

CCG Assurance Framework & Risk Register

2021/22 Version 1 – April 2021

Version No	Date	Reviewed by	Date
1	April 2021	Chief Officer Team	19.04.2021
		IPAC	27.04.2021
		Chief Officer Team	5.05.2021
		Governing Body	11.05.2021

CCG Assurance Framework and Risk Register 2021/22

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Section 1 - 2021/22 CAF Risk Summary - Version 1 (as at April 2021)

Ref	Risk	Risk Score (April 21 (prior to review))	Current Score (April 21)	Target Score 2021/2	Movement since last review	Senior Risk Owner (SRO)	SRO Comment on current status
CAF01	There is a risk that there will be further outbreaks of Covid-19 which result in substantial impact either from patients needing hospital care or from disruption to services as a result of contact tracing and staff isolation.	20 4x5 Red	15 3x5 Red	12 3x4 Amber	↓	Medical Director / Chief Nurse	All controls in place and underlying work running well. Risk score reduced from 20 (Red) to 15 (Red) to reflect that likelihood of third wave that impacts health care is possible as opposed to being highly likely.
CAF02	There is a risk that the impact of Covid-19 and non-Covid-19 diseases will widen health inequalities within Cambridgeshire and Peterborough.	20 4x4 Red	20 4x5 Red	12 3x4 Amber	→	Medical Director	Strategy in place. Substantive Team being established. Distributed leadership across the system coming into place (Chair of Health Inequalities Board is CEO North West Anglia NHS Foundation Trust and Non-Executive Director support from Cambridgeshire & Peterborough NHS Foundation Trust. Review of progress in April 2021 and revision of delivery plan for 21-22 ongoing.
CAF03	There is a risk that the system will fail to achieve the expected 2021/22 cost base and planned deficit (as submitted to Regulators in January 2020) which will lead to non-delivery of the LTP trajectory.	20 5x4 Red	20 5x4 Red	4 1x4 Yellow	→	Chief Finance Officer	Planning guidance and funding envelopes confirmed for the first half of 21/22. We are currently working through expectations and the financial plans to support this. We are reviewing progress against the STP priorities and the recovery and restoration requirement to inform key priorities for 21/22.
CAF04	There is a risk sustainability and delivery of services within the current domiciliary and care home market.	25 5 x 5 Red	12 4x3 Amber	9 3x3 Amber	↓	Chief Nurse	Risk of domiciliary care is listed, and care homes currently is 4 x 3 =12. Mitigation controls in place and delivery plan will review risk end of Quarter 1.
CAF05	There is a risk that sustainability of the NHS and social care workforce will have an impact on operational delivery.	20 4 x 5 Red	16 4 x 4 Red	8 2x4 Amber	New Risk	Director of Strategy & Planning	This is a newly articulated risk for the CCG, although it is likely to be replicated across all system organisations in their respective BAFs. Organisational and system controls are in place. However, the scale and complexity of the challenge means that this risk remains high despite comprehensive mitigations.
CAF06	The restrictions to elective care delivery during the Covid-19 pandemic has led to longer waits for care. There is a risk that these longer waits have the potential to lead to patient harm.	20 5X4 Red	20 5X4 Red	9 3x3 Amber	New Risk	Director of Performance and Contracts	There are regular clinical reviews of waiting list with prioritisation by clinical need. Re-set planning and activity has commenced.

CAF07	There is a risk that the business models for delivering primary care services become unsustainable impacting on access to primary care services.	9 3x3	9 3 x3 ↓	9 3x3	↓	Director of Primary Care	Risk score reduced from 16 (Red) to 9 (Amber) to reflect the closer relationships and transparency about partnerships, together with our work with the LMC and NHSE are helping to support new arrangements.
CAF08	There is a risk that the transition from the CCG to the Integrated Care System will lead to loss of focus on business as usual and the delivery of the CCG's statutory functions	12 3x4	12 3x4	6 2x3	New Risk	Director of Governance	New risk. Awaiting reading of the White Paper and Guidance to be produced. Risks and key actions will be monitored via the Transition Board.
CAF09	There is a risk that the CCG fails effectively mitigate the impact of a cyber-attack upon the CCG where the likelihood of such an attack is increasing. Note: Escalated from the Directorate Risk Register	15 5x3 Red	15 3x5 Red	12 3x4 Amber	→	Chief Finance Officer	Key actions and control are in place, the risk remains high and is being monitored.
CAF10	There is a risk of potential failure of Best Buy Building Structures (RAAC Panels) impacting on service delivery	15 3x5 Red	15 3x5 Red	10 2x5 Amber	→	Director of Governance	Work continues to progress at a Regional level to develop the region-wide response to a potential RAAC failure. Locally, the Local Resilience Forum is finalising its response framework which will support the NHS response through a RAAC Response Framework.
CAF11	There is a risk of potential failure to safeguard people or use appropriate assessment of capacity in services the CCG commissions. Note: Escalated from the Directorate Risk Register	9 3x3 Amber	16 4x4 Red	16 4x4 Red	→	Chief Nurse	Whilst there always remains an inherent degree of risk for organisations around safeguarding, that risk is currently increased due to the impact of Covid on both workforce and society.
CAF12	There is a risk of serious impact to patients as a result of a failure in quality, safety and patient experience in the services that the CCG commissions as a result of the covid pandemic and recovery requirements	20 4x5 Red	20 4x5 Red	9 3x3 Amber	Revised Risk	Chief Nurse	As organisations continue to respond to the Covid-19 pandemic and subsequent recovery work there is a potential risk that patient safety and quality may be compromised.

Section 2 – Glossary

Acronym	Full Description
AC	Audit Committee
CAF	CCG Assurance Framework and Risk Register
CPLRF	Cambridgeshire and Peterborough Local Resilience Forum
COT	Chief Officer Team
CPLHRP	Cambridgeshire and Peterborough Local Health Resilience Partnership
COO	Chief Operating Officer
DHSC	Department of Health and Social Care
EPPRR	Emergency Preparedness Resilience and Response
FPPG	Financial Performance and Planning Group (System-wide)
GB	Governing Body
JCG	Joint Clinical Group
KPI	Key Performance Indicator
LTP	Long Term Plan
ICS	Integrated Care System
IPAC	Integrated Performance and Assurance Committee
NHSE/I	National Health Service England & Improvement
PCCC	Primary Care Commissioning Committee
RAAC	Reinforced Autoclaved Aerated Concrete
S&P	Strategy and Planning Committee
SCG	Strategic Co-ordinating Group
STP	Sustainability and Transformation Partnership
TCG	Tactical Co-ordinating Group

Section 3

Detailed Description of Each Risk and Action Plans

Description of Risk:	CAF Ref:	CAF 01
There is a risk that there will be further outbreaks of Covid-19 which result in substantial impact either from patients needing hospital care or from disruption to services as a result of contact tracing and staff isolation	Date of Risk:	Feb 2020 (Revised March 2021)
	Senior Risk Owner:	Acting Medical Director
Links to Strategic Objectives:	Responsible Committee:	IPAC
2, 3 4 & 5	Last Review Date:	30.03.2021

