

# Board Assurance Framework and Corporate Risk Register February 2019 2018/19

Red (15-25)	Extreme risk
Amber (8-12)	High risk
Yellow (4-6)	Moderate risk
Green (1-3)	low risk

Board Assurance Framework December 2018/19																			
Strategic Objective 2018/19	Executive Lead	Link to Risk Register	Risks Identified	Date	Risk Level (Initial)	Rating of Risk to Objective (Current)	Risk Level (Target)	Identified Control	Control Gaps	Assurance	Assurance Gaps	Actions to Address gaps (controls and assurance)							
What the organisation aims to deliver (outcome required)	Board level lead responsible for achievement of the objective	All Risks	No	What could prevent us from meeting the objective?	Date added	Date reviewed	Low/Moderate/High/Extreme	Low/Moderate/High/Extreme	Low/Moderate/High/Extreme	Primary Controls (closest to area of risk)	Secondary Controls (detective)	Tertiary Controls (includes external audits, internal audits, clinical audit, Royal College and other reviews)	Are the identified actions achieved?	Report of GB where controls and assurance around risk is presented	Governing Body Committee where actions are monitored and assurance is provided to GB	Where we are not gaining effective evidence?	Further evidence/ actions to address control and assurance gaps	Responsible Officer (to deliver specific action)	Timescale for achievement
Objective 1: Developing models of care to support people out of hospital																			
Executive Lead: tbc (Simon Williams and Jacqui Lansley)																			
Governing Body Committee: Quality Finance and Performance																			
	Director of Primary Care and Operations/ Chief Financial Officer		1a	<b>DEMAND MANAGEMENT</b> IF demand exceeds capacity in a way that cannot be managed by the CCGs  THEN there is a risk to quality or services and patient experience and a risk that future contracting between the CCGs and SUHFT will move back to PBR increasing the financial challenge of the organisation  RESULTING IN escalation to NHSE Regional Team and potential qualification of statutory accounts and loss of autonomy.	01.10.18	10.01.19	16 (Extreme)	16 (Extreme)	12 (High)	1. CCG Strategic Plan 2. QIPP Plan with measurable outcome targets 3. Indicators of success/ failure in demand management and action plans as needed. 4. COUINS monitoring. 5. Clinically led work streams. 6. Financial Recovery plan developed. 7. PMO established and Finance Recovery Committee established, incorporating functions of Turnaround. 8. Executive Management Team now recruited to and now has revised focus on business cases and QIPP. 9. A&E Delivery Board providing system wide coordination of recovery and daily delivery 10. Urgent Care Improvement Plan Seasonal Surge and Escalation plan.	1. Quality Finance Performance Committee monitoring of QIPP and performance. 2. FRG now in place to address economy wide pressures. Governing Body minutes. 3. External CCG Assurance Framework and meetings with NHSE. 4. Monitoring of Financial Recovery Plan through QFP Committee and new CMT focus. Monitoring impact of Primary Care Quality Scheme through Primary Care Committee. 5. STP/local A&E Delivery Board 6. Performance Reports to GB (bimonthly). 7. Monthly Performance reports to QFF (minutes to GB) 8. Daily Operational oversight within the hospital and wider system/PEL framework including executive escalation in place. 9. Standard operating procedures to manage ambulance handovers delays. 10. Joint QIPP schemes with SUHFT, EPUT and CCG Priority action plan focused on workforce/acute bed reconfiguration/new ways of working/prioritisation of EPUT community services to support demand reduction/care home and general practice engagement for increasing out of hospital care.	1. Mazars QIPP Audits - Limited Assurance	See Audit recommendations	Escalation from QFP	Quality, Finance and Performance		Delivery of the QIPP demand management schemes	EG	Mar-19
