirement</li> <li>Release of Fuller report</li> </ul>	2022/23 16 (4x3)  2023/24 12 (4x3)  2024/25 12 (4x3)	
<b>Progress Update</b>			
<ul style="list-style-type: none"> <li>Current and target ratings amended.</li> <li>The beginning of Q1 saw extensive engagement with stakeholders across Health and Social care to further develop our Hampshire and Isle of Wight People Plan.</li> <li>Our People Plan has now been formally agreed and signed off with easy read versions also published.</li> <li>An Interim Strategic Workforce Planning Director has now been appointed. This role will Provide expert leadership on all aspects of Strategic Workforce Planning (SWP) to deliver strategic workforce investment through effective long-term planning across HIOW ICS. Responsibility for both strategic long-term development and operational delivery of workforce planning.</li> <li>Iterations to the 22/23 Operational planning round continue in advance of our final deadline of the 20<sup>th</sup> June. Our May submission saw a workforce growth trajectory of 5.1% (substantive) across HIOW. Our June submission is likely to see workforce growth decreased significantly.</li> </ul>			

ID	Risk Description	
13	<p><b>Learning Disabilities</b>            If Learning Disabilities and/or Autism Programme (LDAP) is not delivered 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, impacting on young people and adults right to have the same opportunities as anyone else to live healthy, safe and rewarding lives, and have a home within the community.</p>	
<b>CCG Objective</b>		
<b>Transforming Service Delivery</b>		
<ul style="list-style-type: none"> <li>Establish a service improvement approach which reduces unwanted variation and leads to improved outcomes, experience &amp; efficiency</li> <li>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</li> </ul>		
<b>Risk Owner</b>	<b>Monitoring Committee</b>	<b>Initial rating</b> (impact x likelihood)
Tessa Harvey, Director of Performance	Quality, Performance and Finance Committee	<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>£1m Service Development Funding received and being allocated to schemes</li> <li>Developing clear delivery plans in place against all investments</li> <li>Service transformation underway</li> <li>Hampshire and Isle of Wight LDA Programme 22/23 in place with key objectives and identified priority projects</li> <li>LDAP Governance structure in place</li> <li>Oversight of individual inpatients ensuring admission avoidance, early support for discharge</li> <li>Quality support for thematic review of LeDeR outcomes and learning increasing life expectancy by 20 years +</li> </ul>	<ul style="list-style-type: none"> <li>Quality, Performance &amp; Finance Committee – oversight and review of performance against plans</li> <li>Quarterly scrutiny of delivery and financial position against plan to HIOW LDAP Programme Board</li> <li>Bi-Monthly scrutiny of delivery of projects to HIOW LDAP Steering Group</li> <li>Quarterly scrutiny of delivery and financial position against plan to NHS England/Improvements</li> <li>Monthly NHS England/Improvement assurance meetings</li> <li>LeDeR oversight panel operational</li> <li>System owned oversight– via ICS Operational Delivery Group (ODG)</li> <li>Fortnightly Inpatient Discharge meetings (carerom)</li> <li>Safe and Wellbeing reviews</li> </ul>	<b>12</b> <b>(4x3)</b>
<b>Mitigating action required</b>	<b>Associated issues</b>	<b>Target rating</b>
<ul style="list-style-type: none"> <li>Further work with finance on establishment control processes and budgets</li> <li>Ongoing work to meet the requirements of the operating plan in 22/23</li> <li>Build on and enhance existing relationships with LAs, CCGs, Providers</li> <li>Quality support for thematic review to challenge pathway</li> <li>LeDeR thematic reporting to inform best practices and services provisions.</li> </ul>	LDA Programme is dependent on several factors, including: <ul style="list-style-type: none"> <li>Capacity in LDA/CCG/Local Authority teams to deliver plan and operational work</li> <li>Capacity/resource of LDA Programme team</li> <li>Capacity of Primary Care</li> <li>Working within available resources</li> <li>Changes to national financial regime</li> </ul>	2022/23 <b>9</b> <b>(3x3)</b>  2023/24 <b>9</b> <b>(3x3)</b>
		2024/25 <b>n/a</b>
<b>Progress Update</b>		
New addition		

## Risk Scoring

In order to grade the risks identified the CCG utilises the risk assessment tool and matrix shown below. The adoption of the matrix-scoring model set out in this document will enable the consistent evaluation of risk (for the purposes of the risk registers) across the CCG.