Inherent Risk Score:	25 (5x5) Red		Current Risk Score:			15 (3x5) Red ↓		Target Risk Score			12 (3x4) Amber		
Progress 2021/22	April 15 (3x5)	May	June	July	August	Sept	Oct	Nov	Dec	Jan	Feb	March	

Cause:	Effect:	Existing Controls / Mitigations:
A pandemic is a worldwide outbreak of infection, which occurs when a novel organism, usually a virus emerges, that is different from the circulating strains with sustained human to human transmission Relaxation of social distancing and other 'lock-down' measures Non-compliance with new/existing guidance and measures put in place. Increased non-covid demand on health system.	Capacity of health infrastructure stretched. Health and social care services stretched resulting in the reduction or stopping of non-urgent activity and impact on other services. Increase in sickness and death in the community causing severe pressure on health services and on family and community support structures. Health and wellbeing of staff. Increased demand for Mental Health Services. CCG reputation if inadequate coordination Financial distress experienced by Providers, leading to financial difficulties or cease trading. Increased risk of fraud Increased Health Inequalities Level of patient clinical risk held in Primary Care while Trusts begin restoration and recovery phase	CCG Incident Response Plan CCG Business Continuity Plan and Directorate Business Continuity Plans. Outbreak Plan, CPLRF Pandemic Influenza Plan CPLRF Covid-19 Command and Control Plan Covid-19 Legislation & Government Directives All normal CCG business other than that identified as being business critical suspended to ensure resources / focus given to managing the current National Emergency. Retention of Social Distancing and other relevant measures in place - in line with national guidance Implementation of Contact Tracing processes overseen by Public Health England with supplementary local initiatives. Community Outbreak Identification and management - overseen by Local Authorities. System wide Infection Prevention and Control Board in place
First Line Assurance (Departmental Level)	Second Line Assurance (Organisational oversight)	Third Line Assurance (Independent)
Ongoing Incident Response. Risk management approach embedded into process. Daily receipt, analysis and reporting of data and trends Care Homes Risk (Covid-19) Risk Register established Risk Registers established for each of the domains of the Recovery Oversight Structure.	CCG Governing Body Health Gold meetings CP JCG Covid-19 Clinical Outcome Risk Register established and overseen by the JCG CCG Recovery & Restoration Group Chief Officer Team EPRR Steering Group	Government Instruction - DHSC PHE Incident Coordination NHSE/I Regional briefings Local Health Protection Board Multi-Agency CPLRF Command and Control Structures - SCG and TCG plus Tactical Cells as required. World Health Organisation NHSE/I Incident Coordination

Gaps Identified:	Planned Actions:	Progress:	Timescale for Completion:	Status:
				On Track
				In Progress
				Delay
Duration of Pandemic. Outbreaks in Care Homes Shortage of End of Life Drugs within Primary Care and Community. Concern around non Covid-19 impacts and avoidance of A&E and routine primary care. Due to emergency - decision taken to not complete Impact assessments for changes (or cessation of) of clinical pathways / services were identified as needed. Disproportionate number of deaths in the BAME community Modelling of a potential third wave of the pandemic ongoing: height and length of wave remains an unknown. Assurance around the impact of contact tracing and community outbreak identification measures	Regular review of approach. Daily Monitoring of Care Homes - Care Homes Standard Operating Procedure.	Regular updates to Governing Body.	Daily/Weekly as required	On Track
	Secure Mutual Aid and Escalation via Regional Incident Control Centre.	Operating rhythm in place.	Daily/Weekly as required	In Progress
	Recovery and Restoration Plans. New system wide delivery structure maintaining incident response	Reflected within the Operating Plan for 2021/22	June 2021	In Progress
	Continue to liaise closely with Local Authorities around the identification of localised outbreaks of the disease. Local Authority Health Protection Board established	Regular attendance at Boards as required	Ongoing through Command Control and Co-ordination Structures	On Track
	Roll out Mass Vaccination Programme	Cohorts 1-9 First Doses completed and commenced Second Doses. Cohort 10 underway	2021/22: In line with National programme/guidance	On Track

Archived Closed Actions

Planned Actions:	Progress:	Timescale for Completion:	Status:
			Closed

Description of Risk:	CAF Ref:	CAF 02
There is a risk that the impact of Covid-19 and non-Covid-19 diseases will widen health inequalities within Cambridgeshire and Peterborough.	Date of Risk:	June 2020
	Senior Risk Owner:	Acting Medical Director
Links to Strategic Objectives:	Responsible Committee:	IPAC
CO2	Last Review Date:	

Inherent Risk Score:	20 (4x5) Red			Current Risk Score:	20 (4x5) Red →			Target Risk Score	12 (3x4) Amber			
Progress 2021/22	April 20 (4x5)	May	June	July	August	Sept	Oct	Nov	Dec	Jan	Feb	March

Cause:	Effect:	Existing Controls / Mitigations:
Health inequalities in our health system are caused by a wide combination of factors that include the genetic, lifestyle, social and environmental Exposure to infectious disease and health service access factors also contribute. Covid has amplified the impact of pre-existing causes of inequalities in health. Changes in the operation of the health service as a result of the pandemic may widen these inequalities further.	Differential covid incidence rates across Cambridgeshire and Peterborough with concomitant health sequelae. There are inequalities gradients on many indicators. For example there are differentials by IMD in obesity, avoidable hospital admissions, cardiovascular disease, diabetes outcome and life expectancy. For more detail please see the Cambridgeshire and Peterborough NHS Health Inequalities Strategy.	JCG Daily receipt, analysis and reporting of data and trends National campaign launched in July 2020 to address Obesity. System Health Inequalities Board established Health Inequalities Strategy endorsed by Governing Body
First Line Assurance (Departmental Level)	Second Line Assurance (Organisational oversight)	Third Line Assurance (Independent)
JCG - COO Recovery Group System Health Inequalities Board	CCG Governing Body/ STP Board COT (for health settings) IPAC (for health settings)	Government Instruction NHSE/I Multi -Agency Local Health Protection Board CPLRF Tactical and Strategic Coordinating Groups

Gaps Identified:	Planned Actions:	Progress:	Timescale for Completion:	Status:
				On Track
Impact assessment for disease, response and effect on non Covid-19 work. Monitoring data National and Local contact tracing - monitoring exceedances	Health Inequalities group set up and working through actions in NHS E Phase 3 Recovery Letter of 31 July 2020.	Audit Committee: 21.07.20: suggested that the original Target Risks score of 4 (Yellow) be reviewed. SRO subsequently raised to 12 (Amber)	Duration of Pandemic	In Progress
	Continue to work closely with Local Authority	Local Outbreak Control Plan revised.	Duration of Pandemic	Delay
	Contribution to the Enduring Transmission Pandemic for Peterborough, Fenland and South Holland	Final submissions to Government	Duration of Pandemic	On track