	Director of Strategy and Planning		1b	<b>INNOVATION</b> IF the CCGs fail to transform services to meet the changing health needs of the populations  THEN services may not meet the needs of patients.  RESULTING IN failure to reduce health inequalities within our geographical areas	22.12.16	10.01.19	12 (High)	12 (High)	3 (Low)	1. QIPP/Commissioning Plan/Urgent Care/Strategic Plan all require innovation to change to system. Examples of innovation in Pharmacy, Single Front Door, Advice and Guidance. 2. Delivery against planning guidance and the Five Year Forward View. 3. New Organisational Development Strategy approved. 4. Financial Recovery Group in place.	1. Governing Body minutes. 2. CCG plans. 3. Organisational Development implementation plan. 4. Financial Recovery Group meetings and monitoring of QIPP Plan via Quality, Finance and Committee			Quality, Finance and Performance			CMT		
Objective 2: Delivering local and national priorities, ensuring earned autonomy from regulators																			
Executive Lead: (Mark Barker/Charlotte Dillaway)																			
Governing Body Committee: Quality, Finance and Performance																			
	Director of Strategy and Planning		2a	<b>PRIORITIES &amp; OBJECTIVES</b> IF the CCGs fail to deliver on agreed health priorities and objectives.  THEN the CCGs will not complete transformation programmes or deliver on KPIs and statutory targets  RESULTING IN poor quality service provision and worsening health outcomes	01.10.18	10.01.19	16 (Extreme)	16 (Extreme)	6 Moderate	1. CCG Strategic Plan 2. NHS England performance monitoring 3. Contract meetings 4. Quality and Performance Committee Monitoring. 5. Refreshed Strategic Plan. 6. Financial Recovery Plan. 7. Finance Recovery Committee established.	1. Performance reports to Governing Body. 2. Quality, Finance and Performance Committee minutes. 3. External CCG Assurance Framework. 4. Monitoring of Financial Recovery Plan through QFP Committee and SMT focus on delivery evidenced through minutes and papers.			Quality, Finance and Performance			MA		
	Chief Finance Officer		2bi	<b>FINANCIAL PRESSURES 2018/19</b> IF the CCGs do not exercise strong financial stewardship and governance  THEN the CCGs may not achieve their statutory breakeven duty.  RESULTING IN Regulatory intervention, lack of timely and robust decision making, qualified external audit opinion, possible merger scenarios, increased instability within both organisations	01.10.18	07.03.19	20 (Extreme)	3 (Low)	6 Moderate	1. Financial recovery Plans in place with close scrutiny from the Financial Recovery Group (FRG) 2. QFP receive monthly finance reports against financial plan 3. CMT and Executive review progress on Improvement Plan, emerging financial pressures and specific 4. PMO monitor QIPP schemes, reporting to QFP monthly 5. Monthly reports to NHSE 6. Monthly budget holders meeting, producing redial actions if necessary 7. Improvement Director appointed to ensure sustained improvement and maximum delivery of QIPP plan 8. System wide QIPP schemes in place 9. Increased PMO meetings and project leads	1. Both CCGs have submitted financial plans that forecast delivery of the NHSE financial control target. 2. NHSE publish consolidation information for Midlands and East CCGs. 3. Finance team populate monthly ISFE returns. 4. Reports to CFO monthly meetings. 5. Joint CFO and AO roles across SE Essex CCGs. 6. Monthly Finance reports to GB 7. Regular reports to GB on STP plans (bi monthly). 8. Contract Management reports to QFP. 9. QFP minutes go to the bi-monthly GB meeting. 10. Joint development working across SEE CCGs and (monthly). 11. FRG Minutes to GB (bi monthly)	Internal and External Audit of financial systems and processes		Finance Report	Quality, Finance and Performance, Governing Body			LB	
	Chief Finance Officer		2bii	<b>FINANCIAL PRESSURES 2019/20</b> IF the CCGs do not exercise strong financial stewardship and governance  THEN the CCGs may not achieve their statutory breakeven duty.  RESULTING IN Regulatory intervention, lack of timely and robust decision making, qualified external audit opinion, possible merger scenarios, increased instability within both organisations	01.10.18	07.03.19	20 (Extreme)	6 Moderate	6 Moderate	1. Financial recovery Plans in place with close scrutiny from the Financial Recovery Group (FRG) 2. QFP receive monthly finance reports against financial plan 3. CMT and Executive review progress on Improvement Plan, emerging financial pressures and specific 4. PMO monitor QIPP schemes, reporting to QFP monthly 5. Monthly reports to NHSE 6. Monthly budget holders meeting, producing redial actions if necessary 7. Improvement Director appointed to ensure sustained improvement and maximum delivery of QIPP plan 8. System wide QIPP schemes in place 9. Increased PMO meetings and project leads	1. Both CCGs have submitted financial plans that forecast delivery of the NHSE financial control target. 