Using the risk “RAG” rating, risks can be ranked so that the most severe are addressed first. Decisions can then be made as to what mitigating action can be taken to alleviate the risk.

What is the severity of the impact should the risk materialise?					
Impact Score	1	2	3	4	5
Descriptor	Very Low	Low	Medium	High	Very High
Impact should it happen	Unlikely to have any impact	May have an impact	Likely to have an impact	Highly probable that it will have a significant impact	Will have a catastrophic impact
1. Impact on the safety of patients, staff or public (physical/psychological harm)	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 long-term effects.	Incident leading to death. Multiple permanent injuries or irreversible health effects. An event which impacts on a large number of patients
2. Quality/complaints/audit	Peripheral element of treatment or service suboptimal. Informal complaint/inquiry.	Overall treatment or service suboptimal. Formal complaint (stage 1). Local resolution. Single failure to meet internal standards. Minor implications for patient safety if unresolved. Reduced performance rating if unresolved.	Treatment or service has significantly reduced effectiveness. Formal complaint (stage 2). Local resolution (with potential to go to independent review). Repeated failure to meet internal standards. Major patient safety implications if findings are not acted on.	Non-compliance with national standards with significant risk to patients if unresolved. Multiple complaints/ independent review. Low performance rating. Critical report.	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.
3. Human resources/organisational development/staffing/competence	Short-term low staffing level that temporarily reduces service quality (< 1 day).	Low staffing level that reduces the service quality.	Late delivery of key objective/ service due to lack of staff. Unsafe staffing level or competence (>1 day). Low staff morale. Poor staff attendance for mandatory/key training.	Uncertain delivery of key objective/service due to lack of staff. Unsafe staffing level or competence (>5 days). Loss of key staff. Very low staff morale. No staff attending mandatory/ key training.	Non-delivery of key objective/service due to lack of staff. Ongoing unsafe staffing levels or competence. Loss of several key staff. No staff attending mandatory training/ key training on an ongoing basis.
4. Statutory duty/inspections	No or minimal impact or breach of guidance/ statutory duty.	Breach of statutory legislation. Reduced performance rating if unresolved.	Single breach in statutory duty. Challenging external recommendations/ improvement notice.	Enforcement action. Multiple breaches in statutory duty. Improvement notices. Low performance rating. Critical report.	Multiple breaches in statutory duty. Prosecution. Complete systems change required. Zero performance rating. Severely critical report.
5. Adverse publicity/reputation	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.
6. Business objectives/projects	Insignificant cost increase/ schedule slippage.	<5 per cent over project budget. Schedule slippage.	5–10 per cent over project budget. Schedule slippage.	Non-compliance with national deadlines 10–25 per cent over project budget.	Incident leading >25 per cent over project budget. Schedule slippage.

<b>7. 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.
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What is the likelihood that harm, loss or damage from the identified hazard will occur?					
<b>Impact Score</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Descriptor</b>	Rare <20%	Unlikely 20-40%	Possible 40-60%	Likely 60-80%	Almost certain 80%+
<b>How often might it happen</b>	May happen in exceptional circumstances	The event could occur	The event should occur at some time	The event will occur in most circumstances	The event is expected to occur in all circumstances

<b>Impact</b>	Very High	<b>5</b>	<b>10</b>	<b>15</b>	<b>20</b>	<b>25</b>
	High	<b>4</b>	<b>8</b>	<b>12</b>	<b>16</b>	<b>20</b>
	Medium	<b>3</b>	<b>6</b>	<b>9</b>	<b>12</b>	<b>15</b>
	Low	<b>2</b>	<b>4</b>	<b>6</b>	<b>8</b>	<b>10</b>
	Very low	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
		Rare	Unlikely	Possible	Likely	Almost Certain
<b>Likelihood</b>						

The **initial risk score** is the score of the risk without taking any mitigations into account. This is the score the risk would have if nothing was done about it.

The **current risk score** is the score of the risk with consideration of the controls currently in place to mitigate the risk. It shows the overall risk at the time the risk has been reviewed.

The **target risk score** is the level of risk that would be considered tolerable or acceptable and what is aimed for once all possible mitigations have been implemented.

## 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.