Archived Closed Actions

Planned Actions:	Progress:	Timescale for Completion:	Status:
			Closed

Description of Risk:	CAF Ref:	CAF 03
There is a risk that the CCG will fail to achieve the expected 2021/22 planned deficit (as submitted to Regulators in January 2020)	Date of Risk:	January 2021
	Senior Risk Owner:	Chief Finance Officer
Links to Strategic Objectives:	Responsible Committee:	IPAC
All of the CCG's Corporative Objectives	Last Review Date:	30.03.2021

Inherent Risk Score:	20 (5x4) Amber	Current Risk Score:	20 5x4 Red	Target Risk Score	4 (1x4) Yellow							
Progress 2021/22	April 20 (5x4)	May	June	July	August	Sept	Oct	Nov	Dec	Jan	Feb	March

Cause:	Effect:	Existing Controls / Mitigations:
<p>Significant deterioration in the underlying position at organisational and system level due to:</p> <ul style="list-style-type: none"> • Delay in delivering savings programmes outlined in the LTP £198M cumulatively for the STP by the end of 21/22 (against do nothing scenario, including transformation and organisational efficiencies). • Significant increase in waiting lists due to COVID 19 and a significant reduction in capacity due to infection prevention and control guidance. <p>Competing priorities in 2021/22 including:</p> <ul style="list-style-type: none"> • Ongoing Covid-19 response • Vaccination Programme • Recovery and Restoration • Transition to an Integrated Care System • Deliver STP priorities/LTP transformation <p>Lack of clarity on funding arrangements beyond the first 6 months of 21/22.</p>	<p>The STP were unable to sign up to the required control total when plans were submitted in January 2020.</p> <p>Following the Covid-19 pandemic, the gap between the STP position and the required control total will widen.</p>	<p>Develop 2021/22 operating plan (working with STP partners) including a stock take on delivery against the STP priorities Confirm prioritised initiatives to take forward in 2021/22 with milestones and KPIs.</p> <p>Understand recovery work that needs to be achieved and impact on delivery of existing solutions (such as capacity impact)</p> <p>Refresh the baseline activity and finance forecast for the timeframe of the LTP taking account of changes since Covid-19.</p> <p>Update impact assessment of priorities on finance and activity baseline</p> <p>Early engagement with Regional and National Team.</p>
First Line Assurance (Departmental Level)	Second Line Assurance (Organisational oversight)	Third Line Assurance (Independent)
<p>COT FPPG (STP Finance Directors Group) STP Delivery Group and Joint Clinical Group Senior Leadership Team (SLT) Finance Team, Business Intelligence, Contracting and Programme Management Office Teams</p>	<p>IPAC - monthly reporting Governing Body STP Board/System Leaders Internal Audit</p>	<p>NHSE/I External Audit - Annual Accounts process</p>

Gaps Identified:	Planned Actions:	Progress:	Timescale for Completion:	Status:
				On Track
				In Progress
				Delay
Delivery and execution of plan will take place while the system is transforming into an Integrated Care System leading to uncertainty about the extent to which Covid-19 will impact on services during 2021/22	Continue dialogue with all STP partners to ensure transparency and an understanding of the system position.		Ongoing review as timescales unknown	In progress
Uncertainty on funding and expectation beyond the first 6 months of 21/22.	Ongoing conversation with Regulators on funding allocations, gaps identified and clarifying expectations.		Ongoing review as timescales unknown	In progress

Archived Closed Actions

Planned Actions:	Progress:	Timescale for Completion:	Status:
			Closed

Description of Risk:	CAF Ref:	CAF 04
There is a risk sustainability and delivery of services within the current domiciliary and care home market.	Date of Risk:	April 2021
	Senior Risk Owner:	Chief Nurse
Links to Strategic Objectives:	Responsible Committee:	IPAC
CO1, CO2, CO3, CO4 & CO5	Last Review Date:	26.04.21

Inherent Risk Score:	25 (5x5) Red	Current Risk Score:	12 (4x3) Amber	Target Risk Score	9 (3x3) Amber							
Progress 2021/22	April 12 (4x3)	May	June	July	August	Sept	October	Nov	Dec	Jan	Feb	Mar

Cause:	Effect:	Existing Controls / Mitigations:
<p>Unknown risk of the quality of care delivered as historically the CCG has not held contracts with domiciliary providers or uniformly completed quality assurance visits.</p> <p>Limited quality assurance oversight with inconsistent information intelligence into quality of the care for domiciliary providers.</p> <p>The pandemic has resulted in an increased number of outbreaks in Wave 2 impacting on the workforce and workload for Providers. Inconsistencies in National communication of PPE guidance and increased usage.</p> <p>MARKET MANAGEMENT + PROVIDER ONBOARDING TO ADAM</p> <p>Reluctance of providers moving to a tier system and the number of patients still on a spot purchase system where it is difficult to move them to tier because of available tier resource.</p> <p>ADAM DPS - Providers may be dissatisfied with the changes and will not engage.</p> <p>No infrastructure previously in place which allowed providers to quote outside tier system</p>	<p>Increased risk of patient safety concerns.</p> <p>Increase in sickness and death in the community causing severe pressure on health services and on family and community support structures.</p> <p>Workforce capacity impacting on staff health and wellbeing.</p> <p>Financial distress experienced by Providers, leading to financial difficulties or cease trading.</p> <p>CCG reputation</p> <p>Not fulfilling statutory duties (responsible commissioner)</p> <p>Quality control required over providers</p> <p>DPS allows for controls based on 70% price 30% quality</p>	<p>CCG contracts in place for April 2021.</p> <p>CCG commissioned a DPS tool and quality Metrics for April 2021 – started with nursing homes then domiciliary care.</p> <p>CCG and LA in partnership risk stratified all homes with plan for quality assurance visits.</p> <p>System integrated information sharing meetings in place.</p> <p>System incident Response team in place</p> <p>Guide tier rates calculated</p> <p>ADAM DPS implemented 6 Apr 21</p> <p>BI Lead creating suite of supporting reports</p> <p>Weekly review by Senior Management Team (SMT)</p> <p>Guide Tier Rates - With set tolerances</p> <p>Weighting tool live - Quality & price.</p> <p>Continue provider onboarding support.</p> <p>BI/finance team/SMT support analysis of data to identify trends for improved market management. Tracking of placement offers.</p>
First Line Assurance (Departmental Level)	Second Line Assurance (Organisational oversight)	Third Line Assurance (Independent)
<p>Senior Leadership Team (SLT)</p> <p>System Incident Response Team</p> <p>CCG Incident Management Development Group</p> <p>HA Programme Board</p> <p>Head of operations and Head of clinical services complex cases</p>	<p>Chief Officer Team (COT)</p> <p>IPAC - monthly reporting</p> <p>CCG Governing Body</p> <p>Internal Audit</p> <p>Integrated Commissioning Board</p> <p>CQC information sharing board</p> <p>Contract team engaged in support</p>	<p>CQC</p> <p>Healthwatch</p> <p>Public Health England</p> <p>NHSE</p>