2. NHSE publish consolidation information for Midlands and East CCGs. 3. Finance team populate monthly ISFE returns. 4. Reports to CFO monthly meetings. 5. Joint CFO and AO roles across SE Essex CCGs. 6. Monthly Finance reports to GB 7. Regular reports to GB on STP plans (bi monthly). 8. Contract Management reports to QFP. 9. QFP minutes go to the bi-monthly GB meeting. 10. Joint development working across SEE CCGs and (monthly). 11. FRG Minutes to GB (bi monthly)	Internal and External Audit of financial systems and processes		Finance Report	Quality, Finance and Performance, Governing Body			LB	
	Director of Strategy and Planning		2c	<b>QIPP DELIVERY</b> IF the CCG does not deliver its QIPP and evidence its ability to report accurately and precisely whilst acting on risk mitigation.  THEN we will not achieve financial balance and there is a risk to the continuation of the block contract arrangement with SUHFT.  RESULTING IN qualified external audit opinion and regulatory action, inadequate delivery of QIPP programme, pressure to find additional QIPP.	01.10.18	07.03.19	20 (Extreme)	16 (Extreme)	6 Moderate	1. Development and monitoring of Financial Recovery Plan. 2. QIPP Plan. 3. Financial Recovery Group established. 4. PMO established and joint QIPP schemes in place across SEE/STP. 5. Project Initiation Documents showing benefits analysis in place. 6. Management of project deadlines by FRG. 7. Scrutiny and assurance on QIPP programmes to QFP. 8. Progress updates to CEC.	1. External CCG Assurance Framework. 2. Monitoring of Financial Recovery Plan through GB. 3. Updates to Governing Body via Performance Reports 4. Monthly benefits analysis on programmes to ensure progress or stop non beneficial projects	1. Mazars QIPP audit - Limited	Easy schemes explored, need for sophisticated ways to deliver transformation.  Additional QIPP may destabilise other services within the system if a programmatic approach is not taken.	FRG update Report	Quality, Finance and Performance, Finance Recovery Group		1. Formal benefits analysis of schemes needs to be apparent to evidence schemes will realise overall goals	EG	1. Feb 19
	Director of Strategy and Planning		2d	<b>Statutory Targets.</b> IF the CCG fails to define appropriately plan for and subsequently deliver its statutory targets.  THEN the CCG will fail to deliver its outcomes on plans and statutory responsibilities.  RESULTING IN regulatory action and poor outcomes for patients.	01.10.18	10.01.19	16 (Extreme)	16 (Extreme)	6 Moderate	1. STP Leadership Group 2. Monthly Performance Report in place for QFP and GB. 3. Weekly updates to CMT on areas of concern. 4. Joint reporting with Southend CCG. 5. Bi-monthly Joint Clinical Executive meetings. 7. System Delivery Board meetings.	1. Monthly Cross System Delivery Board with providers ensuring alignment & understanding of bigger picture. 2. Governing Body reporting to both CCGs. 3. Bi weekly updates to Staff at staff briefing.			Integrated Performance Report	QFP		1. Clarify statutory targets and performance against them. 2. Increased collaboration across STP footprint. 3. Development possible joint approach to some targets across STP footprint.	MA	1. Jan 19 2. Mar 19 3. Apr 19

	Chief Finance Officer		2ei	<b>New Risk</b> <b>Joint Committee Expenditure 2018/19</b> IF the Joint Committee does not manage the expenditure on contracts delegated to it adequately  THEN there is a risk that the constituent CCGs will fail to achieve their approved Control Total in 2018/19  RESULTING IN  a. potential failure of CCGs to achieve their	25.02.19	07.03.19	16 (Extreme)	3 (Low)	6 Moderate	Contract monitoring of non-MSB expenditure. Block contract agreement with MSB Group.	Regular STP update meetings to NHSE Regional Director. CCG Finance & Performance Committee. JCT Finance & Performance Sub-Committee		Reporting of activity and demand management, integral to block agreement across all relevant QIPP schemes is variable.	Integrated Performance Report	QFP	Need minutes from CQRG	See IPR pack for individual actions against each contract. Need to ensure that updates included within IPR are sufficient to provide local assurance.	MB	31-Mar-19