Gaps Identified:	Planned Actions:	Progress:	Timescale for Completion:	Status:
				On Track
				In Progress
				Delay
<p>Quality assurance visits to nursing homes paused from February 2020 due to the impact of the pandemic.</p> <p>Limited knowledge of the quality of provision for domiciliary care due to gaps in assurance visits and the pause of CQC regulatory activity for full inspections.</p>	To triangulate data known and soft intelligence with CCG colleagues and LA to have an accurate list of providers CCG commissions.	<p>Accurate list for both nursing and domiciliary care.</p> <p>Quarterly update to COT.</p>	Completed and updated monthly.	On Track
	To set up a partnership operational meeting to share information, triangulate data, coordinate quality assurance visits and plan appropriate support.	Set up February 2021.	Meeting weekly.	On Track
	To set up robust intelligence sharing meetings with stakeholders.	Set up October 2021.		On Track
	CCG contracts to be in place. Regular review of approach. To hold contract meetings with providers. To work collaboratively with LA to the approach.	Contracts in place with providers from April 2021.		In Progress
	CCG to complete pro-active visits for compliance to PPE guidance and build relationships with domiciliary care providers.			In Progress
	CCG in partnership with CCG and LA complete quality assurance visits.			On Track
During the pandemic and subsequent visits gaps in staff training knowledge and competency levels.	To facilitate the development of education forums, sharing of evidence-based practice through update briefings and developing bitesize updates / education to providers.	Survey of nursing homes completed analysis and priorities for delivery in place. Domiciliary care information to be gained during pro-active visits.		In Progress
Oversight dashboard using quality metrics not in place. Timeframe for implementation for domiciliary providers is early summer 2021.	To develop a robust method of gaining accurate data from both nursing homes and domiciliary care providers.	Monthly/ quarterly quality metric data has been developed to the DPS tool – ADAM	Summer 2021	On Track
Monitoring of outbreaks in Care Homes supported as a system. Modelling in preparation for a potential third wave of the pandemic ongoing: height and length of wave remains an unknown.	<p>System outbreak meeting in place. Continue to liaise closely with Local Authorities around the identification of localised outbreaks of the disease. Local Authority Health Protection Board established.</p> <p>An analysis of providers with complex outbreaks during wave 1 and 2 to plan forward for wave 3.</p>	In progress.	06-05-21	On Track
Dataset incomplete at Go Live Heavy reliance on Proactive Provider Onboarding	Support contract team to onboard providers	On target to complete. Letters sent and onboarding support provided	30 th April 2021	On Track

	Continued training and learning from experience.	ADAM DPS is live Period of transition for users and provider onboarding	Continuous. Training and experience.	On Track
	Continued understanding of new system and support from ADAM.	Quality and cost evaluated, trends can be identified and action plans using DPS. The reporting capability of Adam is superior to previous CMS system	Continuous as we learn with the new system	In Progress

Archived Closed Actions

Planned Actions:	Progress:	Timescale for Completion:	Status:
			Closed

Description of Risk	CAF Ref:	CAF 05
There is a risk that sustainability of the NHS and social care workforce will have an impact on operational delivery	Date of Risk:	April 2021
	Senior Risk Owner:	Director of Strategy and Planning
Links to Strategic Objectives:	Responsible Committee:	Remuneration & Terms of Service Committee
CO1, CO2, CO3, CO4 & CO5	Last Review Date:	24.04.21

Inherent Risk Score:	20 (4 x 5)			Current Risk Score:	16 (4 x 4) = 16				Target Risk Score	2 x 4 = 8		
Progress 2021/22	April 16 (4x4)	May	June	July	August	Sept	Oct	Nov	Dec	Jan	Feb	March

Cause:	Effect:	Existing Controls / Mitigations:
<ul style="list-style-type: none"> Impact of Covid-19 operational delivery over the past year will potentially result in an increased attrition of workforce Staff may seek alternative employment elsewhere in the NHS or outside the NHS as a result of the recent work and life experiences Changes within system (ICS) may further destabilise staff morale and perceived security Lack of sufficient workforce modelling and ineffective system level workforce strategy 	<ul style="list-style-type: none"> Reduction in skilled workforce Increased costs as a result of agency workers, recruitment campaigns, training and development costs for new staff Inability to maintain services at expected level due to lack of staffing Risk of harm to patients due to lack of trained staff Workforce is one of our major risks for our future plans. There were high vacancies pre-covid 19; post covid impact will amplify this 	<ul style="list-style-type: none"> Staff wellbeing, support and retention processes and mechanisms Organisational specific workforce strategy, supported by system plan Identification of the risk at organisational and system level Targeted recruitment campaigns to support workforce gaps People data shared with COT to ensure ownership and buy-in.
First Line Assurance (Departmental Level)	Second Line Assurance (Organisational oversight)	Third Line Assurance (Independent)
Chief Officer Team (COT) Senior Leadership Team (SLT) Senior Leadership Team (SLT) HR Team, OD Team	IPAC - monthly reporting Governing Body People Board ICS Board/System Leaders Internal Audit	NHSE / NHSI Regional feedback External Audit - Annual Accounts process

Gaps Identified:	Planned Actions:	Progress:	Timescale for Completion:	Status:
				On Track
<ul style="list-style-type: none"> Better skills development across our workforce – including digital. to find faster ways of developing new roles – and skills - much more quickly than in the past 	<ul style="list-style-type: none"> CCG has its response to the People Plan and workstreams in place to support the ongoing retention of staff as well as recruiting new staff. A Managers Change Programme has been designed and is awaiting COT sign off 	New risk identified	Throughout 2021/22, and ongoing.	In Progress
				Delay
				In progress

<ul style="list-style-type: none"> • to optimise efficiencies in our workforce infrastructure • to provide better offers than other systems – that root our People in our system and organisation. • to have a major impact on inequalities through developing better employment and career pathways for our people • to actively work to retain the staff we have. • to maintain OD progress over 2021 and beyond System • System wide workforce planning across health and care that reflects population health needs and our service strategy and activity delivery. • Lack of system People/Culture Director • to build in ways to develop system-leader behaviours and thinking in future Organisational Development and workforce plans • to actively manage the talent in our system and succession plan for the ICS 	<ul style="list-style-type: none"> • Ongoing focus on appraisals and mandatory training 			
	<p>System</p> <ul style="list-style-type: none"> • System Leaders discussed gaps identified and approved recruitment to the post of People/Culture Director 20 April 2021. This role will seek to take forward the gaps and address them as part of a system-wide plan. 			