	Chief Finance Officer		2eii	<b>New Risk</b> <b>Joint Committee Expenditure 2019/20</b> IF the Joint Committee does not manage the expenditure on contracts delegated to it adequately  THEN there is a risk that the constituent CCGs will fail to achieve their approved Control Total in 2018/19  RESULTING IN  a. potential failure of CCGs to achieve their statutory duty of financial balance  b. potential increased regulatory oversight  c. potential failure of the STP overall to reach its control total  d. inability to adequately fund planned changes to healthcare provision across the STP  e. less resource to spend on healthcare for the population of Mid & South Essex in subsequent years.	25.02.19	07.03.19	16 (Extreme)	6 Moderate	6 Moderate	Contract monitoring of non-MSB expenditure. Block contract agreement with MSB Group.	Regular STP update meetings to NHSE Regional Director. CCG Finance & Performance Committee. JCT Finance & Performance Sub-Committee		Reporting of activity and demand management, integral to block agreement across all relevant QIPP schemes is variable.	Integrated Performance Report	QFP	Need minutes from CQRG	See IPR pack for individual actions against each contract. Need to ensure that updates included within IPR are sufficient to provide local assurance.	MB	31-Mar-19

Objective 3: Strong voice in system wide plans

Executive Lead: (Charlotte Dillaway)

Governing Body Sub-Committee: Quality, Finance and Performance

	Directors of Partnerships		3a	<b>SYSTEM WIDE WORKING</b> IF the system fails to work together in partnership  THEN it makes it difficult to mutually agree a joint way forward for the future of healthcare services across the system.  RESULTING IN possible fragmented services, delays in agreeing future service models, increasingly poorer services and inefficiencies	01.10.18	13.03.19	15 (Extreme)	12 (High)	4 (Moderate)	1. STP with membership from all CCGs, JSNA and HWB Strategy and Board, development of service specifications and a System delivery at its heart which require collaborative approach. 2. Joint COJIN development 3. Social Care/Public Health representation on CCG Governing Body. 4. Integrated planning processes. STP in place. 5. Section 75 present. 6. Monthly SEE Locality Development meetings across CPR & Southend	1. Social Care/Public Health updates to CCG Governing Body. 2. Reports to Health and Wellbeing Board. 3. Better Care Fund Plan sign off by HWB and pooled budget arrangements. 4. Minutes of STP to GB.			Governing Body			Recruit to Locality Development Managers across CPR localities. Southend Locality Development Managers in post with one vacancy being recruited to.	CD		
	Director of Strategy and Planning		3b	<b>BREXIT - DEAL OR NO DEAL</b> IF the UK executes a managed or unmanaged departure from the EU  THEN there is increased uncertainty about the availability of a quality workforce. In addition, there will be increased uncertainty regarding the procurement of critical supplies including medicines and equipment  RESULTING IN an impact on service delivery, unplanned increased cost for NHS, Social Care nationally, system wide and locally.	28.12.18	10.01.19	16 (Extreme)	16 (Extreme)	10 (High)	1. CCG contributes to discussion at a strategic level via STP membership. 2. CCG to explore scenario planning for deal or no deal situation. 3. Communication flows between the CCGs and SUHFT in respect of medication availability.			Direction of travel not yet clear. Letter from SOS (07 Dec) outlining contingency planning re pharmacy, vaccines, EU Settlement Scheme and business continuity (letter filed).	AO Update Report	QFP, CEC		1. Start scenario planning and exploring directions of future travel.	CD	1. Dec 19	