Archived Closed Actions

Planned Actions:	Progress:	Timescale for Completion:	Status:
			Closed

Description of Risk	CAF Ref:	CAF 06
The restrictions to elective care delivery during the Covid-19 pandemic has led to longer waits for care. There is a risk that these longer waits have the potential to lead to patient harm.	Date of Risk:	April 2021
	Senior Risk Owner:	Director of Performance & Contracts
Links to Strategic Objectives:	Responsible Committee:	IPAC
CO1, CO2, CO3, CO4 & CO5	Last Review Date:	6 May 2021

Inherent Risk Score:	20 (5x4)			Current Risk Score:	20 (5x4)			Target Risk Score	9 (3x3)			
Progress 2021/22	April 20 (5x4)	May	June	July	August	Sept	Oct	Nov	Dec	Jan	Feb	March

Cause:	Effect:	Existing Controls / Mitigations:
The Covid-19 pandemic significantly impacted the ability for providers across the system to offer business as usual services for planned appointments for diagnostics, treatment, and surgery.	Patients across the system have had care cancelled which has also led to long waits. The system now has its largest number of patients waiting over 52 weeks and some are now waiting over 104 weeks. This has resulted in potential harm and Harm being caused to the population of Cambridge and Peterborough.	<ul style="list-style-type: none"> Providers have reprioritised all patients into the "P" categories of priority Providers have conducted harm reviews on the waiting lists and acted accordingly to the result. <ul style="list-style-type: none"> Providers are expected to continually re-assess patients as required
First Line Assurance (Departmental Level)	Second Line Assurance (Organisational oversight)	Third Line Assurance (Independent)
Directorate SMT System wide meetings	COT IPAC Recovery Planning meetings	NHSE/I

Gaps Identified:	Planned Actions:	Progress:	Timescale for Completion:	Status:
Each Provider is working through the workforce and estate need in order to address the backlog.	Review delivery capacity as part of planning round	Draft plans submitted; final plans being completed	June 2021	On Track
				In Progress
				Delay

Archived Closed Actions

Planned Actions:	Progress:	Timescale for Completion:	Status:
			Closed

Description of Risk:	CAF Ref:	CAF 07
There is a risk that the business models for delivering primary care services become unsustainable impacting on access to primary care services.	Date of Risk:	April 2020
	Senior Risk Owner:	Director of Primary Care
Links to Strategic Objectives:	Responsible Committee:	PCCC
COI & CO3	Last Review Date:	26.04.21

Inherent Risk Score:	9 (3x3) Amber			Current Risk Score:	9 Amber ↓			Target Risk Score	9 (3x3) Amber			
Progress 2021/22	April 9 (3x3)	May	June	July	August	Sept	Oct	Nov	Dec	Jan	Feb	March

Cause:	Effect:	Existing Controls / Mitigations:
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. Covid-19 Pandemic - additional pressure on Practices.	General Practice is cornerstone of NHS. Practices that are unsustainable affect patient care. Workforce and demand increasing as we come out of lockdown. Partnership issues could result in new re- configuration practice	Three year investment plan approved by PCCC June 2020, supported by General Practice Forward View (CPFV) programme of work which identified programmes of support for primary care workforce, workload and change programmes related to new models of care. CCG investment in Training Hub for agreed June 2020. Primary Care Network (PCN) Direct Enhanced Services contract in place from 1st July 2020 with 100% Additional Roles reimbursement scheme (10 additional roles for 2020/21) Primary Care Commissioning Committee (PCCC) monitoring changes with PCN and practices models. Strategic Primary Care Group established and continuing through ICS transition
First Line Assurance (Departmental Level)	Second Line Assurance (Organisational oversight)	Third Line Assurance (Independent)
CCG dedicated Primary Care Team in place to support transformation programme with named leads responsible for specific elements. Additional support through Recovery and Restoration Group to support primary care covid response	PCCC, COT GPFV Delivery & Engagement group aligned with STP wider system planning priorities, Out of Hospital Domain Group Internal Audit Review - Primary Care Development & Engagement Primary Care Quality Group	GPFV EAST PMO Oversight group NHSE Strategic Gold LMC / Primary Care represented at Health Gold.

Gaps Identified:	Planned Actions:	Progress:	Timescale for Completion:	Status:
CCG Issues Estate's expertise and resource to deliver priorities in primary care team.	Ongoing needs assessment of primary care team establishment. COT has agreed the need for dedicated Premises & Estates Post.	COT approved establishment of Premises and Estates Lead - Band 8b - recruitment process to commence	Delayed	On Track
				In Progress
				Delay
				Delay

GP Practice issues GP Practices have variable engagement with support programmes. Contract agreement for Training Hub 20/21 to be agreed by end of June 2020. Impact of Covid-19 on workforce/capacity	Population planning and estates capacity being linked to PCN planning of services, with STP involvement.	Under review	Date TBC	In progress
	Funding gaps escalated to NHSE/I with regards to IGPR.	Ongoing	Completed	
	Development of primary care strategy and recovery plan linked to the long term plan.		Sept 21	Delayed
	Develop local policy for accessing Discretionary funding under section 96 and use of GP Resilience monies		Completed	

Archived Closed Actions

Planned Actions:	Progress:	Timescale for Completion:	Status:
			Closed

Description of Risk	CAF Ref:	CAF 08
There is a risk that the transition from the CCG to the Integrated Care System will lead to loss of focus on business as usual and the delivery of the CCG's statutory functions.	Date of Risk:	April 2021
	Senior Risk Owner:	Director of Governance
Links to Strategic Objectives:	Responsible Committee:	Audit Committee
CO1, CO2, CO3, CO4 & CO5	Last Review Date:	New Risk – 1.04.2021

Inherent Risk Score:	12 (3x4)			Current Risk Score:	12 (3x4)			Target Risk Score	6 (2x3)			
Progress 2021/22	April 12 (3x4)	May	June	July	August	Sept	Oct	Nov	Dec	Jan	Feb	March

Cause:	Effect:	Existing Controls / Mitigations:
Lack of clarity and delay in publication of formal guidance on the transition to Integrated Care System. Requirement to operate in shadow form whilst maintaining accountability for delivery of the CCG's statutory functions. Potential for loss of Senior and Executive Leadership as job guarantee does not include this level of staff. Potential for loss of staff across due to uncertainty around future roles.	Potential to develop local solutions which will not align to national guidance. Lack of clarity of decision-making. Potential breach of Standing Orders and Standing Instructions Loss of delivery and accountability at an Executive Level Loss of subject matter aspects Loss of organisational memory.	Transition Board in place as part of the Strategy and Planning Task and Finish Groups to provide focus on key areas of the CCG's business. ICS Development Plan.
First Line Assurance (Departmental Level)	Second Line Assurance (Organisational oversight)	Third Line Assurance (Independent)
Governance Directorate Governance Task and Finish Group	Transition Board Strategy and Planning Committee Governing Body	System Partnership Board NHSE/I