	Director of Primary Care and Operations James		3c	<b>Major Disease Outbreak</b> IF there is a major outbreak of disease (e.g. pandemic flu) or a major incident occurs; THEN this could result in a mass casualty situation leading to local health care providers being significantly challenged in terms of their capacity to respond to the demands posed by the incident.  RESULTING IN other multi-agency organisations in the region/nationally having to provide mutual aid and potential delays in treatment.	28.12.18	10.01.19	15 (Extreme)	15 (Extreme)	10 (High)	1. Emergency Planning Team in place hosted by Mid Essex CCG and working across the STP. 2. Flu Pandemic Plan, LHRP Mass Casualty Plan. 3. EPRR and BCM Policies. 4. Mandatory EPRR/BCM training. 5. Incident Co-ordination centre training with Loggists and on call staff. 6. CCG staff have attended Loggist training. 7. Gold command training for on-call staff. 8. NHSE core EPRR Standards assurance process. 9. NHSE Monitoring of terrorism threat level. 10. Memorandum of Understanding between providers and CCGs re provision of mutual aid / support.			EPRR updates provided to QFP and Audit Committee. These include details of CCG exercises against its own EPRR/BCM plans.	QFP/Audit Committee				JC		
	Director of Partnerships - Southend		3d	<b>Pan Essex 24/7 MH Crisis</b> IF additional measures in relation to the provision of Pan Essex 24/7 MH crisis response pathway redesign plan to meet the requirements of the Policing and Crime Act 2017 are not implemented.  THEN this could result in the CCGs failing to meet their responsibilities under the Act, RESULTING IN possible legal challenge, reputational risk, increased demand on A&E Departments, risk to relevant patients, non-delivery of core crisis care concordat requirements and financial risks associated with an increased need for S136 suites.	28.12.18	10.01.19	16 (Extreme)	12 (High)	4 (Moderate)	1. Monthly system-wide conference calls in place.								1. Multi-agency MH Summit held to review breaches, understand opportunities for improved processes, foster relationship building - follow up Summit to be organised.  2. Develop plan for crisis on an STP footprint linked to psychiatric liaison transformation monies.	HJ/MT HJ/MT	Completed June 2018

Corporate Risk Register December 2018/19																
Strategic Objective 2018/19	Executive Lead	Link to Risk Register	Risks Identified	Date	Risk Rating (Initial)	Rating of Risk to Objective (Current)	Risk Rating (Target)	Identified Control	Control Gaps	Assurance	Assurance Gaps	Actions to Address gaps (controls and assurance)				
Delivering local and national priorities, ensuring earned autonomy from regulators	Chief Finance Officer	CRR 2d	<b>Fraud</b> IF the organisations fail to have robust systems and processes for financial and non-financial transactions  THEN the CCGs may be open to fraudulent activity  RESULTING IN loss of earnings for the CCGs, increase in criminal activity within the CCGs	28.12.18	07.03.19	16 (Extreme)	6 (Moderate)	6 (Moderate)	1. SOs and SFIs approved by Audit Committee 06.03.19 - going to GB in March 2019 for approval. 2. Procurement training taken place and strategy revised for approval. 3. Sign off limits re-freshed ensuring expenditure sign off at appropriate seniority. 4. Budget review taken place and training provided. 5. Adequate segregation of duties implemented to eliminate confusion of duties and crossover. 7. No PO no pay policy now in place.	1. Report to QFP and GB on finance  Governance Audit, Financial Audit	Finance Report	QFP, GB	1. Completion of review of Sos and SFIs  LB	1. Feb 19		
Delivering local and national priorities, ensuring earned autonomy from regulators	Chief Finance Officer	CRR 2e	<b>Finance - savings and efficiencies</b> IF the CCGs cannot find the additional 20% efficiencies that are required by 2020/21  THEN the organisations are in danger of not meeting their financial obligations and/ or control totals  RESULTING IN increased financial pressures, increased focus on financial bottom line	28.12.18	07.03.19	16 (Extreme)	6 (Moderate)	6 (Moderate)	1. Financial recovery Plans in place with close scrutiny from the Financial Recovery Group (FRG) 2. QFP receive monthly finance reports against financial plan 3. PMO monitor QIPP schemes, reporting to QFP monthly 4. Monthly reports to NHSE 5. Monthly budget holders meeting, producing redial actions if necessary 6. Finance lead of proposals to find savings without de-stabilising the CCG. 7. Systems in place within the CCG for appropriate challenge and review of proposals via CMT, QFP, CEC and GB.	1. Financial reports to QFP, CEC and GB on proposals, with consequences, risks and mitigations.  Internal and External Audit of financial systems and processes	Finance Report	QFP, CEC	1. Proposals required on 20% reduction without de-stabilising the organisations  LB	1. Feb 19		
Delivering local and national priorities, ensuring earned autonomy from regulators	Director of Strategy and Planning	CRR 3b	<b>QIPP Identification</b> IF the CCGs fails to identify adequate QIPP in relation to the block contract with MSB  THEN the CCGs may find it difficult to extract additional QIPP at a later date from the contract  RESULTING IN possible no-delivery of whole QIPP programme and difficulties in finding additional QIPP not related to hospital services.	28.10.18	07.03.19	12 (High)	9 (High)	3 (Low)	1. Project Initiation Documents showing benefits analysis in place. 2. Early discussions with Trusts taking place. 3. Early identification of QIPP projects to ensure highest possible chance of success. 4. Progress updates to QFP, CEC and GB.	1. Updates to Governing Body via Performance Reports 2. Monthly benefits analysis on programmes to ensure progress or stop non beneficial projects  Internal Audit on QIPP programmes	FRG update report	QFP	1. Formal benefits analysis of schemes needs to be apparent to evidence schemes will realise overall goals 2. Early discussions with providers to take place to ensure QIPP schemes are agreed 3. Review PMO to ensure appropriate support for commissioners.  EG			
Delivering local and national priorities, ensuring earned autonomy from regulators	Chief Nurse	CRR 3c	<b>Workforce - Primary Care</b> IF due to lack of GP workforce within Primary Care there is a shortage of primary care expertise in the area.  THEN this could lead to patient safety risks within practices, patients not receiving the services they need to stay well and lead a healthy lifestyle and GPs voluntarily terminating their contracts.  RESULTING IN a negative impact on patient care, health and service, increased foot fall at A&E, increased stress and pressure within Primary Care.	02.05.17	10.01.19	20 (Extreme)	20 (Extreme)	6 (Moderate)	1. EU working Group (STP plus North Essex) monthly meetings. Community Education Provider network (CPR, Southend, Mid CCGs) monthly. 2. Primary Care Transformation & Development Group (STP) bi monthly CCG Chief Nurse Chairs group. 3. Local Essex wide workforce strategy in place. 4. EU GP Scheme. 5. Comms to public to raise awareness on effective use of GP time. 6. Dev of Mentoring programme and recruitment and retention campaign. 7. GP trainees due to quality in summer 2018 working with potential employers to facilitate an introduction between the two. 8. Comms to potential candidates to work within the area. 9. With regard to the international wave 3 bid for GPs has been successful and awaiting for a date for this to commence which will run parallel to the initial Pilot.	1. Monthly update to Clinical Executive Group (CEC) and NHSE. 2. CEC minutes to GB bimonthly. 3. EU GP monthly financial and data report to NHSE central team providing quarterly assurance reports to NHSE on the delivery of the workforce plan. 4. Workforce included within the Chief Nurse report which is presented to QFP monthly. 5. QFP minutes to GB (bi monthly). 6. Reports to Primary Care Transformation Development Group (bi monthly), Local Workforce Action Board (bi monthly)	Possible recruitment issues with regard to lack of suitable and willing candidates to move to Essex.  Ageing workforce particularly nurses looking for new initiatives with regard to future recruitment mindful that funding has not yet been identified.	Escalated via QFP.	Joint CEC, Quality, Finance and Performance Committee	1. Time to Care, active signposting, appointment management, best use admin. 2. Up skilling practice nurses and existing roles. 3. Agreement at AO meeting March 2018 to form an STP training hub which will replace the mid and SE CEPN. 4. Training Hub workforce facilitator commencing with CCG on 19 April to implement training needs analysis and workforce initiatives across mid and SE. 5. Awaiting outcome of procurement moderation meeting which will identify candidates for appointment (Procurement Committee April 2018) 6. Agreement for funding from NHSE to cover the HMRC payments for the candidates and to ensure recruitment of 50 GPs in total.	CN	