Gaps Identified:	Planned Actions:	Progress:	Timescale for Completion:	Status:
				On Track
				In Progress
				Delay
Lack of Guidance from Centre on transitional arrangements. Process for transferring assets to a new organisation not clear at this stage – staff, contracts, other agreements, ICT licenses etc.	Transition Board to oversee transition of CCG to ICS	Meetings now in place. Sync Matrix reporting approach	Ongoing	
	Governance Task and Finish Group	Terms of Reference prepared. First meeting to be arranged.	31.03.2022	
	Sync Matrix / Plan	Monthly reports to Transition Board.	31.03.2022	

Archived Closed Actions

Planned Actions:	Progress:	Timescale for Completion:	Status:
			Closed

Description of Risk:	CAF Ref:	CAF 09
Failure to effectively mitigate the impact of a cyber-attack upon the CCG where the likelihood of such an attack is increasing.	Date of Risk:	March 2020
	Senior Risk Owner:	Chief Finance Officer
Links to Strategic Objectives:	Responsible Committee:	IPAC
CO5	Last Review Date:	26.04.21

Inherent Risk Score:	15 (3x5) Red	Current Risk Score:					15 (3x5) Red →	Target Risk Score			12 (3x4) Amber	
Progress 2021/22	April 15 (3x5)	May	June	July	August	Sept	Oct	Nov	Dec	Jan	Feb	March

Cause:	Effect:	Existing Controls / Mitigations:
Increased pressure on NHS capacity including IT systems as a result of Covid19 outbreak - more susceptible to cyber attacks	Potential loss or disablement of services Impact on organisation to maintain effective provision of services. Failure to delivery Recovery & Restoration Plan.	Review of hardware and software status. Recipient of CareCERT alerts Cyber Security Policy Business Continuity Plan in place Cyber Security Task & Finish Group Introduction of NHS Digital ATP software.
First Line Assurance (Departmental Level)	Second Line Assurance (Organisational oversight)	Third Line Assurance (Independent)
IG, BI & IM&T Steering Group, ICT Team	IPAC, Governing Body	NHS England / I, NHS Digital National Cyber Security Centre (NCSC)

Gaps Identified:	Planned Actions:	Progress:	Timescale for Completion:	Status:
				On Track
				In Progress
				Delay
Numerous forms of Cyber-attack - continuously developed. Risk heightened due to COVID19	Maintain staff vigilance campaign / reminders	Regular staff reminders - though i-Connect	Ongoing (Mar 21)	In progress
	Continue to ensure all systems up to date (patched) etc.	Regular review and action	Ongoing (Mar 21)	In progress
	Review NCSC recommendations and implement as applicable.	Action Plan in place and monitored by the IG, BI & IMT Steering Group	Next Review April 2021	In progress

Archived Closed Actions

Planned Actions:	Progress:	Timescale for Completion:	Status:
			Closed

Description of Risk:	CAF Ref:	CAF 10
There is a risk of potential failure of Best Buy Building Structures (RAAC Panels) impacting on service delivery	Date of Risk:	August 2020
	Senior Risk Owner:	Director of Governance
Links to Strategic Objectives:	Responsible Committee:	IPAC
CO1 & CO5	Last Review Date:	15.04.2021

Inherent Risk Score:	15 (3x5) Red	Current Risk Score:	15 (3x5) Red →	Target Risk Score	10 (2x5) Amber							
Progress 2021/22	April	May	June	July	August	Sept	Oct	Nov	Dec	Jan	Feb	March

Cause:	Effect:	Existing Controls / Mitigations:
Pre-cast concrete construction of Hospital buildings only designed to last 25 years - potential weakening of structures as life span exceeded	Hospital or part of a hospital building rendered inactive. Significant impact on capacity and provision of services that the CCG commissions in the local area and system as a whole Potential risk to safety of patients and staff	Detailed survey of all RAAC panels within the hospital. Regular monitoring of risks at Board level - Hinchingsbrooke Hospital and Queen Elizabeth Hospital on their respective public risk registers. Contingency Planning and Testing in place. Individual Trust Exercises and Regional-wide Planning. LRF Multi-Agency Partner involvement in planning and preparedness. System Wide Initial Response Plan in place. County-wide multi-agency group established.
First Line Assurance (Departmental Level)	Second Line Assurance (Organisational oversight)	Third Line Assurance (Independent)
Individual Organisational Trust Boards	COT EPRR Sub-Group	NHS Property Services, NHSE/I, LHRP County-wide Taskforce, Local Resilience Forum

Gaps Identified:	Planned Actions:	Progress:	Timescale for Completion:	Status:
				On Track
				In Progress
				Delay
Regional Response tested. Action Plans progressing and Trust Board updated monthly.	Individual Trust Planning and Preparedness	County-wide Group continues to meet to review progress and ensure co-ordinated local system response	Ongoing schedule of review.	In progress
	System and Regional-wide Planning including Multi-agency response.	Local Resilience Forum RAAC Response Framework at Final draft stage	May 21	In progress

Archived Closed Actions

Planned Actions:	Progress:	Timescale for Completion:	Status:
			Closed

Description of Risk:	CAF Ref:	CAF11
Potential failure to safeguard people or use appropriate assessment of capacity in services the CCG commissions.	Date of Risk:	February 2021
Links to Strategic Objectives: CO5	Senior Risk Owner:	Chief Nurse
	Responsible Committee:	IPAC
	Last Review Date:	April 21

Inherent Risk Score:	9 (3x3) Amber	Current Risk Score:					16 (4x4) Red→	Target Risk Score			16 (4x4) Red	
Progress 2021/22	April 16 (4x4)	May	June	July	August	Sept	Oct	Nov	Dec	Jan	Feb	March

Cause:	Effect:	Existing Controls / Mitigations:
The risk of this has been heightened due to the impact of Covid -19 Pandemic on workforce exhaustion (both frontline and safeguarding staff) and increased complexity of safeguarding cases. There will also be an increase in terms of demand for services due to the wider societal impacts of Covid.	Frontline staff fail to recognise safeguarding or exhibit professional curiosity to ask more questions, therefore missing opportunities to safeguard patients. Safeguarding staff recruitment gaps in a number of providers. Safeguarding teams emotionally exhausted from the impact of the pandemic and the complexity of safeguarding.	Providers have own Safeguarding Statutory Duty, risk mitigation & governance process supported by safeguarding teams which seek to support staff & promote the welfare of vulnerable patients. Mechanisms in place to enable dialogue with the Local Authority & other partners to mitigate risks & review learning. Provider staff offered support internally & the CCG safeguarding team to provide the opportunity to be supported and mitigate risk in complex cases through training and supervision. Additional resources offered to Safeguarding teams by CCG. Heads of Safeguarding across providers and CCG meet 3 weekly.
First Line Assurance (Departmental Level)	Second Line Assurance (Organisational oversight)	Third Line Assurance (Independent)
Quality Team Safeguarding People Team Safeguarding Resilience Calls	Executive Safeguarding Lead COT	NHS E, Safeguarding Partnership Board, Community Safety Partnership, Corporate Parenting Panels, Channel Panel, CQC/Ofsted