	Chief Nurse	CRR 3d	<b>Workforce Shortages</b> IF there is a risk of insufficient capacity in the wider health system.  THEN there will be an inability to deliver high quality care  RESULTING IN poor care and care outcomes for patients	26.07.18	10.01.19	16 (Extreme)	9 (High)	6 (Moderate)	1. SUHFT and EPUT have recruitment and retention plans in place. 2. Essex wide primary care workforce development centre commissioned as pilot for two years. 3. Locality approach to integrating services across primary, community and social care being developed. 4. Dedicated GP service for care homes being commissioned to relieve pressure on GP practices, although currently not being able to engage a provider. 5. Care coordination in place. 6. Inclusion of KPIs for staffing and recruitment for SUHFT, EPUT workforce recruitment plans, Health Education England recruitment strategy. 7. Chief Nurse monitoring EPUT and SUHFT workforce recruitment plans through CQRGs.	1. Monthly EPUT and SUHFT CORG meetings minutes to QFP (monthly) and GB (Bi monthly). 2. Monthly Quality Reports to QFP.	All recruitment plans impacted on national shortage of key healthcare professionals.	Quality, Finance and Performance Committee	1. Significant issues with medical and nursing workforce at SUHFT and EPUT still remain below trajectory (Jan 2018). 2. The STP Group Hospital model is addressing some of the significant workforce issues.  Joint Committee			
Delivering local and national priorities, ensuring earned autonomy from regulators	Director of Strategy and Planning/Director of Primary Care and Operations	CRR 3e	<b>Teletracking System - SUHFT</b> IF local IT networks are insufficient to support teletracking system.  THEN additional pressure is placed on SUHFT staff to work round technical issues and impact on local NHS staff due to the amount of data being transferred within the available bandwidth resulting in STP wide IT issues (including primary care).  RESULTING IN delays in transferring and discharging patients from SUHFT and impact on NHS staff time across the STP dealing with IT issues.	28.12.18	10.01.19	16 (Extreme)	9 (High)	6 (Moderate)	1. SUHFT has business continuity in place to manage if teletracking system fails 2. Teletracking Operations Lead will be working on SUHFT site in early January to help embed working practice with clinical staff (minimise paper workarounds)		Quality, Finance and Performance Committee	JC/PK				
Delivering local and national priorities, ensuring earned autonomy from regulators	Director of Strategy and Planning	3e	<b>Information Governance</b> IF the CCG does not have comprehensive Information Governance (IG) and information technology (IT) security procedures in place,  THEN there is a risk that there will be breaches of confidentiality or failure to disclose information held in response to Freedom of Information requests.  RESULTING IN loss of public confidence and possible referral of the CCG to the Information Commissioner's Office.	28.12.18	10.01.19	15 (Extreme)	12 (High)	6 (Moderate)	1. IG training mandatory for all staff. 2. FOI process in place including responses by Senior Information Risk Owner (SIRO) 3. Data Flow Mapping undertaken. 4. Information assets registers in place. 5. Restricted access to IT systems and folders. 6. Essex-wide IG Team in place. 7. Essex-wide IG policies and procedures. 8. Appointment of trained SIRO - Director of Strategy and Planning. 9. Appointment of trained Caldicott Guardian (Chief Nurse).	1. Internal audit of compliance with IG toolkit (Level 2 compliance with IG Toolkit).	EPRR Updates provided to QFP and Audit Committee and escalated to GB through Integrated Performance Report.	Quality, Finance and Performance Committee	1. Lessons learned following IG breaches are shared with all staff.  MA	Completed and ongoing.		