Gaps Identified:	Planned Actions:	Progress:	Timescale for Completion:	Status:
				On Track
				In Progress
				Delay
Unknown risks associated with the easing of lockdown. Unknown risk identified as missed opportunities to safeguard come to light. Unknown risk as impact of covid on wider workforce come to light	Continue to work closely with Local Authority		Ongoing	In progress
	Continue to support provider safeguarding teams with Training, Supervision, Escalation and risk management. Continue to engage with Heads of Safeguarding across the system to enable early identification and mitigation/escalation of risk.		Ongoing	In progress

	Continue to develop multi agency safeguarding apprenticeship to support wider workforce		Ongoing	In progress
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Archived Closed Actions

Planned Actions:	Progress:	Timescale for Completion:	Status:
			Closed

Description of Risk	CAF Ref:	CAF 12
There is a risk of serious impact to patients as a result of a failure in quality, safety and patient experience in the services that the CCG commissions as a result of the ongoing covid pandemic and subsequent recovery programme	Date of Risk:	April 2021
	Senior Risk Owner:	Chief Nurse
Links to Strategic Objectives:	Responsible Committee:	IPAC
CO1, CO2, CO3, CO4 & CO5	Last Review Date:	04.05.21

Inherent Risk Score:	20 (4x5)			Current Risk Score:	20 (4x5)			Target Risk Score	9 (3x3)			
Progress 2021/22	April 20 (4x5)	May	June	July	August	Sept	Oct	Nov	Dec	Jan	Feb	March

Cause:	Effect:	Existing Controls / Mitigations:
<p>The ongoing covid pandemic and subsequent recovery programme has the potential to effect patient safety and quality as a result of</p> <ul style="list-style-type: none"> • Staff sickness • Reduced patient staff ratio • Red and Green Pathways • Staff health and wellbeing • Patients attending more complex or later in disease progression • Inability to recruit from overseas <p>Lack of visibility and ability to triangulate information directly with observations due to reduced visits to Provider Trusts during pandemic</p>	<p>Patient experience and patient quality indicators have the potential to be reduced if staff: patient ratios are reduced due to staff sickness and/or reduced overseas recruitment which will lead to an increase reliance on temporary workforce. Potential to be unable to deliver services at expected levels of quality due to reduced trained workforce</p>	<p>Providers monitor a suite of quality and safety indicators and continue with their Quality Committees. System Quality Surveillance Group has commenced where early warning triggers are monitored CCG Patient safety and Quality Teams continue to monitor quality via contract process IPAC continue to receive detailed quality and Safety report Chief Nurse meeting with HEE to discuss strategies to support staff System People Board focussing on workforce priorities Oversight of Serious Incidents and complaints</p>
First Line Assurance (Departmental Level)	Second Line Assurance (Organisational oversight)	Third Line Assurance (Independent)
<p>Individual Trust Quality Committees CCG Quality and Safety Team CCG Nursing Directorate Senior Management Team Meetings</p>	<p>Individual Trust Boards COT IPAC Governing Body</p>	<p>NHS E CQC Other Regulatory Bodies Independent /Peer Review</p>

Gaps Identified:	Planned Actions:	Progress:	Timescale for Completion:	Status:
				On Track
CCG contract process relaxed during Covid-19 pandemic	<ul style="list-style-type: none"> • Reinstate Chief Nurse, Medical Director and COO monthly meetings to address areas of escalation. 	<ul style="list-style-type: none"> • All organisations agreed to reinstate and prioritise meetings • Dates for meetings now in diary 	First reinstated meetings to be held by June 2021	In Progress
				On track

	<ul style="list-style-type: none"> Review of CCG visits to Provider Trusts with a view to reinstate 	<ul style="list-style-type: none"> Risk assessments being revised for CCG staff to attend Trusts Chief Nurses to agree visiting rationale and arrangements 	June 21 End June 2021	In Progress
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Archived Closed Actions

Planned Actions:	Progress:	Timescale for Completion:	Status:
			Closed

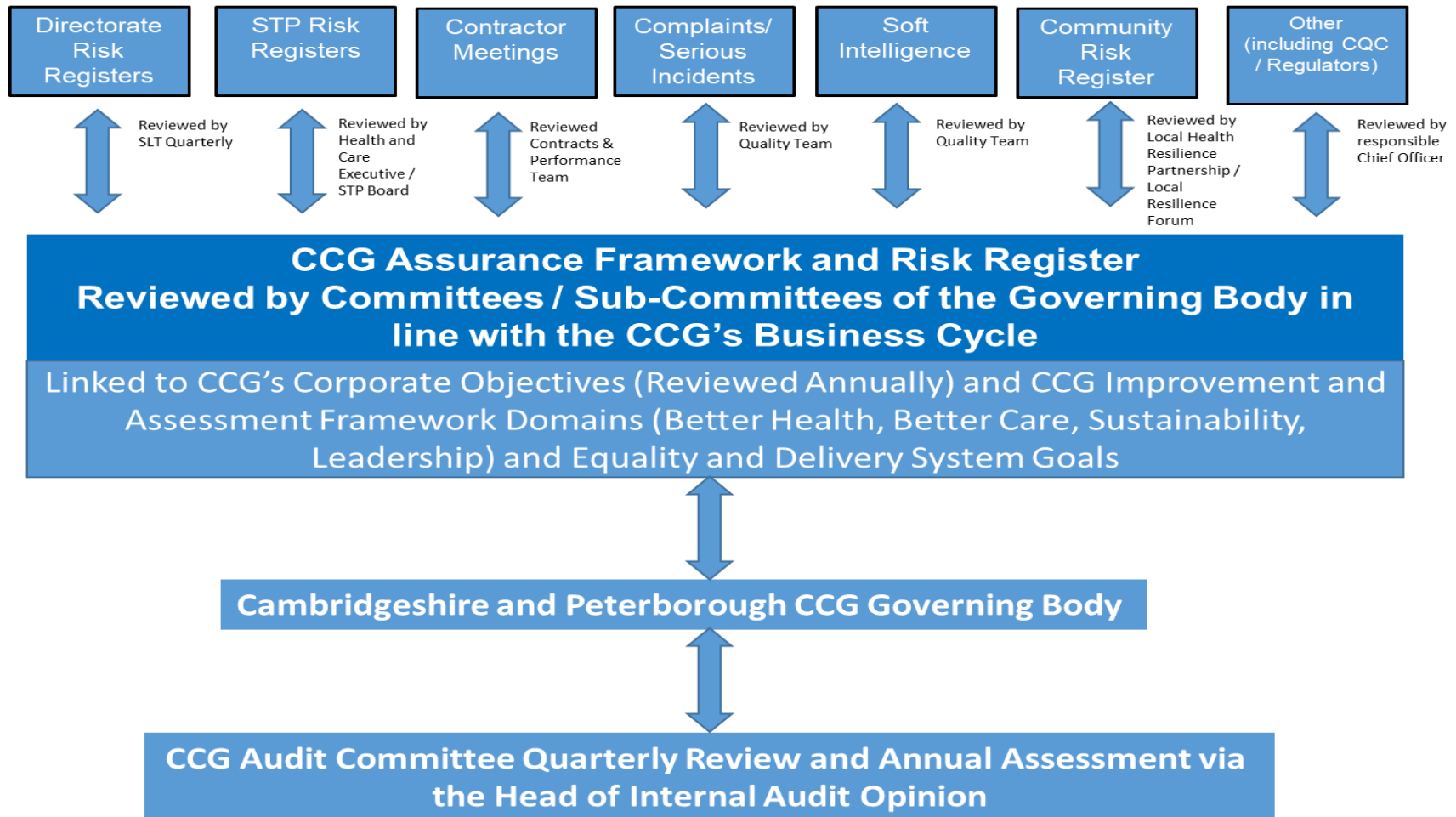
CCG Corporate Objectives 2020-2022

The Governing Body approved the CCG's Corporate Objectives for the two years (2020 - 2022) on 8 September 2020. These have been aligned to each CAF risk as applicable.

CCG Corporate Objectives - 2020 - 2022	
1	Ensure everyone has the opportunity to improve their health and well-being
2	Level-up health and care provision to ensure our communities in areas of high deprivation and need get the resources needed to minimise inequalities
3	Focus time and resources on areas where people receive most of their health and care services, the community
4	Facilitate organisations to join forces at 'place' and offer 'patient first' well-co-ordinated efficient services to those who need them.
5	Deliver our statutory financial commitments as best as possible

CCG RISK REPORTING FRAMEWORK

CCG Assurance Framework and Risk Register Reporting Diagram



CCG Risk Management Policy

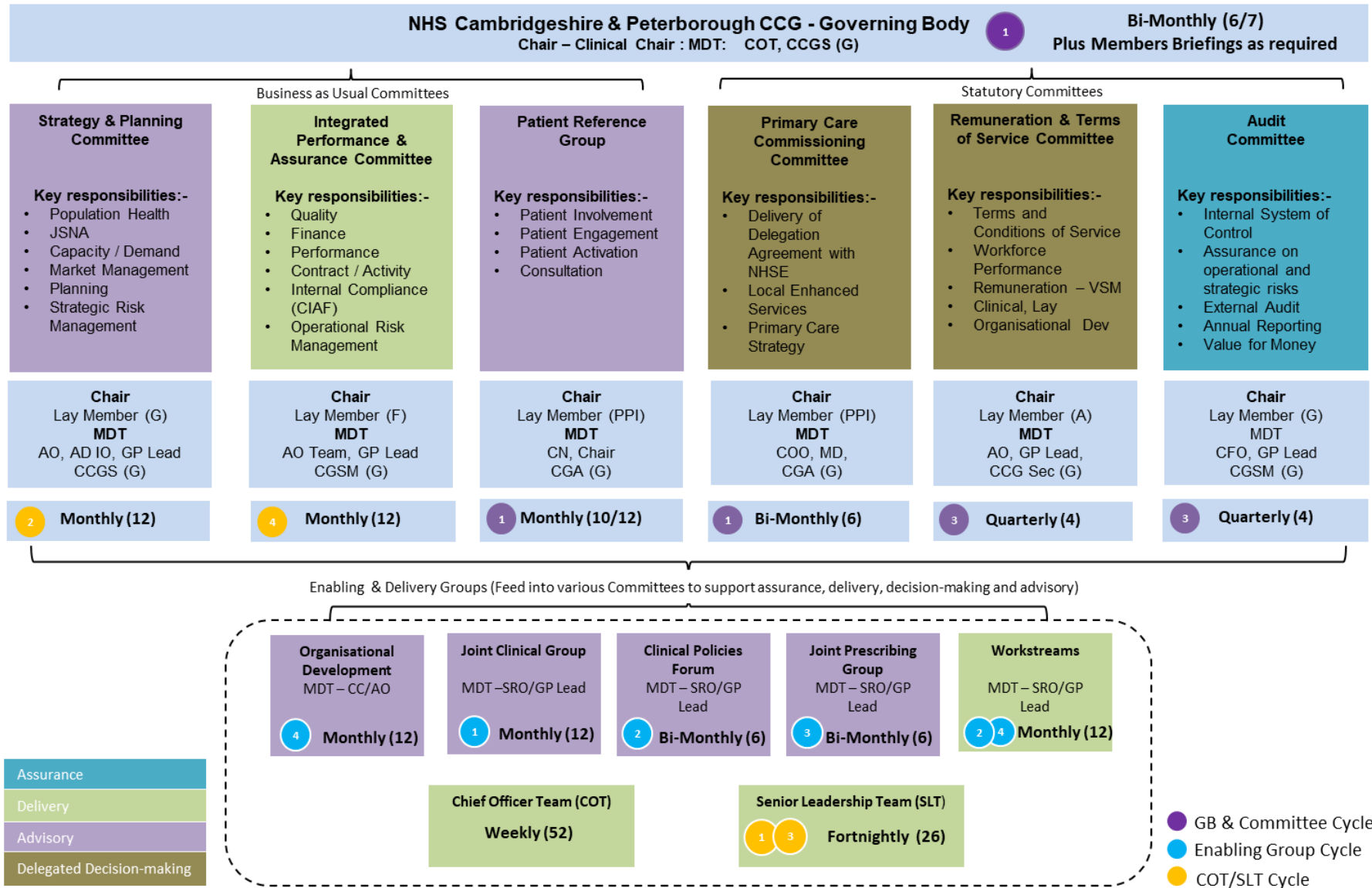
A link to the CCG's current Risk Management Policy is provided below

<https://www.cambridgeshireandpeterboroughccg.nhs.uk/easysiteweb/getresource.axd?assetid=12806&type=0&servicetype=1>

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	Catastrophic = 5
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	



ARCHIVED RISKS

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Description of Risk:	CAF Ref:	
	Date of Risk:	
	Senior Risk Owner:	
Links to Strategic Objectives:	Responsible Committee:	
	Last Review Date:	

Inherent Risk Score:	16 (4x4) Red	Current Risk Score:	16 (4x4) Red →	Target Risk Score	8 (2x4) Amber
Cause:		Effect:		Existing Controls / Mitigations:	
First Line Assurance (Departmental Level)		Second Line Assurance (Organisational oversight)		Third Line Assurance (Independent)	

Gaps Identified:	Planned Actions:	Progress:	Timescale for Completion:	Status:
				On Track
				In Progress
				Delay